

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Wadsworth Glen Health Care and Rehabilitation Center, Inc	
Address (No. & Street, City, State, Zip Code) 30 Boston Rd, Middletown, CT 06457	
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 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2025C	RHNS	(Specify)	Medicare Provider 07-5312
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Medicaid Provider Numbers:	CCNH 2025C	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

**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation Center	2025C	9/30/2018	1	37

**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Wadsworth Glen Health Care and Rehabilitation Center, Inc [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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) Joseph Bray			Printed Name (Owner) Lawrence G. Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 30 Boston Rd, Middletown, CT 06457				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 4/15/2019		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-346-9299		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Wadsworth Glen Health Care and Rehabilitation Center, Inc		Address (No. & Street, City, State, Zip ) 30 Boston Rd, Middletown, CT 06457		
License Numbers:	CCNH 2025C	RHNS (Specify)	Medicare Provider No. 07-5312	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Joseph Bray		Nursing Home Administrator's License No.:	001873	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation	2025C	9/30/2018	3A	37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Wadsworth Glen, Inc	30 Boston Rd, Middletown, CT 06457		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G Santilli	30 Boston Rd, Middletown, CT 06457	President	499.66	
Michael E Mosier	30 Boston Rd, Middletown, CT 06457	Treasurer/Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Conservators for Lawrence E. Santilli	30 Boston Rd, Middletown, CT 06457		102.59	





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

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center	License No. 2025C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
ProCare LTC	1492 Highland Ave, Cheshire, CT 06410	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	Pg 20 5a2, Pg13b3	254,712	254,712
Athena Captive	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	Pg 15 1a1	411,066	411,066
CT Health Center of Middletown	30 Boston Rd, Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>		Rental of Property	Pg 22, Ln 9, 10b; Pg 27	665,497	665,497
Athena Health Care Assoc 410k Plan	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>					
Laurel Ridge HCC	642 Danbury Rd, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Fees	P16 L m13	8,795	8,795
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	See Attached			
Athena Health Care Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Self Insured Employee Health & Dental Insu	Pg 15, 1a5	881,762	881,762
		<input type="radio"/>	<input checked="" type="radio"/>					
		<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

### Basis for Allocation of Costs

Name of Facility Wadsworth Glen Health Care and Rehabilitation	License No. 2025C	Report for Year Ended 9/30/2018	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 type="radio"/> Yes <input checked="" type="radio"/> No      If "No," explain fully why such allocation was not made.				
Not Applicable				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input type="radio"/> Yes <input checked="" type="radio"/> No      If "No," explain fully why such allocation was not made.				
Not Applicable: No Non-Nursing Home Cost Centers				

### 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
Wadsworth Glen Health Care and Rehabilitation Center, Inc			2025C	9/30/2018			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes, PO Box 7150M, St Louis, MO 63195	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	01/27/05	66 months	1,210	1,210	
HP Financial, 200 Connell Drive, Suite 5000, Berkeley Heights, NJ 07922	<input type="radio"/>	<input checked="" type="radio"/>	PCC Equipment	08/16/13	60 Months	5,948	5,948	
Graybar Financial, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Boiler Upgrade Lease	11/25/14	60 Months	4,714	3,928	
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	06/07/16	48 Months	12,760	12,681	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>							23,767	

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

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

Name of Facility Wadsworth Glen Health Care and R	License No. 2025C	Report for Year Ended 9/30/2018	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 Dworken, Hillman, LaMorte & Sterczala	Four Corporate Dr, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Dr, 12th Floor, New Haven, CT 06511
3 MidCap Financial Services LLC	7255 Woodmont Ave, Suite 200, Bethesda, MD 20814
4	

Services Provided by This Firm (*describe fully*)

1 2018 Audit, Year End Financials & Tax Return	\$ 9,800
2 Medicare Cost Report Preparation	\$ 2,700
3 Audit relating to Line of Credit-Disallowed	\$ 3,474
4	\$
	Charge for Services Provided
	\$ 15,974

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 Treasurer State of CT/State Of CT Marshall Fees	860-274-0018
2 Cicchiello & Cicchiello, LLP/Andrea Devlin	860-866-1024
3 MidCap Financial Services	240-383-1605
4 Goldman, Gruder, & Woods, LLC	203-899-8900
5 Shipman & Goodwin LLP	860-251-5000

Address (*No. & Street, City, State, Zip Code*)  
 1 P.O. Box 849, 49 Leavenworth St, Canaan, CT 06018/P.O. Box 760 365 Main St, Watertown, CT 06795  
 2 364 Franklin Ave, Hartford, CT 06114  
 3 7255 Woodmont Ave, Suite 200, Bethesda, MD 20814  
 4 200 Connecticut Avenue, Norwalk, CT 06854  
 5 One Constitution Plaza, Hartford, CT 06103

Services Provided by This Firm (*describe fully*)

1 Probate/Conservator Fees - Disallowed	\$ 850
2 Legal Fees - Employee Matter- Disallowed	\$ 28,000
3 Line of Credit Fees - Disallowed	\$ 714
4 A/R Collections - Disallowed	\$ 23,707
5 Legal Fees - Employee Matter - Disallowed	\$ 61
	Charge for Services Provided
	\$ 53,332

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

Schedule of Resident Statistics

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc			License No. 2025C		Report for Year Ended 9/30/2018				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	102	102			102	102			102	102		
B. On last day of THIS report period	102	102			102	102			102	102		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	96	96			96	96			99	99		
B. As of midnight of THIS report period	99	99			99	99			99	99		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,598	4,598			3,526	3,526			1,072	1,072		
B. Medicaid (Conn.)	28,740	28,740			21,419	21,419			7,321	7,321		
C. Medicaid (other states)												
D. Private Pay	2,556	2,556			1,862	1,862			694	694		
E. State SSI for RCH												
F. Other (Specify) Managed Care	150	150			88	88			62	62		
G. Total Care Days During Period (3A thru F)	36,044	36,044			26,895	26,895			9,149	9,149		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	228	228			164	164			64	64		
B. Other Bed Reserve Days	16	16			6	6			10	10		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	36,288	36,288			27,065	27,065			9,223	9,223		

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

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

Name of Facility Wadsworth Glen Health Care and Rehabilitati			License No. 2025C			Report for Year Ended 9/30/2018			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)	CCNH	RHNS	(Specify)	
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days										CCNH	RHNS	(Specify)	
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	5		83		5		6						
Per Diem Rate													
a. One bed rm.	548.22		232.36		562.00		418.87						
b. Two bed rms.	548.22		232.36		544.00		418.87						
c. Three or more bed rms.	548.22		232.36		532.00		418.87						
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										4,016	4,016		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										640	640		
2. Restorative Treatments													
C. Other										11,831	11,831		
D. <b>Total Physical Therapy Treatments</b>										16,487	16,487		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										716	716		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										65	65		
2. Restorative Treatments													
C. Other										1,689	1,689		
D. <b>Total Speech Therapy Treatments</b>										2,470	2,470		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										3,023	3,023		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										535	535		
2. Restorative Treatments													
C. Other										11,057	11,057		
D. <b>Total Occupational Therapy Treatments</b>										14,615	14,615		

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

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	138,584	2,134				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	206,163	9,709				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	64,769	2,116				
c. Dietary Workers	331,767	24,201				
6. Housekeeping Service						
a. Head Housekeeper	46,763	1,930				
b. Other Housekeeping Workers	148,674	12,709				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	63,423	2,094				
b. Other Maintenance Workers	47,000	2,113				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	84,658	6,430				
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	199,010	4,105				
b. RN						
1. Direct Care	536,395	13,303				
2. Administrative**	503,450	19,042				
c. LPN						
1. Direct Care	939,342	33,657				
2. Administrative**						
d. Aides and Attendants	1,468,058	82,703				
e. Physical Therapists	462,054	13,500				
f. Speech Therapists	78,194	1,937				
g. Occupational Therapists	261,701	7,449				
h. Recreation Workers	123,184	5,571				
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	185,707	7,119				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,888,896	251,822				

\* 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 of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-



**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
Wadsworth Glen Health Care and Rehabilitation Center, Inc				2025C	9/30/2018				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
Not Applicable										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
Not Applicable										

\* 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	
Wadsworth Glen Health Care and Rehabilitation Center, Inc				2025C	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Joseph Bray (10/1/17-9/30/18)	138,584			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,134	A2			
<b>Section IV - Assistant Administrators</b>										

\*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		
Wadsworth Glen Health Care and Rehabilitation Ce	2025C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	35,001	776				
2. Dentist	11,678	69				
3. Pharmacist	10,369	120				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	54,084	582				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	15,891	36				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	4,436	14				
b. Other						
10. Occupational Therapist						
a. Resident Care						
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						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>131,459</b>	<b>1,597</b>				

\* 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 Wadsworth Glen Health Care and Rehabilitation Center,		License No. 2025C		Report for Year Ended 9/30/2018		Page 14		of 37	
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship					
		Yes	No						
CT Oncology, 536 Saybrook Rd, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
T. Nuzzolo, 26 Breeds Hill Rd, Glastonbury, CT 06033	Dietician	<input type="radio"/>	<input checked="" type="radio"/>						
Prakash Huded MD, 28 Marlborough St, Portland, CT 06480	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>						
HealthCare Eye Care Group, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
MGA, 410 Saybrook Rd, Suite 201, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
MS (Middlesex Center), 410 Saybrook Rd, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
Orthopedic Assoc. of Middletown, 512 Saybrook Rd Ste 100, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
Starling Physicians, 2110 Silas Deane Hwy, Rocky Hill, CT 06067	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>						
Yale New Haven Hospital, P.O. Box 780406, Philadelphia, PA 19178	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
MassTex, 3 Electronics Ave, Suite 201, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>						
Healthdrive Dental, 888 Worcester Street, Suite 130, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>						
Southern CT Vascular Center, P.O. Box 10, Windsor, CT 06095	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
Middlesex Hospital, 28 Crescent St, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
Healthdrive Podiatry, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
Middlesex Cardiology Associates, 420 Saybrook Road, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
SDX Dysphagia Experts, 21 Waterville, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>						
Middlesex Orthopedic Surgery, 410 Saybrook Rd, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
ProCare, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners:	Minority Interest				
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						

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

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
Wadsworth Glen Health Care and Rehabilitation	2025C	9/30/2018		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 411,066	411,066			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 88,844	88,844			
4. Social Security (F.I.C.A.)	\$ 382,380	382,380			
5. Health Insurance	\$ 707,643	707,643			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 30,589	30,589			
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$ 164,009	164,009			
c. Bad Debts*	\$ 15,974	15,974			
d. Accounting and Auditing	\$ 53,332	53,332			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$				
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$ 51,793	51,793			
g. Office Supplies	\$ 42,095	42,095			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 518	518			
2. Cellular Phones	\$				
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*	\$ 493	493			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 666,115	666,115			
<b>Subtotal</b>	\$ 2,615,101	2,615,101			

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

(Carry Subtotals forward to next page)

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

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total</b>	\$ -	\$ -	\$ -

---

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Wadsworth Glen Health Care and Rehabilitation Center	2025C	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,615,101	2,615,101			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 6,100	6,100			
3. Gifts to Staff and Residents	\$ 11,515	11,515			
4. Employee Travel	\$ 1,565	1,565			
5. Education Expenses Related to Seminars and Conventions	\$ 3,220	3,220			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 2,611	2,611			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$ 1,130	1,130			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 26,494	26,494			
4. Fund-Raising***	\$				
5. Medical Records	\$ (61)	(61)			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 10,724	10,724			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 8,285	8,285			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ (625)	(625)			
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 10	10			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 328,506	328,506			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 72,206	72,206			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,086,781	3,086,781			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 26,494		
<b>Total Other Advertising</b>	\$ 26,494	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 7,660		
Middlesex Chamber of Commerce	\$ 625		
<b>Total Dues</b>	\$ 8,285	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Miscellaneous	\$ 10		
<b>Total Contributions</b>	\$ 10	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Physicals/Background Checks	\$ 10,251		
Bank Charges	\$ 16,547		
Payroll Processing Fees	\$ 20,432		
Licenses	\$ 690		
Energy Audit	\$ 136		
Data Processing	\$ 24,150		
<b>Total Other Administrative and General</b>	\$ 72,206	\$ -	\$ -



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

Name of Facility	License No.	Report for Year Ended	Page of
Wadsworth Glen Health Care and Rehabil	2025C	9/30/2018	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 #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	457,827	Contract Attached to a Prior Year	See Below
Allocation of the above	302,166	Admin/Gen 66%	Pg 16, Line 12
Allocation of the above	73,252	Indirect 16%	Pg 20 Line 5k
Allocation of the above	82,409	Direct 18%	Pg 20, Line 5j
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	26,340	Admin/Gen-Other Exp	Pg 16, Line 12

**\* 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
Wadsworth Glen Health Care and Rehabilitation Center		2025C	9/30/2018		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 229,644	229,644			
2.	Non-Food Supplies	\$ 26,187	26,187			
3.	Other (Specify) _____ Dishes = \$3,091	\$ 3,091	3,091			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Other (Specify) _____						
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 258,922	258,922			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G.	Resident Meals: Total no. of meals served per day:*	296	296			
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. \$1,262						
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$382						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Pg 18 ln 2a1						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

**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
Wadsworth Glen Health Care and Rehabilitation Center,		2025C	9/30/2018		19	37
Item		Total	CCNH	RHNS	(Specify)	
3.	Laundry					
	a. In-House Processing*	Lbs.				
	1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
		Amt. \$				
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
		Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
		Amt. \$	9,861	9,861		
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
	c. Other (Specify) Supplies = \$9,065	\$	9,065	9,065		
3D.	<b>Total Laundry Expenditures</b> (3a + b + c)	\$	18,926	18,926		
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.

\*\*\* 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
Wadsworth Glen Health Care and Rehabilitatio		2025C	9/30/2018		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. \$	41,419	41,419		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	41,419	41,419		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from ProCare	\$	206,982	206,982		
b.	Medicine Cabinet Drugs	\$	13,771	13,771		
c.	Medical and Therapeutic Supplies	\$	238,382	238,382		
d.	Ambulance/Limousine***	\$	1,959	1,959		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	32,596	32,596		
f.	X-rays and Related Radiological Procedures***	\$	25,294	25,294		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	21,492	21,492		
i.	Recreation	\$	11,667	11,667		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$	73,252	73,252		
l.	Other (Specify)**** See Attached Schedule	\$	175,927	175,927		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	801,322	801,322		

\* 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)
Management Fee Direct	\$ 82,409		
Physical Therapy Supplies	\$ 16,945		
Medical Equip Rentals-Medicaid	\$ 29,137		
Cable TV Services	\$ 20,466		
Oxygen Rental	\$ 10,762		
Medical Equip Rentals-Other	\$ 16,126		
Speech Therapy Supplies	\$ 82		
<b>Total Other Resident Care</b>	<b>\$ 175,927</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc		License No. 2025C		Report for Year Ended 9/30/2018			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
CT Waste Processing	PO Box 99, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	17,747			22	6f
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	19,564			16	m13
Allen Lawn Care	16 Sunset Drive, Rockfall, CT 06481	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal & Landscaping	15,727			22	6f
Winterberry Landscape Management	2070 West St, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping	14,791			22	6f
ProCare	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy	232,299			20	5a2
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" 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
Wadsworth Glen Health Care and Rehabilitati	2025C	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 80,041	80,041				
b. Heat	\$ 52,964	52,964				
c. Light & Power	\$ 113,273	113,273				
d. Water	\$ 61,166	61,166				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 24,759	24,759				
f. Other ( <i>itemize</i> )	\$ 67,291	67,291				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 399,494</b>	<b>399,494</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 22,222	22,222				
d. Movable Equipment	\$ 54,692	54,692				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 76,914</b>	<b>76,914</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 590	590				
c. Leasehold Improvements	\$ 68,618	68,618				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 69,208</b>	<b>69,208</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 420,893	420,893				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 184,686	184,686				
c. Personal property taxes	\$ 12,799	12,799				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 764,500</b>	<b>764,500</b>				

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

**Schedule of Other Repairs and Maintenance**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Groundskeeping	\$ 14,587		
Rubbish Removal	\$ 18,226		
Supplies	\$ 20,878		
Snow Removal	\$ 13,600		
<b>Total Other Repairs and Maintenance</b>	\$ 67,291	\$ -	\$ -

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### Depreciation Schedule

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc		License No. 2025C		Report for Year Ended 9/30/2018			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			
<b>A. Land Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period		498,482		498,482	390,721	S/L	Various	22,222				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal									22,222			
	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								
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
			9	2017	1,171,545		1,171,545	945,077	S/L	Various	51,144	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
			9	2018	39,309		39,309		S/L	Various	3,548	
D-3. Subtotal												
E. <b>Total Depreciation</b>												
												54,692
												76,914

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
5/31/2018	Rehab Equipment	\$ 7,651	10	\$ 383
7/31/2018	Flat Screen Mounts	\$ 2,893	5	\$ 289
7/31/2018	Inverter Drive for Washing Machine	\$ 2,709	5	\$ 271
8/31/2018	80-32" TVs	\$ 26,056	5	\$ 2,606
<b>Total additions for Movable Equipmen</b>		\$ 39,309		\$ 3,548 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipmen</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
4/30/2018	Island Aire Heating/Cooling Unit	\$ 2,928	5	\$ 293
6/30/2018	Heating Cooling Unit	\$ 2,928	10	\$ 146
6/30/2018	Tree/Shrub Replacement	\$ 2,331	10	\$ 117
<b>Total additions for Leasehold Improvemen</b>		\$ 8,187		\$ 556 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvemen</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc			2025C		9/30/2018			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							
<b>A. Organization Expense</b>									
1. Intangible Asset-Bed Purchase	9	1998	15 yrs	70,000	43,164	SL	0		
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Deferred Finance Fees	2	2018	3 years	2,655				590	
2.									
3.									
B-4. Subtotal									590
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	9	2017	Various	1,627,329	1,155,254	SL	Various	68,062	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2018	Various	8,187		SL	Various	556	
C-4. Subtotal									68,618
<b>D. Total Amortization</b>									69,208

\* 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 Wadsworth Glen Health Care and Reh	License No. 2025C	Report for Year Ended 9/30/2018	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure		06/01/87		
5. Total Licensed Bed Capacity		102		
6. Square Footage				
7. Acquisition Cost				
a. Land		200,000		
b. Building		5,160,429		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		HUD		
b. Date Mortgage Obtained		03/29/12		
c. Interest Rate for the Cost Year		3.22%		
d. Term of Mortgage (number of years)		31		
e. Amount of Principal Borrowed		5,400,000		
f. Principal balance outstanding as of		4,676,204		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rel	2025C	9/30/2018	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				
5. CHEFA Interest Expense				
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)				
	\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended		Page	of
Wadsworth Glen Health Care and R		2025C		9/30/2018		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)				\$ 1,729	1,729		
A. Item		Rate	Amount				
Boiler/Lighting Capital Lease		7.42%	201,784				
Lender							
Graybar Financial Services							
Address of Lender							
PO Box 644006, Cincinnati, OH 45264							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 1,729	1,729		
12. D. Other Interest Expense (Specify)				\$ 40,225	40,225		
Vender Interest = \$13,200; Line of Credit Interest = \$24,525							
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$ 41,954	41,954		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 63,466	63,466		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 63,466	63,466		
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 11,497,139	11,497,139		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc				2025C	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 261,701	261,701		
4.			Other - See attached Schedule	\$ 70,053	70,053		
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **	\$ 15,891	15,891		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 164,009	164,009		
10.	15	1d&e	Accounting	\$ 3,475	3,475		
10a.			Legal	\$ 53,332	53,332		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.	16	L3	Life insurance premiums on the life of Owners, Partners, Operators	\$ 11,515	11,515		
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	m2&	Automobile Expense (e.g. personal use)	\$ 27,624	27,624		
18.	15	1j&k	Unallowable Advertising *	\$ 743	743		
19.	16	m4&	Income Tax / Corporate Business Tax	\$ 10	10		
20.	16	m12	Fund Raising / Contributions	\$ 214,999	214,999		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 15,922	15,922		
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 880	880		
<b>Page 19 - Laundry Expenditures</b>							
25.	19	3d	Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.	20	4d	Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 840,154	840,154		

\* 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	12m	Marketing-Salary & Benefits	\$ 70,053		
<b>Total Other Salaries Adjustment</b>			\$ 70,053	\$ -	\$ -

## Schedule of Fees Adjustments

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

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 16,547		
0	0		\$ -		
0	0		\$ -		
0	0		\$ -		
16	8n	Disallowed Dues	\$ (625)		
<b>Total Other A&amp;G Adjustments</b>			\$ 15,922	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Wadsworth Glen Health Care and Rehabilitation Center, Inc			2025C	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 840,154	840,154		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&	Prescription Drugs	\$ 206,982	206,982		
28.	20	5d	Ambulance/Limousine	\$ 1,959	1,959		
29.	20	5f	X-rays, etc	\$ 25,294	25,294		
30.	20	5h	Laboratory	\$ 21,492	21,492		
31.	20	5c	Medical Supplies	\$ 23,572	23,572		
32.	20	5e2	Oxygen (non emergency)	\$ 32,596	32,596		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 157,121	157,121		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 5,709	5,709		
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	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.	30	IV5	Interest Income on Account Rec.	\$ 40	40		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,314,919	1,314,919		

\*\*\* 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.

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equip Rentals Other	\$ 16,126	\$ -	\$ -
20	5b	Ebox	\$ 13,372	\$ -	\$ -
20	5j	Radio & TV Revenue	\$ 16,866		
18	2c	Unallowable Management Fees.....-Indirect Care	\$ 52,121	\$ -	
20	5j	Unallowable Management Fees.....-Direct Care	\$ 58,636	\$ -	
<b>Total Other Ancillary Costs</b>			\$ 157,121	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Moveable Equip Carry Forward	\$ 5,709		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 5,709	\$ -	\$ -

**Schedule of Other Property Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

Wadsworth Glen Moveable Equipment Carryforward Schedule

Cost Year	Amount	Amount	Amount						Patient Televisions 2013 Cost Report	Patient Televisions 2014 Cost Report	Patient Televisions 2015 Cost Report	Patient Televisions 2016 Cost Report	Patient Televisions 2018 Cost Report	Totals
	Heritage Furniture 2007 Profit	Heritage Furniture 2007 Profit	Heritage Furniture 2007 Profit	Heritage Furniture 2008 Profit	Heritage Furniture 2008 Profit	Heritage Furniture 2009 Profit	Heritage Furniture 2009 Profit	Heritage Furniture 2009 Profit						
Cost Term	\$ 1,100	\$ 92	\$ 31,105	\$ 370	\$ (203)	\$ 317	\$ (120)	\$ 638	\$ 1,424	\$ 1,063	\$ 851	\$ 28,948	\$ 65,585	
	\$ 5	\$ 10	\$ 15	\$ 5	\$ 15	\$ 10	\$ 15	\$ 5	\$ 5	\$ 5	\$ 5	\$ 5	\$ 5	
2007 Deprec	\$ 110	\$ 5	\$ 1,037										\$ 1,152	
2007 Book Value	\$ 990	\$ 88	\$ 30,068										\$ 31,146	
2008 Deprec	\$ 220	\$ 9	\$ 2,074	\$ 37	\$ (7)								\$ 2,333	
2008 Book Value	\$ 770	\$ 79	\$ 27,994	\$ 333	\$ (196)								\$ 28,960	
2009 Deprec	\$ 220	\$ 9	\$ 2,074	\$ 74	\$ (14)	\$ 16	\$ (4)						\$ 2,375	
2009 Book Value	\$ 550	\$ 70	\$ 25,920	\$ 259	\$ (182)	\$ 301	\$ (116)						\$ 26,802	
2010 Deprec	\$ 220	\$ 9	\$ 2,074	\$ 74	\$ (14)	\$ 32	\$ (8)						\$ 2,387	
2010 Book Value	\$ 330	\$ 61	\$ 23,846	\$ 185	\$ (168)	\$ 269	\$ (108)						\$ 24,415	
2011 Deprec	\$ 220	\$ 9	\$ 2,074	\$ 74	\$ (14)	\$ 32	\$ (8)						\$ 2,387	
2011 Book Value	\$ 110	\$ 52	\$ 21,772	\$ 111	\$ (154)	\$ 237	\$ (100)						\$ 22,028	
2012 Deprec	\$ 110	\$ 9	\$ 2,074	\$ 74	\$ (14)	\$ 32	\$ (8)						\$ 2,277	
2012 Book Value	\$ -	\$ 43	\$ 19,698	\$ 37	\$ (140)	\$ 205	\$ (92)						\$ 19,751	
2013 Deprec		\$ 9	\$ 2,074	\$ 37	\$ (14)	\$ 32	\$ (8)	\$ 64					\$ 2,194	
2013 Book Value		\$ 34	\$ 17,624	\$ -	\$ (126)	\$ 173	\$ (84)	\$ 574					\$ 18,194	
2014 Deprec		\$ 9	\$ 2,074		\$ (14)	\$ 32	\$ (8)	\$ 128	\$ 143				\$ 2,364	
2014 Book Value		\$ 25	\$ 15,550		\$ (112)	\$ 141	\$ (76)	\$ 446	\$ 1,282				\$ 17,255	
2015 Deprec		\$ 9	\$ 2,074		\$ (14)	\$ 32	\$ (8)	\$ 128	\$ 285	\$ 106			\$ 2,612	
2015 Book Value		\$ 16	\$ 13,476		\$ (98)	\$ 109	\$ (68)	\$ 318	\$ 997	\$ 957			\$ 15,706	
2016 Deprec		\$ 9	\$ 2,074		\$ (14)	\$ 32	\$ (8)	\$ 128	\$ 285	\$ 213	\$ 85		\$ 2,804	
2016 Book Value		\$ 7	\$ 11,402		\$ (84)	\$ 77	\$ (60)	\$ 190	\$ 712	\$ 744	\$ 766		\$ 13,753	
2017 Deprec		\$ 7	\$ 2,074		\$ (14)	\$ 32	\$ (8)	\$ 128	\$ 285	\$ 213	\$ 170		\$ 2,687	
2017 Book Value		\$ -	\$ 9,328		\$ (70)	\$ 45	\$ (52)	\$ 62	\$ 427	\$ 531	\$ 596		\$ 10,866	
2018 Deprec			\$ 2,074		\$ (14)	\$ 32	\$ (8)	\$ 62	\$ 285	\$ 213	\$ 170	\$ 2,895	\$ 5,709	
2018 Book Value			\$ 7,254		\$ (56)	\$ 13	\$ (44)	\$ -	\$ 142	\$ 318	\$ 426	\$ 28,053	\$ 34,106	
2019 Deprec			\$ 2,074		\$ (14)	\$ 13	\$ (8)		\$ 142	\$ 213	\$ 170	\$ 5,790	\$ 8,380	
2019 Book Value			\$ 5,180		\$ (42)	\$ -	\$ (36)		\$ -	\$ 105	\$ 256	\$ 20,263	\$ 25,726	
2020 Deprec			\$ 2,074		\$ (14)		\$ (8)			\$ 105	\$ 170	\$ 5,790	\$ 8,117	
2020 Book Value			\$ 3,106		\$ (28)		\$ (28)			\$ -	\$ 86	\$ 14,473	\$ 17,609	
2021 Deprec			\$ 2,074		\$ (14)		\$ (8)				\$ 86	\$ 5,790	\$ 7,928	
2021 Book Value			\$ 1,032		\$ (14)		\$ (20)			\$ -	\$ -	\$ 8,683	\$ 9,681	
2022 Deprec			\$ 1,032		\$ (14)		\$ (8)					\$ 5,790	\$ 6,800	
2022 Book Value			\$ -		\$ -		\$ (12)					\$ 2,893	\$ 2,881	
2023 Deprec					\$ -		\$ (8)					\$ (2,893)	\$ (2,901)	
2023 Book Value					\$ -		\$ (4)					\$ -	\$ (4)	
2024 Deprec							\$ (4)						\$ (4)	
2024 Book Value							\$ -						\$ -	

Pg 29A Line 2  
 B5 Line 246

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Wadsworth Glen Health Care and Rehabil	2025C	9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 15,613,622	15,613,622			
b. Medicaid Room and Board Contractual Allowance **	\$ (8,889,497)	(8,889,497)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,502,706	1,502,706			
b. Medicare Room and Board Contractual Allowance **	\$ 206,522	206,522			
4. a. Private-Pay Residents and Other	\$ 2,453,559	2,453,559			
b. Private-Pay Room and Board Contractual Allowance **	\$ (319,045)	(319,045)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 171,108	171,108			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (171,108)	(171,108)			
c. Prescription Drugs - Non-Medicare	\$ 131,909	131,909			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (131,909)	(131,909)			
2. a. Medical Supplies - Medicare	\$ 5,171	5,171			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 449,890	449,890			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (345,472)	(345,472)			
c. Physical Therapy - Non-Medicare	\$ 166,209	166,209			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (166,209)	(166,209)			
4. a. Speech Therapy - Medicare	\$ 113,340	113,340			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (84,098)	(84,098)			
c. Speech Therapy - Non-Medicare	\$ 66,841	66,841			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (66,841)	(66,841)			
5. a. Occupational Therapy - Medicare	\$ 411,957	411,957			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (336,843)	(336,843)			
c. Occupational Therapy - Non-Medicare	\$ 160,234	160,234			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (160,234)	(160,234)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (16,805)	(16,805)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 10,765,007	10,765,007			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 25,508	25,508			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 57,030	57,030			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 82,538	82,538			
<b>VI. Total All Revenue</b> (III +V)	\$ 10,847,545	10,847,545			

\* 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)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	\$ (16,805)		
<b>Total Other Resident Revenue</b>		\$ (16,805)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, L A2	Interest on A/R	N/A	\$ 40		
pg 32, L6	Interest on Related Party Note	700,162	\$ 25,468		
0	0	-	\$ -		
<b>Total Interest Income</b>			\$ 25,508	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	Void prior year intercompany billing	\$ (51)		
	Void prior year intercompany billing	\$ (2,313)		
	Rehab Settlement	\$ 2,169		
	Bad Debt Recovery	\$ 57,225		
<b>Total Other Revenue</b>		\$ 57,030	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Reha	2025C	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	70,522
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	938,693
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	17,591
5. Prepaid Expenses			\$	308,983
a. Prepaid Insurance	288,107			
b. Prepaid Other	5,623			
c. Prepaid Health Insurance	15,253			
d. See Schedule				
6. Interest Receivable			\$	38,428
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	168,680
A/R Related Parties	168,198			
A/R Non Related Parties	482			
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>1,542,897</b>
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,635,515</u>		\$	411,644
	Accum. Depreciation <u>1,223,871</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>498,482</u>		\$	85,539
	Accum. Depreciation <u>412,943</u>	Net		
6. Movable Equipment	*Historical Cost <u>1,176,748</u>		\$	176,980
	Accum. Depreciation <u>999,768</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	34,106
Moveable Equip Carry Forward Adj	34,106			
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>708,269</b>

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

(Carry Total forward to next page)



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

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Reha	2025C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	2,251,166
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	(590)
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	26,836
5. Investments Related to Resident Care <i>(itemize)</i>			\$	
_____				
6. Loans to Owners or Related Parties <i>(itemize)</i>			\$	700,162
Name and Address		Amount	Loan Date	
Related Party Note		700,162	3/29/12	
7. Other Assets <i>(itemize)</i>			\$	43,453
_____				
			12,376	
_____				
			2,655	
See Schedule			28,422	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	769,861
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	3,021,027

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			\$ -

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
<b>Total Other Fixed Assets (Itemize)</b>			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Project Development	28,422
<b>Total Other Assets</b>			\$ 28,422

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

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

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

Name of Facility Wadsworth Glen Health Care and Rehabilitati		License No. 2025C	Report for Year Ended 9/30/2018	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,213,360
2. Notes Payable ( <i>itemize</i> )				\$	1,627,357
Loans					1,627,357
See Schedule					
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> )				\$	153,889
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	2,310
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> )				\$	257,191
Security Deposits-Private Pay		Provider Taxes Due	171,325		
Acc'd Int-Private Pay Security Depo		Accrued Health Insuranc	16,124		
Acc'd Operating Expenses		69,418			
Acc'd Expense - CT Sales Tax		324 See Schedule			
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	3,254,107

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

(Carry Total forward to next page)

**WADSWORTH GLEN  
ACCRUED EXPENSES-OPERATIONS  
September 30, 2018**

**ACCT. #      2170**

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Audit	9,800.00
Health Ins.	66,316.33
Middlesex Chamber of Commerce	625.00
Subscriptions	422.00
Mgmt Fee	(12,744.30)
Electricity	1,479.53
Leaf Lease	1,063.33
Payroll Processing Fees	1,340.98
Cable TV	1,115.33
	<u>69,418.20</u>
<b>Balance 9/30/18</b>	<b><u>69,418.20</u></b>

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

Name of Facility Wadsworth Glen Health Care and Rehabilita	License No. 2025C	Report for Year Ended 9/30/2018	Page 34	of 37
Account			Amount	
Total Brought Forward:			3,254,107	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
			\$	53,964
Name of Lender	Purpose	Amount	Date Due	
Graybar Capital Lease - Boiler		53,964		
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 1,405,836
Name and Address of Lender	Amount	Loan Date		
	1,405,836			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
_____				
_____				
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 1,459,800
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 4,713,907

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Reha	2025C	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,043,286)
6. Gain or Loss for Period	10/1/2017	thru 9/30/2018	\$	(649,594)
7. Total Net Worth			\$	(1,692,880)
<b>C. Total Reserves and Net Worth</b>			\$	(1,692,880)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	3,021,027

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehab	2025C	9/30/2018	36	37
<b>Account</b>			<b>Amount</b>	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(1,111,022)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	10,847,545
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	11,497,139
D. Net Income or Deficit			\$	(649,594)
E. Balance			\$	(1,760,616)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Health Insurance	67,730			
Rounding	6			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	67,736
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. <b>Balance at End of Period</b>			\$	(1,692,880)

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

Name of Facility Wadsworth Glen Health Care and	License No. 2025C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address		Phone Number		
135 South Road Farmington, CT 06032		(860) 751-3900		