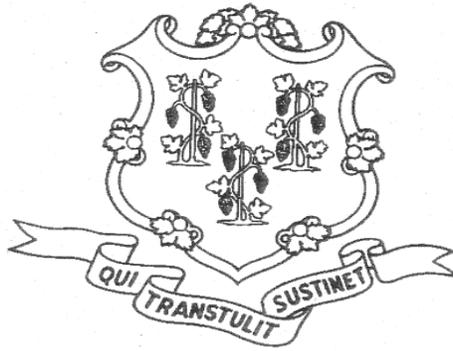


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Regency House of Wallingford, Inc.	
Address (No. & Street, City, State, Zip Code) 181 East Main Street, Wallingford, CT 06492	
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 2072-C	RHNS	(Specify)	Medicare Provider 075261
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Medicaid Provider Numbers:	CCNH 9084	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) Regency House of Wallingford, Inc.	License No. 2072-C	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 Regency House of Wallingford, Inc. [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) David Bond			Printed Name (Owner) Marvin J. Ostreicher		
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 Regency House of Wallingford, Inc.	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 181 East Main Street, Wallingford, CT 06492				
Report Prepared By Blum Shapiro & Co.	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 203-265-1661		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Regency House of Wallingford, Inc.		Address (No. & Street, City, State, Zip) 181 East Main Street, Wallingford, CT 06492		
License Numbers:	CCNH 2072-C	RHNS (Specify)	Medicare Provider No. 075261	
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.				
Administrator				
Name of Administrator David Bond		Nursing Home Administrator's License No.:	001349	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2017	Page 3A	of 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		
Regency House of Wallingford, Inc.	181 East Main Street, Wallingford, CT 06492	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
M.J. Ostreicher	181 Wildacre Ave Lawrence, NY 11559	President	675	
S. Ostreicher	181 Wildacre Ave Lawrence, NY 11559	Vice President		
B. Bokow	722 Almont Road Far Rockaway, NY 11691	Secretary	100	
Names of Stockholders Owning at Least 10% of Shares				
M.J. Ostreicher	181 Wildacre Ave Lawrence, NY 11559	President	675	
B. Bokow	722 Almont Road Far Rockaway, NY 11691	Secretary	100	
A. Zitter	9 Dogwood Lane Lawrence, NY 11559	Shareholder	225	

**General Information and Questionnaire
 Related Parties***

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See Attachment		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

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

**General Information and Questionnaire
Related Parties***

Name of Facility Regency House of Wallingford	License No. 2072-C	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, Ct 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	926,203	914,949
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	82%	Radiology	20 5f	31,017	28,642
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15 1a5	715,250	715,250
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Management	16 12	545,957	545,957
Marlborough Health Care Center, Inc.	85 Stage Harbor Road, Marlborough, CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 13	27,869	27,869
Wallingford Realty	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent/Real Estate Taxes	22 9, 10b	1,090,000	1,090,000
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	1,886	1,886
20Sunrise	20 Sunrise Highway, Valley Stream NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	10,362	10,362
Stauderman Realty	46 Stauderman Avenue, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	258	258
Cambridge Health and Rehabilitation Center	2428 Easton Tpk Fairfield CT 06825	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Workers Comp Transactions	15 1a1	31,219	31,219
Ludlowe Center for Health and Rehabilitation, LLC	118 Jefferson St Fairfield CT 06825	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Workers Comp Transactions	15 1a1	3,795	3,795
New Milford Crossings, LLC	19 Poplar St New Milford CT 06776	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Workers Comp Transactions	15 1a1	8,303	8,303
SANDS POINT CENTER	1440 Port Washington Blvd Port Washington NY 11050	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Workers Comp Transactions	15 1a1	2,146	2,146
Procure LTC Pharmacy Of MA LLC	155 Northboro Rd STE 4 Southborough MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Drugs	20 5a2	412,557	369,014
Procure LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Drugs/OTC/RX Consult	20/13 5a2,b,j/B3,12	9,533	8,527

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

**General Information and Questionnaire
Related Parties***

Name of Facility Regency House of Wallingford	License No. 2072-C	Report for Year Ended 9/30/2017	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	%**				
Wallingford Realty	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31 A8	241,860	241,860
Milford Health Care Center, Inc.	195 Platt St Milford CT 06460	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31 A8	26,618	26,618
Cambridge Manor of Fairfield, LLC	2428 Easton Turnpike, Fairfield, CT 06824	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31 A8	11,710	11,710
The Hebrew Center for Health & Rehabilitation	1 Abrahms Blvd, West Hartford, CT 06117	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31 A8	1,856	1,856
Ludlowe Center for Health & Rehab., LLC	118 Jefferson Street, Fairfield, CT 06825	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31 A8	391	391
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31 A8	42,145	42,145
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Prepaid Expenses	33 A1	13,134	13,134
Cold Spring Hills Center for Nursing & Rehabilitation	378 Syosset-Woodbury Rd, Woodbury, NY 11797	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33 A12	24,015	24,015
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	82%	Due to Related	33 A12	7,389	7,389
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37%	Due to Related	33 A12	2,367	2,367
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related (Debt)	33 A12	119,755	119,755
Procare LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Due to Related	33 A12	119,942	119,942
Procare LTC Pharmacy of MA	155 Northboro Rd STE 4 Southborough MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Due to Related	33 A12	4,605	4,605

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	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.				
Shared expenses, allocated by bed size or geographic territory. See page 17 attachment.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-C	Report for Year Ended 9/30/2017			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	60 / ongoing	2,930	2,930	
Wescom Solutions, PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	Ongoing	Ongoing	22,207	22,207	
Mail Finance, PO Box 45840, San Francisco, CA 94145-0840	<input type="radio"/>	<input checked="" type="radio"/>	Mailing Machine	03/15/15	36 months	1,322	1,322	
De Lage Landen PO Box 41602, Philadelphia, PA 19101-1602	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/01/15	39 months	4,331	4,331	
De Lage Landen PO Box 41602, Philadelphia, PA 19101-1602	<input type="radio"/>	<input checked="" type="radio"/>	Copier	11/01/14	39 months	709	709	
Leaf PO Box 742647, Cincinnati, OH 45274 - 2647	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/11/16	36 months	558	558	
Lexus Financial PO Box 4102 Carol Stream IL, 60197-020562UNO15	<input type="radio"/>	<input checked="" type="radio"/>	Car	03/14/16	39 months	6,480	6,480	
	<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 ***							38,537	

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility Regency House of Wallingford, Inc	License No. 2072-C	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 1 Blum Shapiro 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Drive, Shelton, CT 06484-1488
--	---

Services Provided by This Firm (*describe fully*)

1	Compilation, preparation of Medicare and Medicaid cost reports, and year end tax services	\$	29,355
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 29,355

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Altus Global Trade Solutions 2 Goldman, Gruder & Wood 3 Berchem & Moses, P.C. 4 Treasurer State of Connecticut 5 Wallingford Probate Court	Telephone Number (800) 509-6060 (203) 899-8900 (203)-783-1200
--	--

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

1	2400 Veterans Blvd Suite 300 Kenner, LA. 70062
2	200 Connecticut Avenue Norwalk, CT. 06854
3	75 Broad Street Milford, CT. 06460
4	Hartford, CT 06106
5	

Services Provided by This Firm (*describe fully*)

1	Collections - Disallow	\$	1,666
2	Collections - Disallow	\$	12,967
3	Labor	\$	3,140
4	Conservator - Disallow	\$	60
5	Probate - Disallow	\$	225
			Charge for Services Provided
			\$ 18,058

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

Schedule of Resident Statistics

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-C		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	130	130			130	130			130	130		
B. On last day of THIS report period	130	130			130	130			130	130		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	126	126			126	126			119	119		
B. As of midnight of THIS report period	126	126			119	119			126	126		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,730	7,730			5,801	5,801			1,929	1,929		
B. Medicaid (Conn.)	31,648	31,648			23,882	23,882			7,766	7,766		
C. Medicaid (other states)												
D. Private Pay	4,090	4,090			3,097	3,097			993	993		
E. State SSI for RCH												
F. Other (Specify) Managed Care	758	758			442	442			316	316		
G. Total Care Days During Period (3A thru F)	44,226	44,226			33,222	33,222			11,004	11,004		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	32	32			31	31			1	1		
B. Other Bed Reserve Days	55	55			20	20			35	35		
5. Total Resident Days (3G + 4A + 4B)	44,313	44,313			33,273	33,273			11,040	11,040		

Schedule of Resident Statistics (Cont'd)

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-C			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	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	22		84			20							
Per Diem Rate													
a. One bed rm.	PPS		257.48			500/560							
b. Two bed rms.	PPS		257.48			450/525							
c. Three or more bed rms.	PPS												
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B									TOTAL	CCNH	RHNS	(Specify)	
B. Medicaid (Exclusive of Part B)									2,682	2,682			
1. Maintenance Treatments													
2. Restorative Treatments									277	277			
C. Other									21,178	21,178			
D. Total Physical Therapy Treatments									24,137	24,137			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									617	617			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									40	40			
C. Other									1,885	1,885			
D. Total Speech Therapy Treatments									2,542	2,542			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,196	2,196			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									109	109			
C. Other									19,687	19,687			
D. Total Occupational Therapy Treatments									21,992	21,992			

Report of Expenditures - Salaries & Wages

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	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)	24,924	49				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	178,021	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	169,338	8,745				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	73,727	2,080				
c. Dietary Workers	420,020	25,437				
6. Housekeeping Service						
a. Head Housekeeper	40,251	2,009				
b. Other Housekeeping Workers	283,912	20,542				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	65,606	2,080				
b. Other Maintenance Workers	35,984	2,222				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	20,948	1,564				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	168,428	3,360				
b. RN						
1. Direct Care	715,392	17,521				
2. Administrative**	206,270	5,750				
c. LPN						
1. Direct Care	1,430,073	54,741				
2. Administrative**						
d. Aides and Attendants	1,999,321	126,946				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	146,555	7,697				
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	229,603	7,235				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,208,373	290,058				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Regency House of Wallingford, Inc.				2072-C	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										
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559	24,924			same as other employees	Supervises operations, deals with DNS & other patient care,	49	a1	See attached		
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.

MARVIN J. OSTREICHER - OWNER
 TIME STUDY
 YEAR END SEPTEMBER 30, 2017

Name	Beds	Total w/ Bnft
Augusta	72	53.82
Belair	102	52.61
Bethel	161	76.49
Bloomfield	120	55.03
Brattleboro	80	58.96
Brentwood	78	36.58
Brewer	111	67.73
Bristol	132	64.40
Cambridge	160	45.65
Catskill	136	51.40
Cold Spring Hills	-	-
Colony	92	44.44
Country	111	43.24
Dover	112	61.98
Eastside	69	48.07
Eliot	114	68.33
Glen Falls	120	48.68
Hudson	-	-
Huntington	320	54.42
Kennebunk	78	55.63
Hebrew Home	257	60.77
Ludlowe	144	65.00
Maple View	120	59.26
Marlborough	120	60.47
Maywood	120	47.47
Milford	120	52.00
Newton Wellseley	110	54.42
Norway	70	53.51
Poughkeepsie	200	63.19
Regency	130	48.68
Reservoir	144	53.51
Riverside	345	50.19
Ross	135	-
Rutland	125	55.93
Sachem	111	59.56
Sands Point	180	67.42
Utica	117	54.42
Village Crest	95	48.38
Water's Edge	150	57.75
Westgate	104	52.00
Winship	72	51.10
Total	5,137	2,102.50
Vacation		
Sick		
Personal		
Holiday		
Total Hours		

**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	
Regency House of Wallingford, Inc.				2072-C	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***										
David Bond	178,021			same as other employees	Management & supervision of healthcare facility	2,080	a2			
Section IV - Assistant Administrators										

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

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

*** If more than one Administrator is reported, include dates of employment for each.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Regency House of Wallingford, Inc.	2072-C	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	30,680	767				
2. Dentist	6,000	Disallowed				
3. Pharmacist	13,461	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	428,787	8,500				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	48,000	154				
b. Utilization Review (Title 18 and 19 only) monthly meeting	300	3				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	97,081	1,538				
b. Other						
10. Occupational Therapist						
a. Resident Care	392,693	6,874				
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	21,594	Disallowed				
B-13 Total Fees Paid in Lieu of Salaries	1,038,596	17,836				

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

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.	2072-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 376,749	376,749		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 114,695	114,695		
4. Social Security (F.I.C.A.)	\$ 463,230	463,230		
5. Health Insurance	\$ 717,694	717,694		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 12,570	12,570		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 29,355	29,355		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 18,058	18,058		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 23,730	23,730		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 19,217	19,217		
2. Cellular Phones	\$ 1,676	1,676		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 14	14		
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	\$ 772,044	772,044		
Subtotal	\$ 2,549,032	2,549,032		

* 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
Regency House of Wallingford, Inc.	2072-C	9/30/2017	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	2,549,032	2,549,032		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$	3,541	3,541	
3. Gifts to Staff and Residents	\$	4,671	4,671	
4. Employee Travel	\$	3,427	3,427	
5. Education Expenses Related to Seminars and Conventions	\$	1,076	1,076	
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. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	22,532	22,532	
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	\$	2,405	2,405	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	9,200	9,200	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$	2,424	2,424	
10. Contributions*** See Attached Schedule	\$	1,500	1,500	
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$			
12. Administrative Management Services**	\$	544,850	544,850	
13. Other (<i>Specify</i>) See Attached Schedule	\$	138,573	138,573	
C-14 Total Administrative & General Expenditures	\$	3,283,231	3,283,231	

* 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 Promotional- Marketing- Disallowed	\$ 10,637		
Advertising Promotional- Administration- Disallowed	\$ 11,895		
Total Other Advertising	\$ 22,532	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 9,200		
Total Dues	\$ 9,200	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Donations	\$ 1,500		
Total Contributions	\$ 1,500	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Consulting Fees- Fiscal Operations	\$ 5,385		
Consulting Fees- Administration - Disallowed via management fee	\$ 13,612		
IT Services - Administration	\$ 36,657		
Purchased Services- Fiscal Operations	\$ 30,156		
Licenses and Permits- Administration	\$ 2,471		
Bank Charges- Administration- Disallowed	\$ 40,376		
Background Check- Administration	\$ 6,456		
Miscellaneous Expense- Administration- Disallowed	\$ 758		
Crime Insurance- Administration- Disallowed	\$ 2,702		
Total Other Administrative and General	\$ 138,573	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	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 #
National Healthcare	544,850	See Attached	page 16, line M12

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

National Health Care
Profit and Loss Allocated by GL Account

Start Date: 10/1/2016
End Date: 9/30/2017

	0101	0102	0103	0104	0105	0106	0107	0108	0109	0110	0112	0113	0114
	Bloomfield	Bristol	Cambridge	Ludlowe	Maple View Manor	Marlborough	Milford	New Milford	Regency	Riverside	Water's Edge	Bethel Health and Rehabilitation Center	HEBREW HOME
300001-0000-00-000-0	TROY Shared Cost	(3,082.11)	(3,390.21)	(4,109.29)	(3,698.60)	(3,082.11)	(3,082.11)	(2,439.75)	(3,338.75)	(8,861.25)	(3,852.66)	(9,214.41)	(4,920.43)
391500-0000-00-000-0	Misc. Other Income-Nat. Mgmt. - -	(230.77)	(253.85)	(307.69)	(276.93)	(230.77)	(230.77)	(182.66)	(249.96)	(663.47)	(288.48)	(493.21)	(494.21)
400000-0000-00-000-0	Salary-National Healthcare Management - -	315,626.39	347,189.87	416,571.18	378,754.68	315,626.39	315,626.39	251,580.28	344,284.39	907,444.85	394,532.95	539,945.39	510,738.73
401000-0000-04-000-0	FICA-National Healthcare Management-Fiscal Op -	20,604.17	22,664.72	27,084.42	24,725.44	20,604.17	20,604.17	16,511.41	22,595.70	59,238.55	25,755.42	35,585.87	35,056.66
401100-0000-04-000-0	FUI-National Healthcare Management-Fiscal Op -	91.21	100.31	120.44	109.45	91.21	91.21	72.19	98.81	262.25	114.01	156.06	184.12
401200-0000-04-000-0	SUI-National Healthcare Management-Fiscal Op -	1,334.59	1,468.09	1,754.79	1,601.56	1,334.59	1,334.59	1,055.97	1,445.10	3,837.06	1,668.31	2,274.74	2,740.85
401201-0000-00-000-0	SUI - NY-National Healthcare Management - -	(102.24)	(112.46)	(136.33)	(122.72)	(102.24)	(102.24)	(80.96)	(110.78)	(293.99)	(127.83)	(172.98)	(109.49)
401250-0000-00-000-0	NY MTA Tax-Nat. Mgmt. - -	596.40	656.05	779.98	715.79	596.40	596.40	596.40	480.35	657.42	1,714.83	745.53	1,039.96
401300-0000-04-000-0	Health Insurance-National Healthcare-Fiscal Op -	33,107.00	36,417.24	44,141.92	39,730.92	33,107.00	33,107.00	26,207.09	35,864.31	95,186.98	41,386.05	56,027.91	57,068.30
401400-0000-04-000-0	Workers Compensation-National Health-Fiscal Op -	2,355.62	2,591.29	3,140.82	2,826.94	2,355.62	2,355.62	1,864.50	2,551.68	6,772.78	2,944.77	3,985.43	5,044.92
401500-0000-04-000-0	Medical Benefits-National Healthcare-Fiscal Op -	(7.67)	(8.44)	(10.33)	(9.20)	(7.67)	(7.67)	(6.07)	(8.31)	(22.05)	(9.59)	(12.98)	(16.43)
401600-0000-04-000-0	Disability Expense-National Healthca-Fiscal Op -	(91.06)	(100.12)	(121.39)	(109.29)	(91.06)	(91.06)	(72.05)	(98.64)	(261.82)	(113.84)	(154.04)	(133.07)
401700-0000-04-000-0	Pension-National Healthcare Manageme-Fiscal Op -	6,418.84	7,060.44	8,558.00	7,702.73	6,418.84	6,418.84	5,081.06	6,953.32	18,454.51	8,023.53	10,859.59	10,007.07
401800-0000-04-000-0	Employee Benefits - Other-National H-Fiscal Op -	708.47	779.27	944.60	850.19	708.47	708.47	560.82	767.42	2,036.84	885.57	1,198.07	1,118.67
402000-0000-04-000-0	Holiday Expense-National Healthcare - Fiscal Op -	106.86	117.55	142.46	128.21	106.86	106.86	84.59	115.76	307.20	133.55	180.77	74.55
410000-0000-04-000-0	Supplies-National Healthcare Managem-Fiscal Op -	2,856.68	3,142.36	3,808.96	3,428.12	2,856.68	2,856.68	2,264.43	3,094.65	8,213.37	3,570.94	4,791.09	5,014.89
410000-0000-08-000-0	Supplies-National Healthcare Managem-Maintenan-	10.69	11.75	14.25	12.82	10.69	10.69	8.47	11.60	30.73	13.69	18.09	0.70
410000-0000-09-000-0	Supplies-National Healthcare Managem-Housekeep-	22.52	24.76	30.00	27.01	22.52	22.52	17.84	24.36	64.72	28.15	40.42	42.47
411000-0000-04-000-0	Food-National Healthcare Management-Fiscal Op -	27.76	30.52	37.01	33.33	27.76	27.76	21.96	30.08	79.83	30.08	46.97	35.88
431000-0000-03-000-0	Consulting Fees-National Healthcare -Administr-	18.03	19.84	24.04	21.64	18.03	18.03	14.27	19.53	51.84	22.54	30.51	38.62
431000-0000-04-000-0	Consulting Fees-National Healthcare -Fiscal Op -	8,620.19	9,481.77	11,493.28	10,344.69	8,620.19	8,620.19	6,823.93	9,338.21	24,783.91	10,775.60	14,401.14	12,800.60
432000-0000-03-000-0	Accounting Fees-National Healthcare -Administr-	541.16	595.30	721.49	649.41	541.16	541.16	428.36	586.30	1,555.96	676.47	915.53	749.23
433000-0000-03-000-0	Legal Fees-National Healthcare Managem-Administr-	8,472.34	9,219.49	11,296.21	10,167.38	8,472.34	8,472.34	6,706.49	9,177.86	24,359.05	10,690.96	14,331.19	14,974.30
440000-0000-03-000-0	Purch Services-National Healthcare M-Administr-	11,050.58	12,155.52	14,733.60	13,261.53	11,050.58	11,050.58	8,747.49	11,970.89	31,771.33	13,813.66	18,696.03	18,753.34
440000-0000-08-000-0	Purch Services-National Healthcare M-Maintenan-	4,060.58	4,466.78	5,414.06	4,872.98	4,060.58	4,060.58	3,214.16	4,398.65	11,674.64	5,076.06	6,869.97	7,979.89
440000-0000-09-000-0	Purch Services-National Healthcare M-Housekeep-	1,489.60	1,638.50	1,986.19	1,787.73	1,489.60	1,489.60	1,179.29	1,613.64	4,282.32	1,862.18	2,520.33	2,368.28
440000-0000-12-000-0	Purch Services-National Healthcare Ma-Security -	3.49	3.83	4.65	4.18	3.49	3.49	2.76	3.78	10.03	4.36	5.90	7.47
440001-0000-08-000-0	Ground Services-Nat. Mgmt.-Maintenance -	18.25	20.07	24.33	21.89	18.25	18.25	14.42	19.77	52.43	22.81	30.84	27.68
441000-0000-03-000-0	Computer Expense-National Healthcare-Administr-	12,976.69	14,274.04	17,301.36	15,572.95	12,976.69	12,976.69	10,272.48	14,057.75	37,308.86	16,221.30	21,685.61	18,439.19
442000-0000-08-000-0	Pest Control-Nat. Mgmt.-Maintenance -	8.17	8.98	10.89	9.80	8.17	8.17	6.47	8.85	23.49	10.21	13.82	
452000-0000-25-000-0	Equipment Rental-National Healthcare-Fiscal Op -	2,879.22	3,166.92	3,838.70	3,455.18	2,879.22	2,879.22	2,279.21	3,119.01	8,277.99	3,599.21	4,871.10	4,882.71
461000-0000-03-000-0	Telephone-National Healthcare Managem-Administr-	3,831.96	4,215.02	5,109.25	4,598.59	3,831.96	3,831.96	3,033.57	4,151.25	11,017.47	4,790.27	6,483.10	5,691.40
461100-0000-03-000-0	Telephone - Cell-National Healthcare-Administr-	1,779.85	1,957.75	2,373.00	2,135.85	1,779.85	1,779.85	1,408.86	1,928.03	5,117.10	2,224.80	3,004.55	2,866.05
462000-0000-25-000-0	Electric-National Healthcare Managem-Property -	2,842.62	3,126.81	3,790.05	3,411.30	2,842.62	2,842.62	2,250.29	3,079.44	8,172.84	3,553.35	4,809.26	4,075.05
463000-0000-25-000-0	Gas-National Healthcare Managem-Property -	286.27	314.91	381.68	343.56	286.27	286.27	226.63	310.10	823.08	357.94	484.34	512.52
464000-0000-25-000-0	Water-National Healthcare Management-Property -	125.39	137.94	167.19	150.50	125.39	125.39	99.25	135.83	360.51	156.75	212.16	197.85
471000-0000-25-000-0	Rent-National Healthcare Management-Property -	11,904.14	13,093.27	15,871.29	14,285.51	11,904.14	11,904.14	9,424.58	12,896.53	34,225.14	14,880.11	20,139.49	12,476.79
472000-0000-25-000-0	Personal Property Taxes-National Hsa-Fiscal Op -	1,061.56	1,167.79	1,415.52	1,273.89	1,061.56	1,061.56	840.35	1,150.01	3,052.09	1,326.90	1,795.85	2,207.16
473000-0000-25-000-0	Real Estate Taxes-National Healthcare-Fiscal Op -	3,443.49	3,788.25	4,591.57	4,132.72	3,443.49	3,443.49	2,725.32	3,729.98	9,900.97	4,305.09	5,826.20	9,261.26
484000-0000-04-000-0	Amort Exp - LHI-National Healthcare -Fiscal Op -	2,516.86	2,768.45	3,355.70	3,020.36	2,516.86	2,516.86	1,992.36	2,726.52	7,236.24	3,146.16	4,258.13	3,941.29
486000-0000-04-000-0	Dep Exp - Moveable Equip-National He-Fiscal Op -	11,227.34	12,349.82	14,969.42	13,473.47	11,227.34	11,227.34	8,887.35	12,162.26	32,279.85	14,034.76	18,994.98	19,585.47
491000-0000-03-000-0	Dues and Subscriptions-National Heal-Administr-	923.05	1,015.35	1,230.71	1,107.72	923.05	923.05	730.65	999.93	2,653.89	1,153.87	1,561.71	1,636.89
500000-0000-03-000-0	Licenses and Permits-National Health-Administr-	581.40	639.59	775.21	697.74	581.40	581.40	460.26	629.82	1,671.67	726.81	983.64	1,079.59
501000-0000-03-000-0	Advertising Employment-National Heal-Administr-	5,904.90	6,494.59	7,872.45	7,085.66	5,904.90	5,904.90	4,674.72	6,396.87	16,976.31	7,380.55	9,989.70	5,795.97
501100-0000-03-000-0	Advertising Promotional-National Health-Administr-	6,751.42	7,426.73	9,002.04	8,102.13	6,751.42	6,751.42	5,344.56	7,313.87	19,411.29	8,439.87	11,380.63	10,816.81
502000-0000-03-000-0	Interest-National Healthcare Managem-Administr-	2,273.15	2,500.56	3,030.81	2,728.05	2,273.15	2,273.15	1,799.44	2,462.54	6,535.70	2,841.61	3,846.98	3,787.91
503000-0000-03-000-0	Penalties-National Healthcare Managem-Administr-												
503600-0000-03-000-0	Bank Charges-Nat. Mgmt.-Administration -	1,390.29	1,529.34	1,853.49	1,668.44	1,390.29	1,390.29	1,100.51	1,506.09	3,997.26	1,737.92	2,352.16	2,304.72
504000-0000-03-000-0	Postage-National Healthcare Managem-Administr-	1,028.24	1,131.09	1,370.92	1,233.97	1,028.24	1,028.24	813.92	1,113.82	2,956.35	1,285.36	1,739.60	1,917.74
509000-0000-03-000-0	Seminars-National Healthcare Managem-Administr-	580.46	638.51	773.95	696.66	580.46	580.46	459.55	628.81	1,668.93	725.66	981.20	904.13
510000-0000-03-000-0	Liability Insurance-National Healthca-Administr-	2,222.62	2,444.82	2,963.43	2,667.30	2,222.62	2,222.62	1,759.39	2,407.73	6,390.26	2,778.40	3,760.36	3,648.18
511000-0000-03-000-0	Auto Insurance-National Healthcare M-Administr-	1,464.24	1,610.68	1,952.30	1,757.20	1,464.24	1,464.24	1,159.11	1,586.22	4,209.98	1,830.43	2,477.33	2,517.47
512000-0000-03-000-0	Umbrella Insurance-National Healthca-Administr-	1,199.48	1,319.43	1,599.27	1,439.48	1,199.48	1,199.48	949.48	1,299.36	3,448.64	1,499.41	2,029.36	2,047.90
513000-0000-03-000-0	Crime Insurance-National Healthcare -Administr-	67.24	73.99	89.66	80.71	67.24	67.24	53.23	72.86	193.35	84.07	113.74	125.48
517000-0000-03-000-0	Workmans Comp Insurance-National	1,245.82	1,370.25	1,660.94	1,494.91	1,245.82	1,245.82	986.23	1,349.58	3,581.65	1,557.19	2,107.67	1,318.23
520000-0000-03-000-0	Auto Expense-National Healthcare Man-Administr-	1,940.32	2,134.10	2,586.87	2,328.27	1,940.32	1,940.32	1,536.21	2,102.07	5,578.30	2,425.16	3,282.49	1,300.95
520100-0000-03-000-0	Auto Lease Expense-National Healthca-Administr-	3,326.39	3,658.73	4,434.78	3,991.57	3,326.39	3,326.39	2,633.34	3,603.08	9,563.31	4,157.82	5,641.63	4,606.91
521000-0000-00-000-0	Travel Expense-Nat. Mgmt. - -	11.04	12.14	14.72	13.24	11.04	11.04	8.74	11.95	31.74	13.79	18.67	23.63
521000-0000-03-000-0	Travel Expense-National Healthcare M-Administr-	7,274.81	8,002.45	9,699.71									

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
Regency House of Wallingford, Inc.		2072-C	9/30/2017	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 356,066	356,066			
2. Non-Food Supplies	\$ 30,843	30,843			
3. Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ _____				
c. Management Services**	\$ _____				
d. Other (Specify) _____ Rental expense	\$ 1,959	1,959			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 388,868	388,868			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Regency House of Wallingford, Inc.		License No. 2072-C	Report for Year Ended 9/30/2017		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	6,472	6,472		
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>) (Complete Schedule C-2 att. Page 21)	\$	171,212	171,212		
c.	Management Services**	\$				
d.	Other (<i>Specify</i>) Diapers \$48,337, Supplies \$106	\$	48,443	48,443		
3E.	Total Laundry Expenditures (3a + b + c + d)	\$	226,127	226,127		
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
Regency House of Wallingford, Inc.		2072-C	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. \$	36,628	36,628		
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. \$	1,941	1,941		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	38,569	38,569		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Pharmerica	\$	373,551	373,551		
b.	Medicine Cabinet Drugs	\$	33,838	33,838		
c.	Medical and Therapeutic Supplies	\$	147,978	147,978		
d.	Ambulance/Limousine***	\$	140	140		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	19,328	19,328		
f.	X-rays and Related Radiological Procedures***	\$	32,039	32,039		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	46,182	46,182		
i.	Recreation	\$	54,342	54,342		
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	36,932	36,932		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	744,330	744,330		

* 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)
Equipment Rental- Nursing	\$ 22,009		
IV Therapy Supplies - Rehab Therapy and Ancillary	\$ 6,370		
Flu Vaccine - Medical Services	\$ 4,995		
Purchased Services - Nursing	\$ 3,558		
Total Other Resident Care	\$ 36,932	\$ -	\$ -

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

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-C		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
Med-Apparel Services	161 S Macquesten Pkwy Mt Vernon NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry and Linen Purchased Services	27,602			19	3B
Unitex Textile Rental	161 S Macquesten Pkwy Mt Vernon NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry and Linen Purchased Services	143,610			19	3B
ADM Environmental Group	1370 Coney Island Ave Brooklyn NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Waste Removal/Recycling	29,945			22	6F
ADP	PO Box 847875 Boston, MA 02284-2875	<input type="radio"/>	<input checked="" type="radio"/>		Payroll	13,607			16	M13
Ultimate Landscaping	45 East Main St. Wallingford, CT 06494	<input type="radio"/>	<input checked="" type="radio"/>		Ground Services	20,642			22	6F
MJ Daly, LLC	110 Mattatuck Heights, Waterbury, CT 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	42,392			22	6A
Junga Electric LLC	19 Candlewood Road Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Electrical	11,060			22	6A
Trane Company	Road, La Crosse WI 54601-7599	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	10,641			22	6A
Integrated Health Systems	PO Box 23072 Overland Park, KS 66283	<input type="radio"/>	<input checked="" type="radio"/>		Computer Maintenance System	18,305			16	M13
Ecolab Equipment Care	24673 Network Place Chicago IL 60673	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Equipment Maintenance	11,217			22	6A
		<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
Regency House of Wallingford, Inc.	2072-C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 137,519	137,519				
b. Heat	\$ 77,744	77,744				
c. Light & Power	\$ 82,878	82,878				
d. Water	\$ 36,258	36,258				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 38,537	38,537				
f. Other (<i>itemize</i>)	\$ 71,028	71,028				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 443,964	443,964				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 39,022	39,022				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 39,022	39,022				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 54,903	54,903				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 54,903	54,903				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,090,000	1,090,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 11,365	11,365				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,195,290	1,195,290				

* 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)
Purchased Services- Security	\$ 14,473		
Ground Services- Maintenance	\$ 20,642		
Pest Control- Maintenance	\$ 2,552		
Carting- Maintenance	\$ 32,761		
IT Rentals	\$ 600		
Total Other Repairs and Maintenance	\$ 71,028	\$ -	\$ -

Depreciation Schedule

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-C			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													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		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.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						513,374		513,374	382,493	SL	Various	26,286	
b. Disposals (attach schedule)						(15,353)		(15,353)	(15,353)	SL	Various		
c. Acquired during this report period (attach schedule)						166,499		166,499		SL	Various	12,736	
D-3. Subtotal													39,022
E. Total Depreciation													39,022

Regency House of Wallingford, Inc.
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:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2016	LED TV	\$ 903	5	\$ 181
10/31/2016	LED TV	\$ 950	5	\$ 190
11/30/2016	LED TV	\$ 874	5	\$ 160
1/31/2017	80 Electric Bed"	\$ 872	12	\$ 54
1/31/2017	Patient Lift	\$ 1,469	10	\$ 110
1/31/2017	LED TV	\$ 874	5	\$ 131
12/31/2016	DYNO APM with LAL Mattress	\$ 2,074	5	\$ 346
4/30/2017	LED TV	\$ 874	5	\$ 87
5/31/2017	Ice & Water Dispenser	\$ 5,650	10	\$ 235
5/31/2017	TV	\$ 887	5	\$ 74
5/31/2017	Integrated Health System - Chromebooks, Servers, Software	\$ 119,755	5	\$ 9,980
5/31/2017	Desktop	\$ 2,203	5	\$ 184
6/30/2017	Desktop	\$ 897	5	\$ 60
7/31/2017	TV	\$ 878	5	\$ 44
7/31/2017	TV	\$ 507	5	\$ 25
7/31/2017	Electric Power Lift	\$ 1,742	10	\$ 44
7/31/2017	Digital Chair Scale	\$ 1,303	10	\$ 33
7/31/2017	TV	\$ 874	5	\$ 44
7/31/2017	APM with LAL Mattress	\$ 1,491	5	\$ 75
7/31/2017	APM with LAL Mattress	\$ 1,280	5	\$ 64
7/31/2017	APM with LAL Mattress	\$ 1,376	5	\$ 69
8/31/2017	Aire Low Air Loss Mattress	\$ 2,897	5	\$ 97
8/31/2017	Aire Low Air Loss Mattress	\$ 2,386	5	\$ 80
8/31/2017	Aire Low Air Loss Mattress	\$ 2,386	5	\$ 80
8/31/2017	Lift	\$ 756	10	\$ 13
8/31/2017	13 HP Chromebook	\$ 7,589	5	\$ 253
9/30/2017	Invacare Lift	\$ 2,752	10	\$ 23
Total additions for Movable Equipment		\$ 166,499		\$ 12,736 *
Deletions:				
9/30/2017	Disposal of fully depreciated assets 1991-2003	\$ (15,353)		
Total deletions for Movable Equipment		\$ (15,353)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/31/2016	Security Cameras	\$ 7,554	10	\$ 630
1/31/2017	Security Cameras	\$ 2,245	10	\$ 168
2/28/2017	Painting	\$ 9,040	15	\$ 402
3/31/2017	Garbage Disposal	\$ 2,117	5	\$ 247
5/31/2017	Stairs & Landing	\$ 2,000	10	\$ 83
5/31/2017	Fence & Gate	\$ 1,585	10	\$ 66
7/31/2017	Wallpaper & Bumper Guard	\$ 18,925	5	\$ 946
8/31/2017	Doors	\$ 5,257	20	\$ 44
Total additions for Leasehold Improvement		\$ 48,723		\$ 2,586 *
Deletions:				
9/30/2017	Disposal of fully depreciated assets 1991-2003	\$ (6,713)		
Total deletions for Leasehold Improvement		\$ (6,713)		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-C		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
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			Various	853,301	501,452	SL		52,317	
2. Disposals (attach schedule)			Various	(6,713)	(6,713)	SL			
3. Acquired during this report period (attach schedule)			Various	48,723		SL		2,586	
C-4. Subtotal									54,903
D. Total Amortization									54,903

* 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 Regency House of Wallingford, Inc.	License No. 2072-C	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				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		130		
6. Square Footage		60,298		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		10/01/15		
c. Interest Rate for the Cost Year		3.68%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		12,867,900		
f. Principal balance outstanding as of 9/30/17		12,525,442		
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
Regency House of Wallingford, Inc.		2072-C	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
Regency House of Wallingford, Inc.		2072-C		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 (<i>Specify</i>)				\$	3,194	3,194	
A. Item		Rate	Amount				
Equipment Lease		4.347%	3,194				
Lender							
M&T Bank							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$	3,194	3,194	
12. D. Other Interest Expense (<i>Specify</i>)				\$	1,530	1,530	
Allowable interest M&T bank \$1092, Admin int \$438							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	4,724	4,724	
14. Insurance							
a. Insurance on Property (buildings only)				\$			
b. Insurance on Automobiles				\$	3,716	3,716	
c. Insurance other than Property (as specified above)							
1. Umbrella (<i>Blanket Coverage</i>)				\$	6,860	6,860	
2. Fire and Extended Coverage				\$			
3. Other (<i>Specify</i>)				\$	37,440	37,440	
Liability							
14d. Total Insurance Expenditures (14a + b + c)				\$	48,016	48,016	
15. Total All Expenditures (A-13 thru C-14)				\$	13,620,088	13,620,088	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.				2072-C	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.	10	12M	Salaries not related to Resident Care	\$ 31,557	31,557		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 392,693	392,693		
7.			Other - See attached Schedule	\$ 63,651	63,651		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 21,643	21,643		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 596	596		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	M3	Unallowable Advertising *	\$ 22,532	22,532		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 14	14		
20.	16	M10	Fund Raising / Contributions	\$ 1,500	1,500		
21.	16	M12	Unallowable Management Fees	\$ 247,927	247,927		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 57,071	57,071		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 839,185	839,185		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	Dentist	\$ 6,000		
13	B3	Pharmacist	\$ 13,461		
13	B8a	Medical Director	\$ 22,596		
13	B2	Consulting Fees- Rehabilitation Therapy and Ancillary	\$ 10,522		
13	B2	Consulting Fees-Nursing	\$ 11,072		
Total Other Fees Adjustments			\$ 63,651	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a 3,4,5,7	Benefits on Salaries Not related to Resident Care	\$ 8,564		
16	L3	Gifts to Staff	\$ 4,671		
16	m13	Bank Charges	\$ 40,376		
16	m13	Miscellaneous Expenses	\$ 758		
16	m13	Crime Insurance	\$ 2,702		
Total Other A&G Adjustments			\$ 57,071	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.				2072-C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 839,185	839,185		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 373,551	373,551		
28.	20	5d	Ambulance/Limousine	\$ 140	140		
29.	20	5f	X-rays, etc	\$ 32,039	32,039		
30.	20	5h	Laboratory	\$ 46,182	46,182		
31.	20	5c	Medical Supplies	\$ 13,049	13,049		
32.	20	5e2	Oxygen (non emergency)	\$ 19,328	19,328		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 49,347	49,347		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 5,607	5,607		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 409	409		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 10,196	10,196		
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	\$ 12,383	12,383		
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)			\$ 1,401,416	1,401,416		

*** 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.

Regency House of Wallingford, Inc.
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	5j	Flu Vaccine	\$ 4,995		
20	5j	Purchased Services-Nursing	\$ 604		
20	5j	Equipment Rental- Nursing	\$ 22,009		
20	5j	IV Therapy Supplies - Rehab Therapy and Ancillary	\$ 6,370		
20	Misc	Procare Disallowed Price Markup	\$ 1,861		
20	5i	Cable TV Expense - Resident Rooms	\$ 13,508		
Total Other Ancillary Costs			\$ 49,347	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	D2c	Disallowed Movable Equipment Depreciation (TV's & Mattresses)	\$ 5,607		
Total Excess Movable Equipment Depreciation			\$ 5,607	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14b	Auto Insurance	\$ 3,716		
22	6e	Auto Lease	\$ 6,480		
Total Other Property Adjustments			\$ 10,196	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Miscellaneous Income	\$ 11,306		
30	IV5	Interest Income	\$ 639		
27	12d	Other Interest Expense	\$ 438		
Total Other Adjustments			\$ 12,383	\$ -	\$ -

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
Regency House of Wallingford, Inc.	2072-C	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>)	\$ 13,615,140	13,615,140				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,595,876)	(5,595,876)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,762,943	3,762,943				
b. Medicare Room and Board Contractual Allowance **	\$ 413,959	413,959				
4. a. Private-Pay Residents and Other	\$ 2,516,112	2,516,112				
b. Private-Pay Room and Board Contractual Allowance **	\$ (445,881)	(445,881)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 280,093	280,093				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (279,330)	(279,330)				
c. Prescription Drugs - Non-Medicare	\$ 62,538	62,538				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (60,180)	(60,180)				
2. a. Medical Supplies - Medicare	\$ 93	93				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (93)	(93)				
c. Medical Supplies - Non-Medicare	\$ 128	128				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (128)	(128)				
3. a. Physical Therapy - Medicare	\$ 795,198	795,198				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (707,278)	(707,278)				
c. Physical Therapy - Non-Medicare	\$ 69,133	69,133				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (67,413)	(67,413)				
4. a. Speech Therapy - Medicare	\$ 191,060	191,060				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (145,375)	(145,375)				
c. Speech Therapy - Non-Medicare	\$ 15,617	15,617				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (15,617)	(15,617)				
5. a. Occupational Therapy - Medicare	\$ 757,715	757,715				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (691,703)	(691,703)				
c. Occupational Therapy - Non-Medicare	\$ 71,751	71,751				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (56,858)	(56,858)				
6. a. Other (<i>Specify</i>) - Medicare	\$ (821)	(821)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (1,432)	(1,432)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,483,495	14,483,495				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 639	639				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 27,721	27,721				
V. Total Other Revenue (1 thru 8)	\$ 28,360	28,360				
VI. Total All Revenue (III +V)	\$ 14,511,855	14,511,855				

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.	2072-C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	968,622
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,577,303
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	16,286
5. Prepaid Expenses			\$	232,057
a. Taxes (personal property, real estate)	155,054			
b. Management fees	54,102			
c. Other	22,901			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	369,725
Patient Personal Funds	45,145			
Due from Realty	241,860			
Due from Related	82,720			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,163,993
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	13,000
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost _____	895,311	\$	345,669
	Accum. Depreciation _____	549,642	Net	
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost _____	664,520	\$	258,358
	Accum. Depreciation _____	406,162	Net	
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	617,027

* 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 Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	3,781,020
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings			\$	8,821,607
	*Historical Cost	12,210,767		
	Accum. Depreciation	3,389,160	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)			\$	8,821,607
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
_____			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	12,500
Security Deposits		12,500		
_____			\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	12,500
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	12,615,127

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

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.		2072-C	9/30/2017	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	580,603
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	22,346
Name of Lender		Purpose	Amount	Date Due	
M & T Bank		Equipment	22,346	Through May 2020	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	334,090
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	595,289
Accrued expenses		10,776	Accrued Pension	12,570	
Patient personal funds		45,145	Accrued Worker's Comp	24,788	
Due to Related Party		278,073	Accrued Accounting Fees	29,355	
Revenue Assessment		194,582			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,532,328

* 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 Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount
Total Brought Forward:				1,532,328
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$ 39,466
Name of Lender	Purpose	Amount	Date Due	
M & T Bank	Equipment	39,466	Through May 2020	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 39,466
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,571,794

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

Name of Facility	License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.	2072-C	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			\$	8,821,607
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			\$	8,821,607
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	5,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,324,959
6. Gain or Loss for Period			\$	891,767
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	2,221,726
C. Total Reserves and Net Worth			\$	11,043,333
D. Total Liabilities, Reserves, and Net Worth			\$	12,615,127

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.	2072-C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	1,948,885
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,511,855
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	13,620,088
D. Net Income or Deficit			\$	891,767
E. Balance			\$	2,840,652
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Capital Contributions from Partners	26,055			
2. Other (<i>itemize</i>)				
Tax Refund	13,785			
F-3. Total Additions			\$	39,840
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	510,000
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559	President	344,250		
Partner Drawings - Zitter \$114,750, Bokow \$51,000	Various	165,750		
2. Other Withdrawings (<i>Specify</i>)			\$	153,766
Purpose	Amount			
CT Income Tax	116,000			
Prior Year Rent Adjustment	37,766			
3. Total Deductions			\$	663,766
H. Balance at End of Period			\$	2,216,726
	09/30/17			

I. Preparer's/Reviewer's Certification

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	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	Title	Date Signed		
Printed Name of Preparer				
Blum Shapiro & Co				
Address		Phone Number		
2 Enterprise Drive, Shelton, CT 06484-1488		(203) 944-2100		