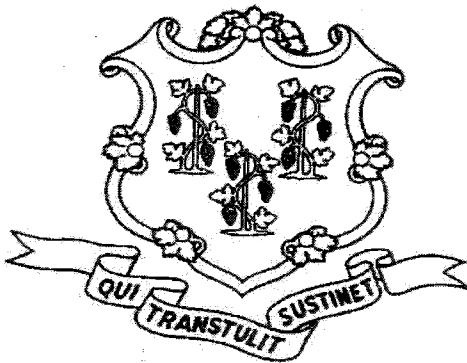


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed)

LiveWell Alliance, Inc.

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

1261 South Main Street, Plantsville, CT 06479

Type of Facility

Chronic and Convalescent

Rest Home with Nursing

Nursing Home only
(CCNH)

Supervision only
(RHNS)

Other

Report for Year Beginning

10/1/2018

Report for Year Ending

9/30/2019

License Numbers:	CCNH 002-09-33	RHNS	Other	Medicare Provider 07-5378
------------------	-------------------	------	-------	------------------------------

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
----------------------------	------	------	---------

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) LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page 1	of 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 LiveWell Alliance, Inc. [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, 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) Patricia Bowen		Printed Name (Owner)		
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public				

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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 LiveWell Alliance, Inc.	Period Covered:		From 10/1/2018	To 9/30/2019
Address of Facility 1261 South Main Street, Plantsville, CT 06479				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 1/16/2020		
Item	Total	CCNH	RHNS	Other
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

Name of Facility (as shown on license)		Phone No. of Facility 860-628-9000		Report for Year Ended 9/30/2019	Page 2	of 37
LiveWell Alliance, Inc.				Address (No. & Street, City, State, Zip) 1261 South Main Street, Plantsville, CT 06479		
License Numbers:		CCNH 002-09-33	RHNS	Other	Medicare Provider No. 07-5378	
Type of Facility (Check appropriate box(es))						
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Other		
Type of Ownership (Check appropriate box)						
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust						
If this facility opened or closed during report year provide:			Date Opened		Date Closed	
Has there been any change in ownership or operation during this report year?			<input type="radio"/> Yes <input checked="" type="radio"/> No		If "Yes," explain fully.	
Administrator Name of Administrator Patricia Bowen						
			Nursing Home Administrator's License No.:		00-2069	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.						
Name N/A			License No.:			

General Information and Questionnaire

Partners/Members

General Information and Questionnaire
Corporate Owners

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page of 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	
LiveWell Alliance, Inc.	1261 South Main Street, Plantsville, CT 06479	CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See attached listing			
Names of Stockholders Owning at Least 10% of Shares			
N/A			

LiveWell -Board of Directors FY 2019

PRESIDENT:

Waldo Klein, MSW, Ph.D.

SECRETARY:

Julie Robison, Ph.D.

TREASURER:

Michael Lenkiewicz

Members:

Elizabeth Reese

Sara Tinnesz, MSW

General Information and Questionnaire
Individual Proprietorship

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page 3B	of 37
---	--------------------------	------------------------------------	------------	----------

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

Owner(s) of Facility

N/A

General Information and Questionnaire
Related Parties*

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page 4	of 37
---	--------------------------	------------------------------------	-----------	----------

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

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?

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties Yes <input type="radio"/> No <input checked="" type="radio"/> %**	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
1404 Blue Hills Ave., Bloomfield, CT 06002		<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	Van Rental	Pg 16 Line L6	67,255	67,255
		<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>				
		<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>				
		<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>				
		<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>				
		<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>				
		<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>				
		<input 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 LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	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? Yes No If "No," explain fully why such allocation was not made.

All costs have been allocated between the Skilled Nursing Facility and the Assisted Living Unit as required except for housekeeping and maintenance, which have been allocated based upon hours of service. Other costs have been directly allocated if sufficient information was available (same methodology as prior reporting periods).

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

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

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

LiveWell Alliance, Inc.
LOCATION SECTION

ACCOUNT NUMBER	ACCOUNT NAME	INPUT AMOUNT			ALLOCATED AMOUNTS			TOTAL
		Total	Allocation Basis	Facility	Skilled Nursing A/L	Unit		
30 11A.10	Medicaid R&B SNF Only	(7,412,655)	Nursing home	(7,412,655)	-	-	(7,412,655)	
30 11A.22	Medicaid R&B A/L Only	-	Nursing home	-	-	-	-	
30 13A.10	Medicare R&B - SNF Only	(202,069)	Nursing home	(202,069)	-	-	(202,069)	
30 13A.22	Medicare R&B - A/L Only	-	Nursing home	-	-	-	-	
30 14A.10	Private pay R&B - SNF Only	(8,309,709)	Nursing home	(8,309,709)	-	-	(8,309,709)	
30 14A.22	Private pay R&B - A/L Only	-	Nursing home	-	-	-	-	
30 11A.10	Prescription Drugs Medicare - Patient Days	(4,817)	Nursing home	(4,817)	-	-	(4,817)	
30 11C.10	Prescription drugs - Patient Days	(12,714)	Nursing home	(12,714)	-	-	(12,714)	
30 12A.22	Medical Supplies Medicare Non Reimbursable	-	Nursing home	-	-	-	-	
30 13AM.07	PT Medicare PT Treatments	(157,771)	Nursing home	(157,771)	-	-	(157,771)	
30 13A.10	PT Medicare PT Treatments	-	Nursing home	-	-	-	-	
30 13CO.07	PT Other - PT Treatments	(6,407)	Nursing home	(6,407)	-	-	(6,407)	
30 13C.10	PT Other - PT Treatments	-	Nursing home	-	-	-	-	
30 14AM.08	ST Medicare - ST Treatments	(55,952)	Nursing home	(55,952)	-	-	(55,952)	
30 14A.10	ST Medicare - ST Treatments	-	Nursing home	-	-	-	-	
30 14CO.08	ST Other - ST Treatments	(10,797)	Nursing home	(10,797)	-	-	(10,797)	
30 14C.10	ST Other - ST Treatments	(211,690)	Nursing home	(211,690)	-	-	(211,690)	
30 15A.10	OT Medicare - OT Treatments	(76,005)	Nursing home	(76,005)	-	-	(76,005)	
30 15C.10	OT - OT Treatments	299,588	Nursing home	299,588	-	-	299,588	
30 16A.10	Other Medicare - Patient Days	(822)	Nursing home	(822)	-	-	(822)	
30 16B.10	Other - Patient Days	-	Nursing home	-	-	-	-	
30 1V5.22	Interest - Patient Days	-	Nursing home	-	-	-	-	
30 V7.22	Barber, coffee, etc - Non Reimbursable	-	Nursing home	-	-	-	-	
30 V8.25	Other - Transportation Services	-	Accum Costs	-	-	-	-	
30 V8.45	Other - Total Expenses Page 27	-	Accum Costs	-	-	-	-	
30 V8.10	Other - SNF	-	Nursing home	-	-	-	-	
30 V8.42	Other - Accum Costs	(517,900)	Accum Costs	(485,458)	(32,442)	(517,900)		
30 V8.41	Other - Non Salary Expenses	-	Payroll	-	-	-	-	
30 V8.33	Other - Resident Capacity	-	Capacity	-	-	-	-	
30 V8.07	Other - PT Treatments	-	PT Treat	-	-	-	-	
30 V8.22	Other - Non Reimbursable	(1,717,886)	A/L	(1,717,886)	(1,717,886)	(1,717,886)		
30 V8.10	Other - Patient Days	(25,451)	Nursing home	(25,451)	-	(25,451)		
	Total Revenue	(18,423,057.00)		(16,672,729)	(1,750,328)	(18,423,057)		

LiveWell Alliance, Inc.

LOCATION SECTION

Cost Year 2019

ACCOUNT NUMBER	ACCOUNT NAME	INPUT		ALLOCATED AMOUNTS		TOTAL
		Total	AMOUNT	ALLOCATION BASIS	Skilled Nursing Facility	
10-A 2.43	Administrators		120,834	Nursing Home	120,834	- 120,834
10-A 3.15	Assistant Administrator		129,244	Accum Costs	121,148	8,096 129,244
10-A 4.19	Other Admin - Salary %		1,230,871	Accum Costs	1,153,767	77,104 1,230,871
10-A 5C.5	Dietary Workers - Meals		684,197	Meals	613,847	70,350 684,197
10-A 6B.2	Other Housekeeping Workers - Sqft		423,235	Direct	416,110	7,125 423,235
10-A 7A..2	Other Maintenance Workers - SQFT		221,091	Direct	208,159	12,932 221,091
10-A 12A.10	Director of Nurses/Assistant Director		173,718	Nursing Home	173,718	- 173,718
10-A 12B1.10	RNs - Direct Care		1,521,547	Direct	1,450,127	71,420 1,521,547
10-A 12B2.10	RNs - Administrative		73,787	Direct	73,787	- 73,787
10-A 12C1.10	LPNs - Direct Care		606,780	Direct	606,780	- 606,780
10-A 12D.10	Aides and Attendants		3,430,697	Direct	3,066,521	364,176 3,430,697
10-A 12E	Physical Therapists		235,663	PT Treat	235,663	- 235,663
10-A 12G	Occupational Therapists		-	OT Treat	-	-
10-A 12H.10	Recreation Workers		185,567	Nursing Home	185,567	- 185,567
10-A 12M.33	Social Workers/Case Management - Direct		515,151	Nursing Home	515,151	- 515,151
10-A 12O.34	Other - Accum Costs		320,480	Accum Costs	300,404	20,076 320,480
13-B 2.22	Dentist		13,300	Nursing Home	13,300	- 13,300
13-B 5A.07	PT - Resident Care - PT		102,505	PT Treat	102,505	- 102,505
13-B 8A.10	Medical Director - Direct		7,920	Nursing Home	7,920	- 7,920
13-B 8E	Other		25,341	Nursing Home	25,341	- 25,341
13-B 9A.08	ST - Resident Care - ST		14,742	ST Treat	14,742	- 14,742
13-B 10B.10	OT - Other		67,673	OT Treat	67,673	- 67,673
15 1A1.15	Workmen's Compensation - Salary%		339,142	Payroll	315,328	23,814 339,142
15 1A2.15	Disability Insurance - Salary %		49,135	Payroll	45,685	3,450 49,135
15 1A3.15	Unemployment Insurance - Nursing Home		26,665	Nursing Home	26,665	- 26,665
15 1A4.15	Social Security (FICA) - Salary %		709,047	Payroll	659,260	49,787 709,047
15 1A5.15	Health Insurance - Salary %		1,271,581	Payroll	1,182,294	89,287 1,271,581
15 1A6.15	Life Insurance - Salary %		44,317	Payroll	41,205	3,112 44,317
15 1A7.15	Pensions - Salary %		349,000	Payroll	324,494	24,506 349,000
15 1A8.15	Uniform Allowance - Salary %		16,130	Payroll	14,997	1,133 16,130
15 1A9.15	Other - Salary %		41,751	Payroll	38,819	2,932 41,751
15 1C.42	Bad Debts		366,790	Nursing Home	366,790	- 366,790
15 1D.42	Accounting and Auditing		51,409	Accum Costs	48,189	3,220 51,409
15 1E.42	Legal - Expenses		35,540	Nursing Home	35,540	- 35,540

LiveWell Alliance, Inc.

ALLOCATION SECTION

Cost Year 2019

ACCOUNT NUMBER	ACCOUNT NAME	INPUT			ALLOCATED AMOUNTS			TOTAL
		Total AMOUNT	ALLOCATION BASIS	Skilled Nursing Facility	A/L Unit		TOTAL	
15 1G.10	Office Supplies - SNF Only	26,621	Nursing Home	26,621				26,621
15 1G.42	Office Supplies - Accum Costs	12,341	Accum Costs	11,568		773		12,341
15 1H1.42	Telephone and Telegraph - Accum Costs	29,127	Accum Costs	27,302		1,825		29,127
15 1H2.30	Cellular Phones and Beepers - Accum Costs	14,959	Accum Costs	14,022		937		14,959
15 1I	Appraisal		Accum Costs	-		-		-
15 1J	Corporation Business Taxes		Accum Costs	-		-		-
15 1K1.45	Other Taxes - Income - Expenses		Accum Costs	-		-		-
15 1K2	Other		Accum Costs	-		-		-
15 1K3.03	Resident Day User Fee	873,329	Nursing Home	873,329				873,329
16 1.10	Resident Travel and Entertainment	11,616	Accum Costs	10,888		728		11,616
16 2	Holiday Parties for Staff	10,542	Accum Costs	9,882		660		10,542
16 3	Gifts to Staff and Residents	18,627	Accum Costs	17,460		1,167		18,627
16 4.42	Employee Travel - Accum Costs	56,174	Accum Costs	52,655		3,519		56,174
16 5.10	Education Expense - SNF Only	64,323	Nursing Home	64,323				64,323
16 5.34	Education Expense - Accum Costs	17,355	Accum Costs	16,268		1,087		17,355
16 6.10	Automobile Expense - SNF Only	813	Nursing Home	813				813
16 6.25	Automobile Expense - Accum Costs	67,255	Accum Costs	63,042		4,213		67,255
16 7	Other	7,650	Accum Costs	7,171		479		7,650
16 M1.19	Advertising Help Wanted - Nursing Home	17,292	Nursing Home	17,292				17,292
16 M3.42	Advertising Other	1,603	Accum Costs	1,503		100		1,603
16 M7.42	Postage	7,257	Accum Costs	6,802		455		7,257
16 M8.34	Dues and Membership Fees to Professional Associations - Cap	-	Accum Costs	-		-		-
16 M8A	Dues to Chamber of Commerce	-	Capacity	-		-		-
16 M9.42	Subscriptions - Accum Costs	16,872	Accum Costs	15,815		1,057		16,872
16 M11.42	Services Provided by Contract - Accum Costs	477,246	Accum Costs	447,350		29,896		477,246
16 M12.02	Administrative Management Services - Patient days	-	Patient days	-		-		-
16 M13.10	Other - SNF Only	2,936	Nursing Home	2,936				2,936
16 M13.34	Other - Accum Costs	223,956	Accum Costs	209,927		14,029		223,956
18 2A1.03	Raw Food - Meals	537,845	Meals	482,543		55,302		537,845
18 2A2.03	Non-Food Supplies - Meals	45,793	Meals	41,085		4,708		45,793
18 2B.03	Purchased Services - Meals	1,216	Meals	1,091		125		1,216
18 2D.03	Other - Meals	25,980	Meals	23,309		2,671		25,980
19 3A1.05	Bed Linens, etc...washed, ironed..	12,812	Laundry	12,812				12,812
19 3B.05	Purchased Services - Pounds of Laundry	180,510	Laundry	180,510				180,510
20 4A1.33	In-House Care Supplies - Sqft	81,777	Sqft	70,620		11,157		81,777

LiveWell Alliance, Inc.

ALLOCATION SECTION

Cost Year 2019

ACCOUNT NUMBER	ACCOUNT NAME	TOTAL ALLOCATED AMOUNTS					
		INPUT		ALLOCATION		Skilled Nursing Facility	
		Total	AMOUNT	BASIS	A/L	Unit	TOTAL
20 4B.33	Purchased Services - Sqft	21,561	Sqft		18,619	2,942	21,561
20 5A.10	Purchased From - Pharmacy - SNF Only	80,643	Nursing Home		80,643	-	80,643
20 5A.22	Purchased From - Pharmacy - A/L Only	1,830	A/L		-	1,830	1,830
20 5B.10	Medicine Cabinet Drugs	45,279	Nursing Home		45,279	-	45,279
20 5C.10	Medical and Therapeutic Supplies	373,807	Nursing Home		373,807	-	373,807
20 5E.10	Oxygen - Other - SNF Only	2,635	Nursing Home		2,635	-	2,635
20 5F.22	X-Rays and related radiological - SNF Only	-	Nursing Home		-	-	-
20 5I.10	Recreation - SNF Only	54,235	Nursing Home		54,235	-	54,235
20 5J.03	Other - SNF	10,152	Nursing Home		10,152	-	10,152
20 5J.22	Other - A/L	1,520	A/L		-	1,520	1,520
20 5J.33	Other - Accum Costs	10,479	Accum Costs		9,823	656	10,479
22 6A.02	Repairs and Maintenance - Sqft	26,794	Sqft		23,138	3,656	26,794
22 6A.10	Repairs and Maintenance - SNF Only	12,845	Nursing Home		12,845	-	12,845
22 6A.22	Repairs and Maintenance - A/L Only	617	A/L		-	617	617
22 6B.33	Heat - Sqft	46,587	Sqft		40,231	6,356	46,587
22 6C.33	Light & Power - Sqft	195,653	Sqft		168,960	26,693	195,653
22 6D.33	Water	26,332	Sqft		22,739	3,593	26,332
22 6E.33	Equipment Lease - Sqft	3,710	Sqft		3,204	506	3,710
22 6F.02	Other - Sqft	283,574	Sqft		244,885	38,689	283,574
22 7A.10	Land Improvements - Sqft	10,880	Sqft		9,396	1,484	10,880
22 7B.10	Building & Building Improvements - SNF Only	302,169	Nursing Home		302,169	-	302,169
22 7B.22	Building & Building Improvements - Non Reimb	49,746	A/L		-	49,746	49,746
22 7D.10	Movable Equipment - Sqft	118,349	Sqft		102,202	16,147	118,349
22 7D.22	Movable Equipment - Non Reim	3,581	A/L		-	3,581	3,581
22 8B.33	Mortgage Expense - Sqft	55,339	Sqft		47,792	7,550	55,342
22 10B	Real estate taxes paid by lessor - Sqft	77,428	Sqft		66,864	10,564	77,428
22 10C	Personal property taxes - Sqft	17,918	Sqft		15,473	2,445	17,918
26 12A1	First Mortgage	275,778	Nursing Home		275,778	-	275,778
27 14A	Insurance on Property - Sqft	113,794	Sqft		98,269	15,525	113,794
27 414B	Insurance of Automobiles	3,380	Sqft		2,919	461	3,380
		18,475,517					
					17,313,549	1,161,968	18,475,517

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.

Is a Mileage Log Book Maintained for All Leased Vehicles?

* 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	License No.	Report for Year Ended	Page	of
LiveWell Alliance, Inc.	002-09-33	9/30/2019	7	37

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 Marcum LLP	555 Long Wharf Drive, New Haven, CT
2 Crowe	175 Powder Forest Drive, Simsbury, CT
3	
4	

Services Provided by This Firm (*describe fully*)

1	401K Audit, year-end audit, Medicaid and Medicare cost reports, tax Returns	\$	47,589
2	Pre- W/C Work	\$	3,820
3		\$	
4		\$	

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	Telephone Number
1 Wiggan and Dana	860-297-3700
2 Jackson & Lewis, LLP	860-522-0404
3 Updike, Kelly & Spellacy	
4 Seiger Gfeller Laurie, LLP	860-760-8400
5	

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

- 1 10 Church Street, Hartford, CT 06083
- 2 90 State House Sq., Hartford, CT 06083
- 3 100 Pearl Street Hartford, CT 06123
- 4 977 Farmington Ave. #200, West Hartford, CT 06107

Services Provided by This Firm (describe fully)

1	General Counsel	\$	25,315
2	Employee Relations	\$	3,307
3	General Counsel	\$	(96)
4	AR Collections - Disallowed	\$	7,014

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

Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility	License No. 002-09-33	Report for Year Ended 9/30/2019						Report for Year Ended 9/30/2019					
		Period 10/1 Thru 6/30			Period 7/1 Thru 9/30			Period 10/1 Thru 6/30			Period 7/1 Thru 9/30		
		Total	CCNH	RHNS	Total	CCNH	RHNS	Total	CCNH	RHNS	Total	CCNH	RHNS
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	120	120				120	120				120	120	
B. On last day of THIS report period	120	120				120	120				120	120	
2. Number of Residents													
A. As of midnight of PREVIOUS report period	120	120				120	120				120	120	
B. As of midnight of THIS report period	114	114				120	120				114	114	
3. Total Number of Days Care Provided During Period													
A. Medicare	674	674				551	551				123	123	
B. Medicaid (Conn.)	26,578	26,578				20,105	20,105				6,473	6,473	
C. Medicaid (other states)													
D. Private Pay	14,149	14,149				10,184	10,184				3,965	3,965	
E. State SSI for RCH													
F. Other (Specify)	424	424				340	340				84	84	
G. Total Care Days During Period (3A thru F)	41,825	41,825				31,180	31,180				10,645	10,645	
Total Number of Days Not Included in Figures in 3G													
4. for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	41	41									41	41	
B. Other Bed Reserve Days	427	427				354	354				73	73	
5. Total Resident Days (3G + 4A + 4B)	42,293	42,293				31,534	31,534				10,759	10,759	

Schedule of Resident Statistics (Cont'd)

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page 9	of 37
---	--------------------------	------------------------------------	-----------	----------

4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other		
				(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.

1st change	Change in Resident Days			CCNH	RHNS	Other
2nd change						
3rd change						
4th change						

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR
No. of Residents		70		44				
Per Diem Rate								
a. One bed rm.	Various	269.88		575.00				
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B

TOTAL CCNH RHNS Other

2,040 2,040

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

2,358 2,358

D. **Total Physical Therapy Treatments**

4,398 4,398

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B

598 598

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

293 293

D. **Total Speech Therapy Treatments**

891 891

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B

4,630 4,630

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

3,602 3,602

D. **Total Occupational Therapy Treatments**

8,232 8,232

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended			Page	of
		9/30/2019			10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
Item		Total Cost and Hours				
Item		CCNH	Hours	RHNS	Hours	Other
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	120,834	2,348				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	1,274,915	31,107			85,200	2,079
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	613,847	31,688			70,350	3,632
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	416,110	24,831			7,125	416
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	208,159	6,987			12,932	416
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	173,718	2,376				
b. RN						
1. Direct Care	1,450,127	38,551			71,420	1,666
2. Administrative**	73,787	1,736				
c. LPN						
1. Direct Care	606,780	21,507				
2. Administrative**						
d. Aides and Attendants	3,066,521	166,309			364,176	18,146
e. Physical Therapists	235,663	5,515				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	185,567	7,144				
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	515,151	13,419				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	300,404	13,265			20,076	887
A-13. Total Salary Expenditures	9,241,583	366,784			631,279	27,241

* 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)

Schedule of Other Fees (Page 13)

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

* 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 12	Page of 37
		9/30/2019					
Name	Salary Paid	Fringe Benefits and/or Other Payments (describe fully)	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**		
Section III - Administrators***							
Patricia Bowen	120,834	Standard Benefits	Administrator & COO	2,080	A2	N/A	N/A
Section IV - Assistant Administrators							

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019		Page 13	of 37
Item	Total Cost and Hours				
	CCNH	Hours	RHNS	Hours	Other
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	13,300	Contract			
3. Pharmacist					
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	102,505	1,412			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	7,920	175			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify) Medical Staff Fees	25,341	188			
9. Speech Therapist					
a. Resident Care	14,742	203			
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other	67,673	932			
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-13 Total Fees Paid in Lieu of Salaries	231,481	2,910			

* 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*

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page 15	of 37	
Item		Total	CCNH	RHNS	Other
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 339,142	315,328			23,814
2. Disability Insurance	\$ 49,135	45,685			3,450
3. Unemployment Insurance	\$ 26,665	26,665			
4. Social Security (F.I.C.A.)	\$ 709,047	659,260			49,787
5. Health Insurance	\$ 1,271,581	1,182,294			89,287
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 44,317	41,205			3,112
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 349,000	324,494			24,506
8. Uniform Allowance	\$ 16,130	14,997			1,133
9. Other (<i>Specify</i>) See Attached Schedule	\$ 41,751	38,819			2,932
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 366,790	366,790			
d. Accounting and Auditing	\$ 51,409	48,189			3,220
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 35,540	35,540			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 38,962	38,189			773
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 29,127	27,302			1,825
2. Cellular Phones	\$ 14,959	14,022			937
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 873,329	873,329			
Subtotal	\$ 4,256,884	4,052,108			204,776

* 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**

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

Description	CCNH	RHNS	Other
	0		0
Total	\$ -	\$ -	\$ -

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

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019		Page 16	of 37
Item		Total	CCNH	RHNS	Other
	<i>Subtotals Brought Forward:</i>	4,256,884	4,052,108		204,776
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 11,616	10,888			728
2. Holiday Parties for Staff	\$ 10,542	9,882			660
3. Gifts to Staff and Residents	\$ 18,627	17,460			1,167
4. Employee Travel	\$ 56,174	52,655			3,519
5. Education Expenses Related to Seminars and Conventions	\$ 81,678	80,591			1,087
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 68,068	63,855			4,213
7. Other (<i>Specify</i>) See Attached Schedule	\$ 7,650	7,171			479
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 17,292	17,292			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 1,603	1,503			100
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	\$ 7,257	6,802			455
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 16,872	15,815			1,057
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 477,246	447,350			29,896
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 226,892	212,863			14,029
C-14 Total Administrative & General Expenditures	\$ 5,258,401	4,996,235			262,166

* 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	Other
Travel - Meals	\$ 7,171	\$ 479	
Total Other Travel and Entertainment	\$ 7,171	\$ -	\$ 479

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Business Development	\$ 1,503	\$ 100	
Total Other Advertising	\$ 1,503	\$ -	\$ 100

Schedule of Dues

Description	CCNH	RHNS	Other
	0		0
Total Dues	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
	0		0
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Nursing Admin Licenses (Disallowed)	\$ 2,936		0
ADC Supplies (Disallowed)	\$ 13,429	\$ 897	
Grant Expense (Disallowed)	\$ 1,485	\$ 99	
Greeting Cards (Disallowed)	\$ 255	\$ 17	
Dietary License	\$ 98	\$ 7	
Flowers (Disallowed)	\$ 2,715	\$ 181	
Professional Fees (Open Item)	\$ 103,224	\$ 6,898	
Software/Computer Supplies	\$ 30,360	\$ 2,029	
Equipment Rental - Admin	\$ 232	\$ 16	
Small Equipment Purchases - Admin	\$ 1,623	\$ 109	
Training Supplies	\$ 1,304	\$ 87	
Other Licenses	\$ 558	\$ 37	
Donations (Disallowed)	\$ 11,709	\$ 782	
Bank Charges - Routine	\$ 35,148	\$ 2,349	
Fines and Penalties (Disallowed)	\$ 37	\$ 2	
Supplies - Non Medical	\$ 7,742	\$ 517	
Total Other Administrative and General	\$ 212,863	\$ -	\$ 14,029

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page 17 37 of
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019		Page 18	of 37
Item	Total	CCNH	RHNS	Other	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 537,845	482,543		55,302	
2. Non-Food Supplies	\$ 45,793	41,085		4,708	
3. Other (Specify) _____ Other Dietary Supplies	\$ 25,980	23,309		2,671	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,216	1,091		125	
c. Other (Specify) _____	\$				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 610,834	548,028		62,806	
2E. Dietary Questionnaire	Total	CCNH	RHNS	Other	
F. Resident Meals: Total no. of meals served per day:*					
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No					
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 meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.	
K. Is any revenue collected 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)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.	
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
O. 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 LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019		Page 19	of 37
Item	Total	CCNH	RHNS	Other	
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. \$	12,812	12,812		
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)	\$	180,510	180,510		
c. Other (Specify) Chemicals	\$	226	226		
3D. Total Laundry Expenditures (3a + b + c)	\$	193,548	193,548		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. 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 3D.

*** 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 LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page 20	of 37	
Item		Total	CCNH	RHNS	Other
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 81,777	70,620		11,157
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
	Amt.	\$ 21,561	18,619		2,942
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	103,338	89,239		14,099
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Pharmacy	\$	82,473	80,643		1,830
b. Medicine Cabinet Drugs	\$	45,279	45,279		
c. Medical and Therapeutic Supplies	\$	373,807	373,807		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	2,635	2,635		
f. X-rays and Related Radiological Procedures***	\$				
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$				
i. Recreation	\$	54,235	54,235		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)****	\$	22,151	19,975		2,176
See Attached Schedule					
5M. Total Resident Care Expenditures (5a - 5j)	\$	580,580	576,574		4,006

* 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

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

* 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 LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019			Page 22	of 37
Item		Total	CCNH	RHNS	Other	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	40,256	35,983			4,273
b. Heat	\$	46,587	40,231			6,356
c. Light & Power	\$	195,653	168,960			26,693
d. Water	\$	26,332	22,739			3,593
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	3,710	3,204			506
f. Other (<i>itemize</i>)	\$	283,574	244,885			38,689
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	596,112	516,002			80,110
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$	10,880	9,396			1,484
b. Building & Building Improvements	\$	351,915	302,169			49,746
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	121,930	102,202			19,728
*7e. Total Depreciation Costs (7a + b + c + d)	\$	484,725	413,767			70,958
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$	55,342	47,792			7,550
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	55,342	47,792			7,550
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	(5)	(8)			3
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	77,428	66,864			10,564
c. Personal property taxes	\$	17,918	15,473			2,445
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	635,408	543,888			91,520

* 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	Other
	0		0
Grounds Landscaping	\$ 15,512		\$ 2,451
Farmington Ave R&M Expenses (Disallowed)	\$ 46,414		\$ 7,333
Snow Plowing	\$ 3,860		\$ 610
Exterminator Expense	\$ 3,497		\$ 553
Service Contracts	\$ 3,776		\$ 597
Supplies	\$ 32,097		\$ 5,071
Inspections	\$ 4,251		\$ 672
Grounds Maintenance	\$ 4,702		\$ 743
Equipment Rental	\$ 4,852		\$ 766
Small Equipment Purchase	\$ 1,942		\$ 307
P/S - Groundskeeping	\$ 29,664		\$ 4,686
P/S - Indoor Plants	\$ 6,294		\$ 994
P/S - Snow Plowing	\$ 22,332		\$ 3,528
P/S - Elevator Service	\$ 8,947		\$ 1,414
P/S - Fire Protection	\$ 5,632		\$ 890
P/S - Security	\$ 43,751		\$ 6,912
Storage Rental	\$ 7,361		\$ 1,163
Total Other Repairs and Maintenance	\$ 244,885	\$ -	\$ 38,689

Depreciation Schedule

Name of Facility LiveWell Alliance, Inc.		License No. 002-09-33		Report for Year Ended 9/30/2019		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		856,805		856,805	814,342	SL	Various	10,134			
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)		7,459		7,459		SL	Various	746			
A-4. Subtotal								10,880			
B. Building and Building Improvements											
1. Acquired prior to this report period		13,648,492		13,648,492	11,175,386	SL	Various	348,265			
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)		74,242		74,242		SL	Various	3,650			
B-4. Subtotal								351,915			
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. Fully Depreciated Vehicles	X	Var.	Var.	68,884	68,884	SL	Various				
b. Crowley Ford	X	513		26,028	26,028	SL		5			
c.											
d.											
2. Movable Equipment											
a. Acquired prior to this report period											
b. Disposals (attach schedule)											
c. Acquired during this report period (attach schedule)											
D-3. Subtotal										121,930	
E. Total Depreciation										484,725	

Schedule of Land Improvements Acquired during this report period

***Ties to Page 23, Line A3**

****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report period

***Ties to Page 23, Line B3**

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

***Ties to Page 23, Line C3**

****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report period

*Ties to Page 23, Line D2c

****Ties to Page 23, Line D2b**

Schedule of Leasehold Improvements Acquired during this report period

***Ties to Page 24, Line C3**

****Ties to Page 24, Line C2**

<u>Description</u>	<u>Useful Life</u>	<u>Acquisition Date</u>	<u>Cost</u>	<u>Cost To Be Depreciated</u>	<u>Method</u>	<u>2018 Accum Depreciation</u>	<u>2019* Depreciation</u>	<u>2019 Accum Depreciation</u>
Land Improvements Prior Period Acq. (Per 9/30/2017 Cost Report)	Various	Various	856,805	856,805	S/L	814,342	10,134	824,476
9/30/2019 Asset Additions Commercial Asphalt Maintenance	10	9/1/2019	7,459	7,459	S/L	-	746	746
Total Land Improvements				864,264		814,342	10,880	825,222
<u>Description</u>	<u>Useful Life</u>	<u>Acquisition Date</u>	<u>Cost</u>	<u>Cost To Be Depreciated</u>	<u>Method</u>	<u>2018 Accum Depreciation</u>	<u>2019* Depreciation</u>	<u>2019 Accum Depreciation</u>
Building Improvements Prior Period Acq. (Per 9/30/2017 Cost Report)	Various	Various	13,950,180	13,856,893	S/L	11,171,647	341,037	11,512,684
9/30/2018 Asset Transfers Land/Farmington Ave Asset Transfer	30	10/1/2017	(382,287)	(289,000)				
9/30/2018 Asset Additions								
RLPS Architects	30	6/1/2018	8,021	8,021	S/L	267	267	534
RLPS Architects	30	7/1/2018	4,468	4,468	S/L	149	149	298
Automatic Door Systems	10	10/1/2017	1,298	1,298	S/L	65	130	195
EMCOR Services	10	10/1/2017	831	831	S/L	42	83	125
Kinsley Power	10	11/1/2017	698	698	S/L	35	70	105
Bay State Elevator	10	12/1/2017	3,337	3,337	S/L	167	334	501
Rewire 2A	10	12/1/2017	516	516	S/L	26	52	77
Labeling of 8 Doors - Molding	10	12/1/2017	2,175	2,175	S/L	109	218	326
Reliable Refrigerators	10	1/1/2018	2,329	2,329	S/L	116	233	349
Innovative Building & Renovations	10	2/1/2018	5,970	5,970	S/L	299	597	896
Automatic Door Systems	10	3/1/2018	1,189	1,189	S/L	59	119	178
EMCOR Services	10	3/1/2018	600	600	S/L	30	60	90
Kinsley Power	10	3/1/2018	667	667	S/L	33	67	100
Reliable Refrigerators	10	3/1/2018	854	854	S/L	43	85	128
Reliable Refrigerators	10	4/1/2018	900	900	S/L	45	90	135
Reliable Refrigerators	10	4/1/2018	752	752	S/L	38	75	113
Wifemem	10	4/1/2018	1,212	1,212	S/L	61	121	182
Saucier Mechanical Services	10	6/1/2018	3,465	3,465	S/L	173	347	520
EMCOR Services	10	7/1/2018	700	700	S/L	35	70	105
James Brandanini	10	7/1/2018	625	625	S/L	31	63	94
Automated Building Services	10	8/1/2018	699	699	S/L	35	70	105
EMCOR Services	10	8/1/2018	1,821	1,821	S/L	91	182	273
Innovative Building & Renovations	10	8/1/2018	960	960	S/L	48	96	144
Stanley Access Tech	10	9/1/2018	20,774	20,774	S/L	1,039	2,077	3,116
Tao Water Art Gallery	10	9/1/2018	1,644	1,644	S/L	82	164	247
A-Tech (Dietary)	10	9/1/2018	5,800	5,800	S/L	290	580	870
Ajio, Inc (Motor Gear Box)	10	9/1/2018	1,332	1,332	S/L	67	133	200
Emcor (HRU & Exhaust Fan Repair)	10	9/1/2018	1,121	1,121	S/L	56	112	168
MJ Daly LLC (Sprinkler Removed)	10	9/1/2018	3,166	3,166	S/L	158	317	475
			1,031	1,031	S/L	52	103	155

Positano Plumbing	10	9/1/2018	851	851	S/L	-	85	85
Baystate Elevator	10	9/1/2018	793	793	S/L	-	79	79
9/30/2019 Asset Additions								
Richter & Cegan, Inc - Plans	30	3/31/2019	3,695	3,695	S/L	-	123	123
James Bradanini	10	10/1/2018	650	650	S/L	-	33	33
Superior Fence	10	12/18/2018	2,875	2,875	S/L	-	144	144
Emcore (HRU & Heating Repair)	10	1/19/2019	3,038	3,038	S/L	-	152	152
Superior Fence	10	3/19/2019	835	835	S/L	-	42	42
Emcore	10	3/19/2019	2,323	2,323	S/L	-	116	116
Automated Building Systems	10	3/19/2019	2,524	2,524	S/L	-	126	126
Innovative Building Renovations	10	4/19/2019	1,690	1,690	S/L	-	85	85
Superior Fence	10	4/19/2019	2,325	2,325	S/L	-	116	116
Raintech	10	4/19/2019	2,445	2,445	S/L	-	122	122
Emcore Services	10	4/19/2019	2,113	2,113	S/L	-	106	106
James Bradanini	10	5/19/2019	625	625	S/L	-	31	31
Emcore Services	10	5/19/2019	853	853	S/L	-	43	43
Innovative Building Renovations	10	6/19/2019	27,200	27,200	S/L	-	1,360	1,360
Proline -(Kitchen Repairs)	10	6/19/2019	1,627	1,627	S/L	-	81	81
Automated Building Systems	10	6/19/2019	675	675	S/L	-	34	34
Emcor Services	10	6/19/2019	611	611	S/L	-	31	31
Emcor Services	10	6/19/2019	2,612	2,612	S/L	-	131	131
Proline -(Kitchen Repairs)	10	6/19/2019	642	642	S/L	-	32	32
Proline -(Kitchen Repairs)- Freezer Doors	10	7/1/2019	5,741	5,741	S/L	-	287	287
Raintech - Door Repair	10	7/1/2019	1,528	1,528	S/L	-	76	76
Emcore	10	7/1/2019	1,968	1,968	S/L	-	98	98
Wiremen, Inc	10	8/19/2019	868	868	S/L	-	43	43
Innovative Building Renovations-Desk Stations & Med Saf	10	9/19/2019	4,780	4,780	S/L	-	239	239
Total Building Improvements								
			13,722,734	13,722,734			11,175,386	351,915
9/30/2018 Asset Additions								
Description		Useful Life	Acquisition Date	Cost	Cost To Be Depreciated	Method	2018 Accum Depreciation	2019* Depreciation
Motor Vehicles		Various	Various	94,912	94,912	S/L	94,912	-
Prior Period Acq. (Per 9/30/2017 Cost Report)				94,912	94,912			
Total Motor Vehicles								
							94,912	-
9/30/2018 Asset Additions								
Description		Useful Life	Acquisition Date	Cost	Cost To Be Depreciated	Method	2018 Accum Depreciation	2019* Depreciation
Movable Equipment		Various	Various	2,615,398	2,615,398	S/L	2,447,774	50,562
Prior Period Acq. (Per 9/30/2017 Cost Report)								
								2,498,336
Ice Machine Repair	5	11/1/2017	581	581	S/L	58	116	174
American Express	5	1/1/2018	3,157	3,157	S/L	316	631	947
American Express	5	12/1/2017	4,166	4,166	S/L	417	833	1,250
Sheets & Pillow Cases	5	2/1/2018	1,754	1,754	S/L	293	351	644
2 Beds	5	3/1/2018	4,684	4,684	S/L	468	937	1,405
Refrigerator	5	6/1/2018	1,199	1,199	S/L	120	360	

432	288	1,439	SL	144	288	1,439	SL	515
Refrigerator	Carpet Tiles	913	SL	91	183	913	SL	1,620
Arjo, Inc.	American Express	9,339	SL	934	1,868	9,339	SL	106
Decian	Copier XC702	3	SL	498	498	3	SL	106
Decian	Decian	3	SL	747	747	3	SL	106
Decian	American Express - PC Mall	10/1/2017	2,336	SL	2,336	1,469	SL	1,972
Decian	Best Buy PC Accessories	10/1/2017	1,469	SL	1,469	6,061	SL	1,972
Decian	Microsoft Software	10/1/2017	6,061	SL	6,061	6,432	SL	3,167
Decian	Copier XC702	12/1/2017	6,432	SL	6,432	3,125	SL	3,167
Decian	Copier XC702	12/1/2017	3,125	SL	3,125	521	SL	528
Decian	2 Computer 1 Phone	12/1/2017	952	SL	952	101	SL	1,168
Decian	2 Computer 1 Phone	12/1/2017	2,269	SL	2,269	101	SL	1,168
Decian	Microsoft Software	12/1/2017	3,361	SL	3,361	101	SL	1,168
Decian	Copier XC702	1/1/2018	2,482	SL	2,482	3,087	SL	1,168
Decian	Copier XC702	1/1/2018	3,087	SL	3,087	3,635	SL	1,168
Decian	Copier XC702	1/1/2018	3,635	SL	3,635	3,087	SL	1,168
Decian	Copier XC702	1/1/2018	3,087	SL	3,087	12,909	SL	1,168
Decian	Laptops	1/1/2018	12,909	SL	12,909	1,236	SL	1,168
Decian	Microsoft Software	1/1/2018	1,236	SL	1,236	3,361	SL	1,168
Decian	Copier XC702	1/1/2018	3,361	SL	3,361	1,469	SL	1,168
Decian	Amex - PC Mall Computers	1/1/2018	1,469	SL	1,469	3,361	SL	1,168
Decian	Copier XC702	1/1/2018	3,361	SL	3,361	890	SL	1,168
Decian	Computer Equipment	1/1/2018	890	SL	890	4,040	SL	1,168
Decian	Computer Equipment	1/1/2018	4,040	SL	4,040	500	SL	1,168
Decian	Automated Building Systems	1/1/2018	500	SL	500	4,420	SL	1,168
Decian	Copier XC702	1/1/2018	4,420	SL	4,420	1,688	SL	1,168
Decian	Computers	1/1/2018	1,688	SL	1,688	3,087	SL	1,168
Decian	Copier XC702	1/1/2018	3,087	SL	3,087	850	SL	1,168
Decian	Service Software	1/1/2018	850	SL	850	905	SL	1,168
Decian	Computers	1/1/2018	905	SL	905	1,299	SL	1,168
Decian	Software	1/1/2018	1,299	SL	1,299	4,923	SL	1,168
Decian	Sharepoint Software & Licensing	1/1/2018	4,923	SL	4,923	808	SL	1,168
Decian	Copier XC702	1/1/2018	808	SL	808	3,087	SL	1,168
Decian	Strategic Furniture	1/1/2018	3,087	SL	3,087	16,480	SL	1,168
Decian	Refrigerator	1/1/2018	16,480	SL	16,480	1,168	SL	1,168
Decian	Photo Equipment	1/1/2018	1,168	SL	1,168	3,340	SL	1,168
Decian	Martin Cabinet	1/1/2018	3,340	SL	3,340	378	SL	1,168
Decian	Martin Cabinet	1/1/2018	378	SL	378	38	SL	1,168
9/30/2019 Asset Additions								
US Bank Equipment - Matrix Care - EMR Software	3	3,087	SL	3,087	SL	9,717	SL	515
Apple - Amex	3	10/10/2018	9,717	SL	9,717	636	SL	1,620
PCM - Amex - Laptop & Desktop mini	3	10/10/2018	636	SL	636	1,882	SL	106
US Bank Equipment	3	10/18/2018	1,882	SL	1,882	3,167	SL	314
PCM - HP EliteBook-Amex-T. Bowen	3	11/11/2018	3,167	SL	3,167	2,123	SL	354
PCM-Lenovo - Amex-Defrancesa, Rainoff	3	12/13/2018	2,123	SL	2,123	1,972	SL	329
US Bank Equipment	3	12/13/2018	1,972	SL	1,972	3,167	SL	528
US Bank Equipment	3	12/13/2018	3,167	SL	3,167	3,448	SL	575
US Bank Equipment	3	1/1/2019	3,448	SL	3,448	3,448	SL	575
US Bank Equipment	3	2/1/2019	3,448	SL	3,448	6,323	SL	1,054
Matrix Care - EMR Software	3	2/19/2019	6,323	SL	6,323	2,209	SL	368
Automated Building Systems	3	3/19/2019	2,209	SL	2,209	3,167	SL	528
US Bank Equipment	3	4/19/2019	3,167	SL	3,167	3,167	SL	528

Total Movable Equipment		2,935,875	2,935,875	2,935,875
PCM- Amex Ian Laptop & Screen	3	4/19/2019	1,015	1,015
PCM- Shazia Laptop	3	4/19/2019	785	785
PCM- 2 Laptops	3	4/19/2019	1,711	1,711
US Bank Equipment	3	3/19/2019	3,448	3,448
Conn Computer Services - Laptops	3	5/19/2019	10,134	10,134
US Bank Equipment	3	6/19/2019	6,334	6,334
Conn Computer Services - Transition Services Laptop (American Express -PCM - Anya)	3	6/19/2019	49,411	49,411
Mercy Security	3	6/19/2019	985	985
Conn Computer Services - Transition Services	3	7/1/2019	3,572	3,572
US Bank Equipment	3	7/1/2019	21,968	21,968
Conn Computer Services - 3 Laptops	3	8/19/2019	7,125	7,125
Costco - 2 Apple MACS	3	9/19/2019	5,342	5,342
US Bank Equipment	3	9/19/2019	5,105	5,105
Treadmills	5	11/18/2018	3,105	3,105
Home Depot - Refrigerator - Amex - 1A	5	12/1/2018	1,800	1,800
Chairs - Costco -Michael S	5	2/19/2019	1,519	1,519
Joerns Healthcare	5	4/19/2019	1,361	1,361
Restoration Equipment -Stove	5	4/19/2019	2,411	2,411
Joerns Healthcare- Kit Control Box & Assist	5	5/19/2019	8,740	8,740
Warehouse Store Fixture	5	6/19/2019	610	610
Joerns Healthcare - Bed Kit	5	7/1/2019	964	964
American Express - Television for ADC	5	8/19/2019	615	615
			748	748
			75	75
			121,930	121,930
			2,468,942	2,468,942
			2,590,872	2,590,872

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended		Page	
		002-09-33		9/30/2019		24	
		Date of Acquisition		Accumulated Amort. to Beginning of Year's Operations		Amortization for This Year	
Item	Month Year	Length of Amortization	Cost to Be Amortized	Basis for Computing Amortization**	Rate %	Totals	
A. Organization Expense							
1.							
2. us							
3.							
A-4. Subtotal							
B. Mortgage Expense							
1. Deferred Financing Fees	12	2015 20 Years	295,705	36,368	Life of Mortgage		
2. Capitalized Interest	10	1992 30 Years	1,397,365	1,155,920	Life of Mortgage		
3.							
B-4. Subtotal							
C. Leasehold Improvements and Other							
1. Acquired prior to this report period							
2. Disposals (attach schedule)							
3. Acquired during this report period (attach schedule)							
C-4. Subtotal							
D. Total Amortization							

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR

C. Remaining Life of Lease; OR

D. Actual Life if owned by Related Party.

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

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" 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		10/26/92		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		120		
6. Square Footage		48,603		
7. Acquisition Cost				
a. Land		1,400,000		
b. Building		11,896,448		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				4th Mortgage
a. Type of Financing (e.g., fixed, variable)		Variable		
b. Date Mortgage Obtained		12/18/15		
c. Interest Rate for the Cost Year		2.47%		
d. Term of Mortgage (number of years)		10		
e. Amount of Principal Borrowed		12,480,000		
f. Principal balance outstanding as of 9/30/2019		10,101,257		
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 9/30/2019			Page 26	of 37
Item		Total	CCNH	RHNS	Other	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage	\$ 275,778	275,778				
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)	\$ 275,778	275,778				

(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 9/30/2019			Page 27	of 37
Item			Total	CCNH	RHNS	Other
Subtotals Brought Forward:			275,778	275,778		
12. C. Movable Equipment		\$				
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	275,778	275,778		
14. Insurance						
a. Insurance on Property (buildings only)		\$	114,256	98,270		15,986
b. Insurance on Automobiles		\$	2,919	2,919		
c. Insurance other than Property (as specified above)		\$				
1. Umbrella (Blanket Coverage)		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	117,175	101,189		15,986
15. Total All Expenditures (A-13 thru C-14)		\$	18,475,517	17,313,545		1,161,972

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page	of
LiveWell Alliance, Inc.			002-09-33	9/30/2019		28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 765,306	765,306		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 366,790	366,790		
10.			Accounting	\$			
10a.			Legal	\$ 7,014	7,014		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 1,503	1,503		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 298,039	298,039		
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)			\$ 1,438,652	1,438,652			

* 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

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

LiveWell

729 Farmington Avenue Disallowance

9/30/2019

Note: Included in the trial balance are expenses associated with a separate location where a home service agency is run. Therefore, this work paper will identify the accounts associated with this property and self disallow the expenses accordingly.

Account Number	Account Name	Dollar Amount	Disallowance Reference		
			Page	Line	SNF PORTION
680500	Telephone	824	28	23	773
680510	Oil	9,895	29	39	8,545
680520	Electricity	1,958	29	39	1,691
680530	Water & Sewer	315	29	39	272
680531	Property Taxes	17,918	29	37	15,473
680540	ARCOC Trash Removal	0	29	39	-
680550	ARCOC Service Contracts	0	29	39	-
680551	Cable	152	29	34	143
680660	Building Repair & Maintenance	0	29	39	-
680681	Internet	3,216	28	23	2,777
680690	Grounds Landscaping	15,997	29	39	13,814
680730	ARCOC Repairs & Maintenance	1,116	29	39	964
680850	Depreciation Expense	53,747	29	39	46,414
680852	Professional Fees - 729 Farmington	0	28	23	-
680900	Supplies	147	28	23	127
	Total	105,285			90,994
Summary		3,677	28	23	
		143	29	34	
		15,473	29	37	
		71,700	29	39	
Total		90,994			

LiveWell

Community Services Disallowance

9/30/2019

Note: Included in the trial balance are expenses associated with community services which is not reimbursed through the Medicaid SNF program. Therefore, this work paper will identify the accounts associated with these services and self disallow the expenses accordingly.

Account Number	Account Name	Dollar Amount	Disallowance Reference		
			Page	Line	SNF PORTION
650100	Wages - Community Services	464,902	28	4	464,902
Plus Fringes		133,057	28	23	133,057
650510	Advertisement	7	Already Disallowed		-
650600	Supplies	4,610	28	23	4,325
650610	Computer Software	5,190	28	23	4,870
650810	Dues & Subscriptions	3,523	N/A		
650820	Travel & Seminars	6,266	28	23	6,266
650821	Travel - Meals	3,120	28	23	2,927
650822	Business Meals	1,091	28	23	1,024
650823	Travel - Transportation	6,799	28	23	6,379
650830	Education	1,659	28	23	1,659
650840	Mileage Reimbursement	1,836	28	23	1,723
650900	Travel - Lodging	13,055	28	23	12,249
650901	Grant Expenses	-	28	23	-
650902	Community Events	1,469	28	23	1,378
650903	Dementia Friends Southington Grant	1,544		23	1,449
	Total	648,128			
Summary		464,902	28	4	
		177,306	28	23	
Total		642,208			

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.	002-09-33	9/30/2019		29 37
				Total Amount of Decrease	CCNH	RHNS
			Subtotals Brought Forward	\$ 1,438,652	1,438,652	
Page 20 - Resident Care Supplies***						
27.	20	5a2	Prescription Drugs	\$ 80,643	80,643	
28.			Ambulance/Limousine	\$		
29.			X-rays, etc	\$		
30.			Laboratory	\$		
31.			Medical Supplies	\$		
32.	20	5e2	Oxygen (non emergency)	\$ 2,635	2,635	
33.			Occupational Therapy	\$		
34.			Other - See Attached Schedule	\$ 678	678	
Page 22 - Maintenance and Property						
35.			Excess Movable Equipment Depreciation			
			See Attached Schedule	\$		
36.			Depreciation on Unallowable Motor Vehicles	\$		
37.			Unallowable Property and Real Estate Taxes	\$ 15,473	15,473	
38.			Rental of Building Space or Rooms	\$		
39.			Other - See Attached Schedule	\$ 119,492	119,492	
Page 27 - Insurance						
40.			Mortgage Insurance	\$		
41.			Property Insurance	\$		
Other - Miscellaneous						
42.			Other - Indirect	\$		
43.			Interest Income on Account Rec.	\$		
44.			Other - Miscellaneous Administrative	\$ 19,615	19,615	
45.			Management Fees Direct	\$		
46.			Management Fees Indirect	\$		
47.			Other - Direct	\$		
Not For Profit Providers Only						
48.			Building/Non Movable Eq. Depreciation			
			Unallowable Building Interest - See Attached Schedule	\$		
49.	Total Amount of Decrease (Items 1 - 48)			\$ 1,677,188	1,677,188	

*** 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

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Total Other Adjustments		\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV 8	Community Services (Disallowed)	\$ 497		
30	IV 8	Consulting Income (Disallowed)	\$ 8,208		
30	IV 8	Vending Machine Income (Disallowed)	\$ 145		
30	IV 8	Misc. Income (Disallowed)	\$ 1,737		
30	IV 8	Discounts Earned (Disallowed)	\$ 9,028		
Total Other Adjustments			\$ 19,615	\$ -	\$ -

Schedule of Other - Direct Adjustments

Attachment Page 29

Schedule of Unallowable Building Interest

LiveWell
Disallowance Schedule for Cable TV
9/30/2019

Pg. 29

	<u>Amount</u>
Total Cable TV Expense	4,135 TB Linked

Monthly Allowable amount	\$ 300
Months in Cost Report Year	12
Total Allowable Cost	<hr/> \$ 3,600

Disallowed Cable TV	<hr/> <hr/> \$ 535
----------------------------	---------------------------

Allocation Between Levels of Care

	Percent	Amount
SNF	100%	\$ 535
Assisted Living	0%	-

F. Statement of Revenue

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019			Page 30	of 37
Item		Total	CCNH	RHNS	Other	
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 7,412,655	7,412,655				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 202,069	202,069				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 8,309,709	8,309,709				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 4,817	4,817				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 12,714	12,714				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 157,771	157,771				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 6,407	6,407				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 55,952	55,952				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 10,797	10,797				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 211,690	211,690				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 76,005	76,005				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (299,588)	(299,588)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 822	822				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 16,161,820	16,161,820				
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>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,261,237	510,909			1,750,328	
V. Total Other Revenue (1 thru 8)	\$ 2,261,237	510,909			1,750,328	
VI. Total All Revenue (III +V)	\$ 18,423,057	16,672,729			1,750,328	

* 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	Other
30 II 6a	Xray	\$ (7,828)		0
30 II 6a	Ambulance	\$ (1,996)		
30 II 6a	Lab	\$ (11,589)		
30 II 6a	Contractual Allowance	\$ (278,175)		
Total Other Resident Revenue - Medicare		\$ (299,588)	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	Other
30 II 6b	Lab	\$ 822		0
Total Other Resident Revenue		\$ 822	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	Other
		0			0
Total Interest Income		\$ -	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
30 IV 8	Community Services (Disallowed)	0		0
30 IV 8	Adult Daycare (Expenses Already Disallowed)	\$ 497		\$ 33
30 IV 8	Barber/Beauty (Expenses Already Disallowed)	\$ 274,273		\$ 18,329
30 IV 8	Consulting Income (Disallowed)	\$ 6,701		\$ 448
30 IV 8	Vending Machine Income (Disallowed)	\$ 8,208		\$ 549
30 IV 8	Charitable Donations (No Associated Expenses)	\$ 145		\$ 10
30 IV 8	Misc. Income (Disallowed)	\$ 53,313		\$ 3,563
30 IV 8	Discounts Earned (Disallowed)	\$ 1,737		\$ 116
30 IV 8	Interest & Dividend Income (No Associated Expense)	\$ 9,028		\$ 603
30 IV 8	AR Transfer / Suspense (No Associated Expense)	\$ 130,462		\$ 8,718
30 IV 8	Assisted Living R&B (No Expense Claimed for Reimbursement)	\$ 1,094		\$ 73
30 IV 8	Non Operating Revenue Change in FV of Charitable (No Associated Expense)	\$ (47,536)		\$ 1,717,886
30 IV 8	Change in Value of Swap (No Associated Expense)	\$ (597,306)		
30 IV 8	Grant Income (No Associated Expense)	\$ 550,653		
30 IV 8	Unrealized Gain/Loss on Investment (No Associated Expense)	\$ (198,579)		
30 IV 8	Realized Gain/Loss (No Associated Expense)	\$ 318,219		
Total Other Revenue		\$ 510,909	\$ -	\$ 1,750,328

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
LiveWell Alliance, Inc.	002-09-33	9/30/2019	31	37
Account				Amount
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	2,112,390
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	880,177
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	47,910
a. Prepaid Expenses	18,783			
b. Prepaid Insurance	24,127			
c. Prepaid Other	5,000			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	287,517
A/R Employee Loans	8,351			
A/R Other	118,299			
Due from Reilient Living, P.C.	160,867			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,327,994
B. Fixed Assets				
1. Land			\$	1,645,529
2. Land Improvements	*Historical Cost	864,264	\$	39,042
	Accum. Depreciation	825,222	Net	
3. Buildings	*Historical Cost	13,722,734	\$	2,195,433
	Accum. Depreciation	11,527,301	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation		Net	
6. Movable Equipment	*Historical Cost	2,935,875	\$	345,003
	Accum. Depreciation	2,590,872	Net	
7. Motor Vehicles	*Historical Cost	94,912	\$	
	Accum. Depreciation	94,912	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	263,610
Farmington Ave Assets (Net)	104,733			
See Schedule	158,877			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	4,488,617

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

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

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

Schedule of Other Assets Page 32 Line D7

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

G. Balance Sheet (cont'd)

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page 32	of 37
Account		Amount		
		Total Brought Forward:		\$ 7,816,611
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements	*Historical Cost Accum. Depreciation	Net	\$	
3. Buildings	*Historical Cost Accum. Depreciation	Net	\$	
4. Non-Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$	
5. Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$	
6. Motor Vehicles	*Historical Cost Accum. Depreciation	Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense	*Historical Cost Accum. Depreciation	Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	5,479,154
Deferred Income		(31,646)		
Finance, Discount, Issue Exp (Net)		141,076		
See Schedule		5,369,724		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	5,479,154
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	13,295,765

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

G. Balance Sheet (cont'd)

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page 33	of 37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$ 430,226	
2. Notes Payable (<i>itemize</i>)			\$	
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>)			\$ 810,251	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$ 1,758,252	
Accrued AP 142,423 Resident Trust 188,633				
Accrued Professional Fees 41,510 Deferred Revenue 497,418				
Due to Medicaid 221,981 Swap Liability & Bond P 736,311				
Resident Refunds (70,024) See Schedule				
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 2,998,729	

* 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 LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				2,998,729
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				
3. Loans from Owners or Related Parties (<i>itemize</i>)				
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				
Rounding				
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				
C. Total All Liabilities (Lines A-13 + B-5)				

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-35 Rev. 6/95

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

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page 35	of 37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 248,243
6. Gain or Loss for Period	10/1/2018	thru	9/30/2019	\$ (52,460)
7. Total Net Worth				\$ 195,783
C. Total Reserves and Net Worth				\$ 195,783
D. Total Liabilities, Reserves, and Net Worth				\$ 13,295,765

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page of
LiveWell Alliance, Inc.	002-09-33	9/30/2019	36 37
Account			Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$ 248,243
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$ 18,423,057
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$ 18,475,517
D. Net Income or Deficit			\$ (52,460)
E. Balance			\$ 195,783
F. Additions			
1. Additional Capital Contributed (<i>itemize</i>)			
2. Other (<i>itemize</i>)			
F-3. Total Additions			\$
G. Deductions			
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$
Name and Address (No., City, State, Zip)		Title	Amount
2. Other Withdrawings (<i>Specify</i>)			\$
Purpose		Amount	
3. Total Deductions			\$
H. Balance at End of Period			\$ 195,783

I. Preparer's/Reviewer's Certification

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page 37	of 37
---	--------------------------	------------------------------------	------------	----------

Check appropriate category

Chronic and Convalescent Nursing Home only (CCNH)

Rest Home with Nursing Supervision only (RHNS)

Other

Preparer/Reviewer Certification

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.

Signature of Preparer <i>Matthew S Bavolack</i>	Title Principal	Date Signed 02/15/2020
--	--------------------	---------------------------

Printed Name of Preparer Matthew S. Bavolack

Address 555 Long Wharf Drive, New Haven, CT 06511	Phone Number 203-781-9600
Contacted Person Regarding Additional Information Needed Regarding This Report Adrienne Sanders	Phone Number 860-628-3017
Contact Email Address Asanders@livewell.org	

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for LiveWell Alliance, Inc. for the year ended 9/30/2019, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of LiveWell Alliance, Inc. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This amended report is intended solely for the information and use of the management of LiveWell Alliance, Inc. and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT
February 10, 2020

Annual Report of Long-Term Care Facility Cost Year 2019 Checklist

This checklist is not required to be submitted with the Annual Report

Facility Name LiveWell Alliance, Inc.

Complete the following check list. **Provide an explanation for any “No” answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

- _____
2. Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.

Explanation: _____

- _____
3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: _____

- _____
4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: _____

Yes No

6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: _____

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: _____

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: _____

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: _____

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: _____

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation: _____

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation: _____

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?

Explanation: _____

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation: _____

Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: _____

Yes No

18. Were all discrepancies on the Error Page addressed?

Explanation: _____

Yes No

19. Have Pages 1 and 37 been signed? ***Cost reports without a signed Page 1 and 37 will not be accepted.***

Explanation: _____

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? ***If detail is not provided, appropriate disallowances will be made.***

Explanation: _____

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation: _____

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: _____
