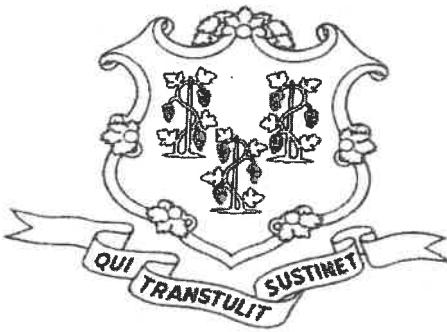


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Wilton Meadows Health Care Center				
Address (No. & Street, City, State, Zip Code) 439 Danbury Road, Wilton, CT 06897				
Type of Facility				
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)		Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)		
Report for Year Beginning 10/1/2019		Report for Year Ending 9/30/2020		

License Numbers:	CCNH 2032C	RHNS	(Specify)	Medicare Provider 07-5317
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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### For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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**State of Connecticut**  
**Annual Report of Long-Term Care Facility**  
**CSP-1 Rev.9/2002**

**General Information**

Name of Facility (as licensed) Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020	Page 1	of 37
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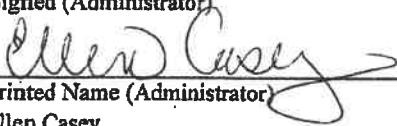
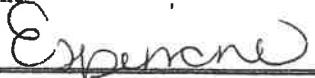
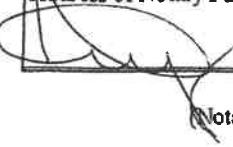
**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Wilton Meadows Health Care Center [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, 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 2/12/2021	Signed (Owner)	Date	
Printed Name (Administrator) Ellen Casey		Printed Name (Owner)		
Subscribed and Sworn to before me: 	State of Connecticut	Date 2/12/2021	Signed (Notary Public) 	Comm. Expires 4/30/2025
Address of Notary Public 				
				

### General Information

Name of Facility (as licensed) Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020	Page 1	of 37
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### Administrator's/Owner's Certification

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

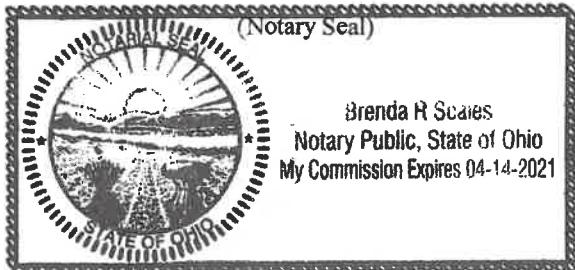
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Wilton Meadows Health Care Center [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best 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.

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Wilton Meadows Limited Partnership  
 By: Wilton Meadows Health Care Corp.

Signed (Administrator)	Date	Signed (Owner)	Date
Printed Name (Administrator) Ellen Casey		Printed Name (Owner) Fred Rzepka, President	02-11-2021
Subscribed and Sworn to before me:	State of	Signed (Notary Public)	Comm. Expires
Address of Notary Public  25250 Rockside Road, Cleveland, OH 44146			



State of Connecticut

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

CSP-1A Rev. 6/95

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Wilton Meadows Health Care Center	Period Covered:		From 10/1/2019	To 9/30/2020
Address of Facility 439 Danbury Road, Wilton, CT 06897				
Report Prepared By CliftonLarsonAllen LLP	Phone Number 860-561-4000	Date 2/11/2020		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <i>Total Wages Paid</i>	\$			
7. Total salaries paid	\$			
8. <i>Total Wages and Salaries Paid</i> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility	Report for Year Ended	Page	of
203-834-0199	9/30/2020	2	37
Name of Facility (as shown on license) Wilton Meadows Health Care Center		Address (No. & Street, City, State, Zip) 439 Danbury Road, Wilton, CT 06897	
License Numbers:	CCNH 2032C	RHNS	(Specify)
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)			
Type of Ownership (Check appropriate box)		Date Opened	Date Closed
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input checked="" type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust			
If this facility opened or closed during report year provide:			
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes	<input checked="" type="radio"/> No      If "Yes," explain fully.
<b>Administrator</b> Name of Administrator Ellen Casey      Nursing Home Administrator's License No.: 001858			
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name	License No.:		

State of Connecticut

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

CSP-3 Rev. 10/2005

**General Information and Questionnaire**  
**Partners/Members**

Name of Facility	License No.	Report for Year Ended	Page of
Wilton Meadows Health Care Center	2032C	9/30/2020	3 of 37
Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered	
Wilton Meadows Limited Partnership	439 Danbury Road, Wilton, CT 06897		
Name of Partners/Members	Business Address	Title	% Owned
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	Limited Partner	70.12%
Wilton Meadows Health Care	25250 Rockside Road, Bedford Heights, OH 44146	General Partner	2.08%
Fred Rzepka	3330 Warrensville Center Road #808, Shaker Heights, OH 44122	Limited Partner	16.3%
Peter Rzepka	3330 Warrensville Center Road #804, Shaker Heights, OH 44122	Limited Partner	11.5%

State of Connecticut

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

CSP-3A Rev. 10/2005

**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020	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	
N/A			
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
N/A			
Names of Stockholders Owning at Least 10% of Shares			
N/A			

State of Connecticut

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

CSP-3B Rev. 10/2005

**General Information and Questionnaire**  
**Individual Proprietorship**

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020	Page 4	of 37
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> No				
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.				
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No				
If "Yes," provide the following information:				
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties Yes    No    %**	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Management Fee and Travel	See Attached
Greenwich Retirement Housing, LLC	King Street, Greenwich, CT 06831	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Loan Receivable	32 Line D6
TBI Profit Sharing Plan	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Pension	Pg 15 Line 1a7
Wilton Retirement Housing, LLC	435 Danbury Road, Wilton, CT	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Maint., Admin. Services, Insurance, Dietary	39,738
Wilton Retirement Housing, LLC	435 Danbury Road, Wilton, CT	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Loan Receivable	See Attached
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Interest Income/Loan Funds	32 Line D6
Greenwich Retirement Housing, LLC	King Street, Greenwich, CT 06831	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Maint., Admin. Services, Insurance, Dietary	Pg 30 Line IV 5
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Insurance Policies	68,078
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Loan Receivable	See Attached
				529,593
				32 Line D6
				1,947,241 N/A

\* Use additional sheets if necessary.

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

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 09/30/2020	Page 4b	of 37
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Description	A/C #	Amount		
<b>TransCon Builders, Inc.</b>				
Travel	75510	16,600	16	L4
Management Fees	75530	<u>153,144</u>	16	m12
		<u>169,744</u>		
Property Insurance	73530.BSC	21,194	27	14A
Worker's Comp Insurance	73250	415,080	15	1A1
General Liability Insurance	73530.BSC1	62,342	27	14C1
Excess Liability Insurance	73530.BSC1	18,490	27	14C1
EPLI	73530	<u>12,487</u>	16	M13
		<u>529,593</u>		
Loan Receivable	16100	<u>1,947,241</u>	32	D6
<b>Greens at Cannondale</b>				
Maintenance Services from WM To GC	72106/72155	(9,362)	10	A7A/A7B
Administration Svc from WM To GC	73110	<u>(38,399)</u>	10	A4
		<u>(47,761)</u>		
Loan Receivable	16600	<u>684</u>	32	D6
<b>Greens at Greenwich</b>				
Maintenance Services from WM To GG	72106/72155	(10,309)	10	A7A/A7B
Administration Svc from WM To GG	73156	<u>(16,000)</u>	10	A4
		<u>(26,309)</u>		
Loan Receivable	16700	<u>2,238</u>	32	D6
<b>TBI Profit Sharing Plan</b>				
401K Plan - Other Participants	73310	<u>39,738</u>	15	1a7
Hamden				
Greens at Greenwich				
Greens at Cannondale				
Greenwich Woods				
Candlewood				
Owners Management Co				
TransCon				
Danbury Commons				
<b>Crime, Cyber Insurance Policies - Wilton Meadows Held</b>				
Greens at Cannondale	73530	7,205	16	M13
Greens at Greenwich	73530	<u>1,447</u>	16	M13
		<u>8,652</u>		

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

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

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.

## 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?

Yes       No

Total \*\*\* 7,530

\* 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.

**BBI Technologies Leasing**  
 a program of De Lege Lander Financial Services, Inc.

**Lease Agreement**

LESSEE	Full Legal Name <b>Wilton Meadows Limited Partnership</b>				Phone Number (203) 834-0199
	Billing Address 439 Danbury Road		City Wilton	State CT	Zip 06897
Send Email Invoice To:					Attention to:
					Purchase Order Requisition Number
EQUIPMENT	Make	Model Number	Serial Number	Quantity	Description (Attach Separate Schedule A If Necessary)
	See Schedule A				
PAYMENT INFORMATION	Number of Lease Payments	Lease Payment*	Plus Applicable Taxes	Term of Lease in Months	Payment Frequency:
	60	\$690.00	Plus Applicable Taxes	60	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
		*	Plus Applicable Taxes		End of Lease Option: <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1 <input type="checkbox"/> Other
Lease Payment <input type="checkbox"/> Includes / <input checked="" type="checkbox"/> does NOT include maintenance/service/supplies (check one)					End of Lease Purchase Option shall be FMV unless another option is selected.
* Lease payment may be adjusted for up front sales tax.					Security Deposit (PLUS) First Period Payment (EQUALS) Total Payment Enclosed
\$0.00					\$0.00
\$0.00					\$0.00

1. **Lease:** You (the "Lessee") agree to lease from us (the "Lessor") the Equipment listed above and on any attached schedule (the "Lease"). You agree to pay us a fee of \$50.00 to reimburse our expenses for preparing financing statements, other documentation costs and all ongoing administration costs during the term of this Lease. If you are not in default, we will return the deposit to you when the Lease is terminated. If a payment is not made when due, you will pay us a late charge of 5% of the payment or \$10.00, whichever is greater. **YOU AGREE THAT NO ONE IS AUTHORIZED TO WAIVE OR CHANGE ANY LEASE TERM OR PROVISION.**

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

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

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

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

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

7. **Taxes:** You agree to pay when due, either directly or as a reimbursement to us, all taxes including, without limit, sales, use, and personal property, and charges in connection with ownership, lease and use of the Equipment. We may charge you a processing fee for administering property tax filings. You will indemnify us on an after-tax basis against the loss or

unavailability of any tax benefits anticipated at the Commencement Date arising out of your acts or omissions. This indemnity will continue even after the termination of this Lease.

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

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

10. **Miscellaneous:** You agree that the Lease is a finance Lease as defined in Article 2A of the Uniform Commercial Code ("UCC"). You acknowledge that we have given you the Equipment supplier's name. We hereby notify you that you may have rights under the supplier's contract and may contact the supplier for a description of these rights. You agree that we are authorized, without notice to you, to supply missing information or correct mistakes in the lease. This Lease was made in Pennsylvania ("PA") is deemed to be performed in PA and shall be governed and construed in accordance with the laws of PA. Your consent to the non-exclusive jurisdiction, personal or otherwise, in any state or federal court in PA, and waiver of jury, you agree (i) to waive any and all rights and remedies granted to you under UCC Section 2A-502 through 2A-522; (ii) that the Equipment will only be used for business purposes and not for personal, family, or household use, and will not be moved from the above location without our consent; and (iii) this Lease may be executed in counterparts and any facsimile, photographic or other electronic transmission and/or electronic storage of any Lease by you, when reasonably communicated by us or attached to our original signed counterpart and/or in our possession shall constitute the sole original valid paper as defined in the UCC for all purposes and will be admissible as legal evidence thereof. At our option, we may require a manual signature. We may inspect the Equipment during the Lease term. We shall not be liable to you for indirect, special, or consequential damages. No failure to act shall be deemed a waiver of any rights hereunder.

You agree that this is a non-cancelable lease. The Equipment is: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	
Signature: <i>Timothy A. Brown</i> Date: 7/14/20	
Title: <i>CFO</i>	Print Name: <i>Timothy A. Brown</i>
Legal Name of Corporation: <i>Wilton Meadows Limited Partnership</i>	

The Equipment has been received, put in use, is in good working order and is satisfactory and acceptable.	
Signature: <i>Timothy A. Brown</i> Date: 7/20/20	
Print Name: <i>Timothy A. Brown</i> Date: 7/20/20	

I unconditionally guarantee prompt payment of all the Lessee's obligations under the Lease. The Lessor is not required to proceed against the Lessee or the Equipment or enforce other remedies before proceeding against me. I waive notice of acceptance and all other notices or demands of any kind to which I may be entitled. I consent to any extensions or modifications granted to the Lessee and the release and/or compromise of any obligations of the Lessee or any other guarantor without releasing me from my obligations. This is a continuing warranty and will remain in effect in the event of my death and may be enforced by or for the benefit of any assignee or successor of the Lessor. This warranty is unextinguished by and continues in accordance with the laws of the Commonwealth of PA and I consent to non-exclusive jurisdiction of any state or federal court in PA and waive trial by jury.	
Signature: <i>Timothy A. Brown</i>	

De Lege Lander Financial Services, Inc.	
Lease Processing Center, 1111 Old Eagle School Road, Wayne, PA 19087	
PHONE: (800) 735-9273	FAX: (800) 775-2829
Commencement Date	Lease Number
Accepted By:	

Signature: <i>Timothy A. Brown</i>	
Print Name: <i>Timothy A. Brown</i>	
Date: 7/20/20	

## SCHEDULE A

SCHEDULE FORMING PART OF LEASE BETWEEN LESSOR, DLL

AND Wilton Meadows Limited Partnership

DATE: 07/01/2020

LEASE NUMBER: \_\_\_\_\_

, LESSEE,

### DESCRIPTION OF EQUIPMENT:

1- Kyocera/Copystar C6003i

1- Kyocera/Copystar M3655

1- Kyocera/Copystar C4003i

THIS SCHEDULE SHALL HERE AFTER FORM PART OF THE AFOREMENTIONED LEASE.

YOU AGREE THAT A FACSIMILE COPY OF THIS DOCUMENT WITH FAX/IML SIGNATURES MAY BE TREATED AS AN ORIGINAL AND WILL BE ADMISSIBLE AS EVIDENCE IN A COURT OF LAW.

LESSOR SIGNATURE	Signature X	<i>T.L.</i>	LEASE IS TO BE SIGNED BY AUTHORIZED CORPORATE OFFICER, PARTNER OR PROPRIETOR
	Print Name	<i>Timothy L. Hickman</i>	
	Legal Name of Corporation or Partnership	Wilton Meadows Limited Partnership	
LESSOR SIGNATURE	Signature X		
	Print Name		
	Legal Name of Corporation or Partnership	DLL	

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

Name of Facility Wilton Meadows Health Care Cent	License No. 2032C	Report for Year Ended 9/30/2020	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

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

**Services Provided by This Firm (describe fully)**

1 See Attached	\$ 23,606
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 23,606

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

Yes     No    |Page 15 Line 1d

**Legal Services Information**

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

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

1	
2	
3	
4	
5	

**Services Provided by This Firm (describe fully)**

1 See Attached	\$ 80,558
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 80,558

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

Yes     No    |Page 15 Line 1e

**General Information and Questionnaire  
Accounting Basis**

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	09/30/2020	7a	37

Ref	InterfaceName	Amount	Vendor Total
CliftonLarsonAllen LLP	Under accrual 2019 Financial Statements Review	76	
CliftonLarsonAllen LLP	Under accrual 2019 Medicaid Cost Report	150	
CliftonLarsonAllen LLP	Prep 9/30/20 Financial Statements Audit	9,050	
CliftonLarsonAllen LLP	Prep 9/30/20 Medicaid Cost Report	9,100	<u>18,376</u>
Howard, Wershbaile & Co.	Under accrual 2019 Medicare Cost Report	100	
Howard, Wershbaile & Co.	Prep 9/30/20 Medicare Cost Report	4,250	<u>4,350</u>
RSM US LLP	2020 Income Tax Return	880	<u>880</u>
<b>Total Accounting Expense</b>		<u>23,606</u>	

General Information and Questionnaire  
Accounting Basis

Name of Facility	License No.	Report for Year Ended 9/30/2020	Page 76	of 37
Wilton Meadows Health Care Center	2019C			
Ref	Interface Name	Transaction Date	Amount	Disposition
Amy Espinoza	Reimbursement Notary Recording Fee	7/6/2020	20	
Epstein Becker & Green	Professional Services-General	10/26/2019	(140)	
Epstein Becker & Green	Legal Matters Former Employee	1/1/2019	1,122	1,122
Epstein Becker & Green	Legal Matters Former Employee	1/1/2019	3,207	3,207
Epstein Becker & Green	Legal Matters Former Employee	1/1/2019	6,369	6,369
Epstein Becker & Green	Legal Matters Former Employee	1/1/2020	99	99
Epstein Becker & Green	Legal Matters Former Employee	3/1/2020	1,267	1,267
Epstein Becker & Green	Legal Matters Former Employee	4/1/2020	254	254
Epstein Becker & Green	Legal Matters Former Employee	4/1/2020	1,363	1,363
Epstein Becker & Green	Professional Services-HR Matters	4/1/2020	99	99
Epstein Becker & Green	Legal Matters Former Employee	4/1/2020	33	33
Epstein Becker & Green	Legal Matters Former Employee	4/1/2020	1,023	1,023
Epstein Becker & Green	Legal Matters Former Employee	4/1/2020	5,531	5,531
Epstein Becker & Green	Professional Services-Covid 19 Matters	4/1/2020	240	
Epstein Becker & Green	Professional Services-Covid 19 Matters	4/1/2020	527	
Epstein Becker & Green	Legal Matters Former Employee	5/18/2020	132	
Epstein Becker & Green	Professional Services-HR Matters	5/18/2020	676	
Epstein Becker & Green	Legal Matters Former Employee	5/18/2020	165	165
Epstein Becker & Green	Professional Services-HR Matters	5/18/2020	675	
Epstein Becker & Green	Legal Matters Former Employee	6/29/2020	231	
Epstein Becker & Green	Legal Services-Attorney Fee	6/29/2020	462	
Epstein Becker & Green	Professional Services-HR Matters	6/29/2020	653	
Epstein Becker & Green	Legal Matters Former Employee	6/1/2020	99	99
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2019	315	315
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2019	4,760	4,760
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2019	561	561
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2019	343	343
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2019	25	25
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2019	875	875
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2019	35	35
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2019	415	415
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2019	175	175
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2019	250	250
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2019	1,755	1,755
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2019	280	280
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2019	573	573
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2020	295	295
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2020	1	1
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2020	334	334
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2020	281	281
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2020	1	1
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2020	210	210
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2020	475	475
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2020	2,018	2,018
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2020	773	773
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	1/1/2020	105	105
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	2/10/2020	(1,650)	
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	4/1/2020	772	772
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	4/1/2020	210	
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	4/1/2020	140	140
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	4/1/2020	248	248
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	4/1/2020	933	933
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	4/1/2020	289	289
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	4/1/2020	130	130
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	4/1/2020	178	178
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	4/1/2020	829	829
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	725	725
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	1,785	1,785
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	400	400
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	37	37
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	140	140
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	130	130
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	490	490
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	290	290
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	290	
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	140	140
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	1,295	1,295
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	140	140
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	315	315
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	210	210
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	70	70
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	105	105
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	113	113
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	1,228	1,228
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	87	87
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	33	33
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	140	140
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	140	
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	35	35
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	105	105
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/1/2019	3	3
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	70	70
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	11	11
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	1,543	1,543
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	161	181
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	2	2
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	35	35
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	413	413
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	210	210
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	275	275
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	141	141
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	798	798
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	315	315
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	1,260	1,260
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	140	140
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	837	837
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	168	168
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	63	63
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	260	260
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	350	350
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	455	455
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	798	798
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	526	526
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	1,137	1,137
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	5/27/2019	411	411
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	9/1/2020	20	20
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	9/1/2020	772	772
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	9/1/2020	771	771
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	9/1/2020	1,035	1,035
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	9/1/2020	560	560
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	9/1/2020	280	280
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	9/1/2020	315	315
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	9/1/2020	387	387
Goldman Gruder & Woods, LLC	Legal Services Re WM (v)	9/1/2020	280	
DLA Piper	Legal Reimbursement	4/17/2020	(114)	(114)
Murtha Culligan LLP	Prof. Svcs. General Matters-September 2019	10/1/2020	622	
Murtha Culligan LLP	Prof. Svcs. General Matters-October 2019	1/1/2020	637	
Murtha Culligan LLP	Prof. Svcs. General Matters-October 2019	1/1/2020	1,088	
Murtha Culligan LLP	Prof. Svcs. General Matters-February 2020	4/1/2020	1,347	
Murtha Culligan LLP	Prof. Svcs. General Matters-March 2020	4/1/2020	345	
Murtha Culligan LLP	Prof. Svcs. General Matters-April 2020	4/1/2020	42	
Murtha Culligan LLP	Prof. Svcs. General Matters-April 2020	5/13/2020	115	
Murtha Culligan LLP	Prof. Svcs. General Matters-June 2020	7/17/2020	1,491	
Murtha Culligan LLP	Legal Matters Former Employee	7/30/2020	99	99
Peter Bondi	Conservatorship Conservatorship	5/1/2020	64	
Peter Bondi	Conservatorship Conservatorship	5/5/2020	66	
Wilton Meadows Petty Cash	Fred Bondi-State Marshall Conservatorship Treasurer State CT-Conservatorship	11/18/2019	50	
Wilton Meadows Petty Cash	Peter Bondi-State Marshall Conservatorship	11/18/2019	225	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	12/1/2019	112	
Wilton Meadows Petty Cash	Peter Bondi-State Marshall Conservatorship	12/1/2019	225	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	1/1/2020	56	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	1/1/2020	27	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	1/1/2020	502	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	1/27/2020	56	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	1/27/2020	252	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	2/1/2020	252	
AR Reimbursement	Court Fees Reimbursement	2/13/2020	(308)	(308)
			80,68	80,700
			Total Legal Expense	Total Disbursed

## Schedule of Resident Statistics

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

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of		
		9/30/2020		10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No							
Total Cost and Hours							
Item	CCNH	Hours	RHNS	Hours	(Specify)		
A. Salaries and Wages*							
1. Operators/Owners (Complete also Sec. I of Schedule A1)							
2. Administrator(s) (Complete also Sec. III of Schedule A1)	145,419	2,091					
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	467,474	15,391					
5. Dietary Service							
a. Head Dietitian	53,289	1,444					
b. Food Service Supervisor	55,102	2,131					
c. Dietary Workers	609,419	33,367					
6. Housekeeping Service							
a. Head Housekeeper							
b. Other Housekeeping Workers							
7. Repairs & Maintenance Services							
a. Engineer or Chief of Maintenance	80,324	1,754					
b. Other Maintenance Workers	73,833	3,614					
8. Laundry Service							
a. Supervisor							
b. Other Laundry Workers	229,930	12,851					
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	251,619	4,326					
b. RN							
1. Direct Care	957,278	24,387					
2. Administrative**	296,531	6,290					
c. LPN							
1. Direct Care	1,717,980	54,248					
2. Administrative**	107,176	2,633					
d. Aides and Attendants	2,506,996	136,553					
e. Physical Therapists							
f. Speech Therapists							
g. Occupational Therapists							
h. Recreation Workers	232,939	11,442					
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	252,468	6,035					
n. Marketing	3,880	104					
o. Other (Specify)							
See Attached Schedule	170,938	7,637					
A-13. Total Salary Expenditures	8,212,595	326,298					

\* 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.

**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 other employment worked during the cost year.

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended		Page	of
	2032C	9/30/2020		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>					
1. Dietitian					
2. Dentist	16,073	Disallowed			
3. Pharmacist	10,811	192			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	411,886	4,389			
b. Other					
6. Social Worker					
7. Recreation Worker	5,415	17			
8. Physicians					
a. Medical Director (entire facility)	46,800	337			
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)					
9. Speech Therapist					
a. Resident Care	150,427	1,212			
b. Other					
10. Occupational Therapist					
a. Resident Care	366,515	3,904			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***					
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides					
d. Other					
12. Other (Specify)					
See Attached Schedule	52,171	Disallowed			
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,060,098</b>	<b>10,051</b>			

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

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

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

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

\* Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020	Page 14a	of 37
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Category	Consultant	Total Paid	Total Hours	
Dentist	Healthdrive Dental	<u>16,073</u>	-	Disallow
Pharmacist	Value Health Care Services	<u>10,811</u>	<u>192</u>	Two 8 hr. visits per month
Physical Therapy PT Outpatient	Preferred Therapy Preferred Therapy	<u>410,929</u> <u>957</u> <u>411,886</u>	<u>4,378</u> <u>11</u> <u>4,389</u>	
Entertainment	Various	<u>5,415</u>	<u>17</u>	37 Performances @ 45 min per
Medical Director	Alan Radin, MD	<u>46,800</u>	<u>337</u>	\$138.87/Hour
Speech Therapy	Preferred Therapy Mass Tex Imaging SDX Dysphagia Experts	<u>148,426</u> <u>199</u> <u>1,800</u> <u>150,426</u>	<u>1,205</u> <u>2</u> <u>5</u> <u>1,212</u>	
Occupational Therapy OT Outpatient	Preferred Therapy Preferred Therapy	<u>365,354</u> <u>1,161</u> <u>366,515</u>	<u>3,886</u> <u>18</u> <u>3,904</u>	
Purchased Services	Value Health Care Service Technical Gas Products, Inc. Preferred Therapy Solutions US Labs OrthoConnecticut Arrhythmia Center of CT Northeast Medical Group Southern CT Vascular Center Waterbury Orthopaedic Assoc WHM Tromp Pediatrics	<u>25,137</u> <u>3,848</u> <u>21,688</u> <u>675</u> <u>99</u> <u>312</u> <u>30</u> <u>126</u> <u>86</u> <u>170</u> <u>52,171</u>	<u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>	Disallow Disallow - Med A Disallow - Med A
<i>Total Fees in Lieu of Salaries</i>		<b>1,060,096</b>	<b>10,044</b>	

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020	Page 14b	of 37
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Entertainer Name	Description	Amount
John B. Gould	Entertainment 10/09/19	150
Lee Perry Gross Music	Entertainment 10/16/19	150
Michael Hess	Entertainment 10/19/19	80
Gary Kahn	Entertainment 10/23/19	105
Jeff Batter	Entertainment 10/30/19	135
Larry Batter	Entertainment 11/01/19	145
Jeffrey Daniel	Entertainment 11/01/19	150
Lee Perry Gross Music	Entertainment 11/01/19	150
Larry Batter	Entertainment 11/01/19	145
Lee Perry Gross Music	Entertainment 11/01/19	150
Billy Michael	Entertainment 11/06/19	100
Alfred Leone	Entertainment 11/13/19	150
Thomas Sansone	Entertainment 11/21/19	150
Shawn Taylor	Entertainment 11/27/19	125
Aint't She Sweet	Entertainment 12/03/19	150
John B. Gould	Entertainment 12/04/19	150
Larry Batter	Entertainment 12/11/19	145
Christopher Strange	Entertainment 12/15/19	125
Kayte Devlin	Entertainment 12/18/19	125
Aint't She Sweet	Entertainment 01/01/20	150
Alfred Leone	Entertainment 01/01/20	150
Thomas Sansone	Entertainment 01/08/20	150
Rebecca Swett	Entertainment 01/14/20	125
Shawn Taylor	Entertainment 01/15/20	150
Lee Perry Gross Music	Entertainment 01/22/20	150
Larry Batter	Entertainment 01/29/20	145
John B. Gould	Entertainment 02/05/20	150
Shalynn M. Sedgwick	Entertainment 02/12/20	150
Billy Michael	Entertainment 02/19/20	100
Holleran Media Productions	Entertainment 02/26/20	180
Aint't She Sweet	Entertainment 03/01/20	150
Bennett A. Mazzola	Entertainment 03/01/20	75
Lee Perry Gross Music	Entertainment 03/01/20	225
Lee Perry Gross Music	Entertainment 03/01/20	225
Larry Batter	Entertainment 08/26/20	180
Holleran Media Productions	Entertainment 09/16/20	180
Sean Doolan	Entertainment 09/23/20	200
<b>Total Entertainment</b>		<b>5,415</b>

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 415,080	415,080		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 86,340	86,340		
4. Social Security (F.I.C.A.)	\$ 601,926	601,926		
5. Health Insurance	\$ 1,151,505	1,151,505		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 39,738	39,738		
8. Uniform Allowance	\$ 4,249	4,249		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 1,895	1,895		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 23,606	23,606		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 80,558	80,558		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 51,404	51,404		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 42,814	42,814		
2. Cellular Phones	\$ 6,718	6,718		
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	\$ 727,524	727,524		
<b>Subtotal</b>	<b>\$ 3,233,357</b>	<b>3,233,357</b>		

\* 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	(Specify)
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
<b><i>Subtotals Brought Forward:</i></b>	<b>3,233,357</b>	<b>3,233,357</b>		
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 3,150	3,150		
2. Holiday Parties for Staff	\$ 3,132	3,132		
3. Gifts to Staff and Residents	\$ 5,615	5,615		
4. Employee Travel	\$ 24,375	24,375		
5. Education Expenses Related to Seminars and Conventions	\$ 13,289	13,289		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 4,579	4,579		
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 49,442	49,442		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$ 3,162	3,162		
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 142,281	142,281		
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 11,534	11,534		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 14,651	14,651		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 364	364		
9. Subscriptions	\$ 19,937	19,937		
10. Contributions*** See Attached Schedule	\$ 225	225		
11. Services Provided by Contract ( <i>Specify and Complete</i> <i>Schedule C-2, Page 21 for each firm or individual</i> )	\$			
12. Administrative Management Services**	\$ 153,144	153,144		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 286,474	286,474		
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$ 3,968,711</b>	<b>3,968,711</b>		

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

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

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

**Schedule of Other Travel and Entertainment**

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

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising Promotions - Disallowed	\$ 97,085		
Business Promotions - Disallowed	\$ 45,196		
<b>Total Other Advertising</b>	<b>\$ 142,281</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
Dues - See Page 16b	\$ 14,651		
<b>Total Dues</b>	<b>\$ 14,651</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Contributions - Disallowed	\$ 225		
<b>Total Contributions</b>	<b>\$ 225</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Employee Background Checks	\$ 5,035		
Consulting Fees	\$ 58,751		
Data Processing Fees	\$ 40,388		
Software Maintenance	\$ 84,919		
ELPI, Crime, Cyber Insurance - Partially Disallowed	\$ 21,428		
Facility Licenses	\$ 897		
Employee Licenses	\$ 3,637		
Bank Charges - Disallowed	\$ 8,974		
Late Charges - Disallowed	\$ 480		
Medical Records Supplies	\$ 6,040		
Purchased Services - Temporary Help	\$ 47,880		
Computer Purchased Services	\$ 8,045		
<b>Total Other Administrative and General</b>	<b>\$ 286,474</b>	<b>\$ -</b>	<b>\$ -</b>

#### Detail of Dues and Subscriptions

State of Connecticut

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

CSP-17 Rev. 10/97

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

Name of Facility	License No.	Report for Year Ended	Page of
Wilton Meadows Health Care Center	2032C	9/30/2020	17 of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
TransCon Builders, Inc.	153,144	See Page 4	See Page 16 Line M12

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

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

Name of Facility	License No.	Report for Year Ended		Page of
	2032C	9/30/2020		18   37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 427,740	427,740		
2. Non-Food Supplies	\$ 50,299	50,299		
3. Other (Specify) _____	\$ _____			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 1,286	1,286		
c. Other (Specify) _____ Chemicals/Cleaning Supplies	\$ 6,539	6,539		
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 485,864</b>	<b>485,864</b>		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input 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 Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020		Page 19   37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	20,751	20,751	
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)	\$			
c. Other (Specify) Chemicals/Detergents \$8,493; Supplies \$5,834	\$	14,327	14,327	
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	<b>\$</b>	<b>35,078</b>	<b>35,078</b>	
<b>3E. Laundry Questionnaire</b>				
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	License No.	Report for Year Ended		Page	of
	2032C	9/30/2020		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 36,992	36,992		
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )					
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt.	\$ 418,550	418,550		
C. Other ( <i>Specify</i> )	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>	\$	<b>455,542</b>	<b>455,542</b>		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	404,023	404,023		
		Medicare \$269,145 Medicaid \$6,786, Medicare OTC \$1,949, Facility \$11,436, Managed Care \$114,707			
b. Medicine Cabinet Drugs	\$	12,112	12,112		
c. Medical and Therapeutic Supplies	\$	25,493	25,493		
d. Ambulance/Limousine***	\$	1,540	1,540		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	22,868	22,868		
f. X-rays and Related Radiological Procedures***	\$	18,265	18,265		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	76,049	76,049		
i. Recreation	\$	9,555	9,555		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other ( <i>Specify</i> )****	\$	445,761	445,761		
See Attached Schedule					
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>1,015,666</b>	<b>1,015,666</b>		

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

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

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

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

**Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
Medical Equipment Rental - Disallowed	\$ 13,503		
Basic Mattresses	\$ 2,691		
Cable TV - Disallowed	\$ 20,878		
PT Equipment - Disallowed	\$ 17,448		
Supplies	\$ 3,050		
Nursing Supplies - Partially Disallowed	\$ 214,523		
Glucose Testing Supplies	\$ 2,859		
Incontinent Care	\$ 47,292		
Gloves	\$ 25,957		
Wound Care Supplies	\$ 41,541		
Syringes	\$ 1,554		
Tube Feeding - Medicare - Disallowed	\$ 4,616		
Medical Supplies - Medicare - Disallowed	\$ 24,618		
Medical Supply Rental Medicare - Disallowed	\$ 598		
Nutritional Supplements	\$ 24,633		
<b>Total Other Resident Care</b>	<b>\$ 445,761</b>	<b>\$ -</b>	<b>\$ -</b>

**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 Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 65,456	65,456				
b. Heat	\$ 64,520	64,520				
c. Light & Power	\$ 134,351	134,351				
d. Water	\$ 56,589	56,589				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 7,530	7,530				
f. Other ( <i>itemize</i> )	\$ 206,163	206,163				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 534,609	534,609				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 12,209	12,209				
b. Building & Building Improvements	\$ 86,899	86,899				
c. Non-Movable Equipment	\$ 16,901	16,901				
d. Movable Equipment	\$ 40,444	40,444				
*7e. <b>Total Depreciation Costs (7a + b + c + d)</b>	\$ 156,453	156,453				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs (8a + b + c + d)</b>	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 118,197	118,197				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 13,075	13,075				
11. <b>Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 287,725	287,725				

\* 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**

## Depreciation Schedule

Name of Facility Wilton Meadows Health Care Center		License No. 2032C			Report for Year Ended 9/30/2020			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. <b>Land Improvements</b>										
1. Acquired prior to this report period		209,287		209,287	209,183	Tax	Various	748		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)		48,771		48,771		Tax	Various	11,461		
A.4. Subtotal										
B. <b>Building and Building Improvements</b>										
1. Acquired prior to this report period		11,315,484		11,315,484	10,454,322	Tax	Various	86,899		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
B.4. Subtotal										
C. <b>Non-Movable Equipment</b>										
1. Acquired prior to this report period		241,323		241,323	166,143	Tax	Various	16,901		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C.4. Subtotal										
D. <b>Movable Equipment</b>										
1. Motor Vehicles (Specify name, model and year of each vehicle)										
a. 1998 Ford	Yes	5 2001	10,866							
b. 2012 Jeep Patriot	Yes	4 2015	Disposal - Page							
c.										
d.										
2. Movable Equipment										
a. Acquired prior to this report period		1,168,504		1,168,504	1,067,933	Tax	Various	37,309		
b. Disposals (attach schedule)		(9,532)		(9,532)	(8,708)	Tax		5		
c. Acquired during this report period (attach schedule)										
D.3. Subtotal										
E. <b>Total Depreciation</b>										

**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**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/7/2019	Maxi 500 Manual DPS Scale	\$ 4,378	5	\$ 1,926
5/15/2020	12.9 Inch iPad Pro	\$ 1,110	5	\$ 166
6/15/2020	13 Inch HP Spectre Laptop	1460	5	219
<b>Total additions for Movable Equipment</b>		\$ 6,948		\$ 2,311 *
<b>Deletions:</b>				
2/12/2020	2012 Jeep Patriot	\$ (9,532)	5	
<b>Total deletions for Movable Equipment</b>		\$ (9,532)		\$ - *

**\*Ties to Page 23, Line D2c**

\*\*Ties to Page 23, Line D2c

**Schedule of Leasehold Improvements Acquired during this report period**

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

\*\*Ties to Page 24, Line C2

## Fixed Asset Rollforward

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2020	Page 23b	of 37
2019 Book Value per CR	209,287	Building & Improvements 11,315,484	Non-movable Equipment 241,323	Movable Equipment 1,168,504	Motor Vehicles 20,398
2020 Additions	48,771	-	-	6,948	-
2020 Disposals	-	-	-	-	(9,532)
2020 Book Value CR	258,058	11,315,484	241,323	1,175,452	10,866 \$ 13,001,183
Balance per books-page 31 Prior year variance	261,937 (3,879)	11,315,783 (299)	241,926 (603)	1,184,040 (8,588)	10,866 -
2019 Accumulated Depreciation	209,183	10,454,322	166,143	1,067,933	19,574
2020 Depreciation	12,209	86,900	16,901	39,620	824
2020 Disposals	-	-	-	-	(9,532)
2020 Accumulated Depreciation	221,392	10,541,222	183,044	1,107,553	10,866
Balance per books-page 31 Prior year variance	221,392	10,541,222	183,073 (29)	1,121,204 (13,651)	10,866 \$ 12,077,757

**Amortization Schedule\***

Name of Facility		License No.		Report for Year Ended		Page	
Wilton Meadows Health Care Center		2032C		9/30/2020		24	
				Accumulated	Amort. to	Basis for	Amortization
				Operations	Beginning of Year's Operations	Computing Amortization**	% for This Year
		Date of Acquisition	Length of Amortization	Cost to Be Amortized	Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate % for This Year
		Month	Year				
<b>A. Organization Expense</b>							
1.							
2.							
3.							
<b>A-4. Subtotal</b>							
<b>B. Mortgage Expense</b>							
1.							
2.							
3.							
<b>B-4. Subtotal</b>							
<b>C. Leasehold Improvements and Other</b>							
1. Acquired prior to this report period							
2. Disposals (attach schedule)							
3. Acquired during this report period (attach schedule)							
<b>C-4. Subtotal</b>							
<b>D. Total Amortization</b>							

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR

C. Remaining Life of Lease; OR

D. Actual Life if owned by Related Party.

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020	Page 25	of 37
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#### 11. Property Questionnaire

##### Part A

Is the property either owned by the Facility  
or leased from a Related Party?\*

Yes

No

If "Yes," complete Part B.  
If "No," complete Part C.

\*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or  
business association to any person or organization from whom buildings are leased, then it is considered a  
related party transaction.

Description	Total			
1. Date Land Purchased	03/01/88			
2. Date Structure Completed	03/01/88			
3. If NOT Original Owner, Date of Purchase	N/A			
4. Date of Initial Licensure	03/01/88			
5. Total Licensed Bed Capacity	148			
6. Square Footage	75,000			
7. Acquisition Cost				
a. Land	69,000			
b. Building	5,740,000			

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 9/30/2020				
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 9/30/2020			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount	\$					
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
<b>12 B7. Total Building Interest Expense (A1 - A4 + B5)</b>	<b>\$</b>					

*(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 9/30/2020			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify) Interest Expense		\$	7,728	7,728		
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>		\$	7,728	7,728		
14. Insurance						
a. Insurance on Property (buildings only)		\$	21,194	21,194		
b. Insurance on Automobiles		\$	3,885	3,885		
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$	80,832	80,832		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>		\$	105,911	105,911		
15. <b>Total All Expenditures (A-13 thru C-14)</b>		\$	16,169,527	16,169,527		

## **D. Adjustments to Statement of Expenditures**

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.	2032C	9/30/2020		28   37
				Total Amount of Decrease	CCNH	RHNS
<b>Page 10 - Salaries and Wages</b>						
1.			Outpatient Service Costs	\$		
2.			Salaries not related to Resident Care	\$		
3.			Occupational Therapy	\$		
4.			Other - See attached Schedule	\$	40,552	40,552
<b>Page 13 - Professional Fees</b>						
5.			Resident Care Physicians **	\$		
6.	13	b10	Occupational Therapy	\$	366,515	366,515
7.			Other - See attached Schedule	\$	68,244	68,244
<b>Pages 15 &amp; 16 - Administrative and General</b>						
8.			Discriminatory Benefits	\$		
9.			Bad Debts	\$		
10.			Accounting	\$		
10a.			Legal	\$	69,700	69,700
11.			Telephone	\$		
12.	15	1h2	Cellular Telephone	\$	5,278	5,278
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$		
14.			Gifts, flowers and coffee shops	\$		
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$	4,303	4,303
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$		
17.	16	L4	Automobile Expense (e.g. personal use)	\$	200	200
18.	16	m2/m	Unallowable Advertising *	\$	145,443	145,443
19.			Income Tax / Corporate Business Tax	\$		
20.	30	IV8	Fund Raising / Contributions	\$	225	225
21.	16	m12	Unallowable Management Fees	\$	153,144	153,144
22.			Barber and Beauty	\$		
23.			Other - See attached Schedule	\$	44,347	44,347
<b>Page 18 - Dietary Expenditures</b>						
24.			Meals to employees, guests and others who are not residents	\$		
<b>Page 19 - Laundry Expenditures</b>						
25.			Laundry services to employees, guests and others who are not residents	\$		
<b>Page 20 - Housekeeping Expenditures</b>						
26.			Housekeeping services to employees, guests and others who are not residents	\$		
Subtotal (Items 1 - 26)			\$	897,951	897,951	

\* 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**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Late Fees	\$ 480		
16	m13	Bank Charges	\$ 8,974		
16	m8a	Chamber of Commerce	\$ 364		
16	13	Employee Relations	\$ 1,490		
16	m13	Crime Insurance Policy	\$ 4,306		
	m9	Newspapers	\$ 4,023		
1a		Benefits and Taxes on Disallowed Marketing & Recruiting Salary Noted Above	\$ 776		
1a		Benefits on Disallowed Administrator Salary Noted Above	\$ 7,334		
L4		Condo Rent	\$ 16,600		
<b>Total Other A&amp;G Adjustments</b>			\$ 44,347	\$ -	\$ -

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

Name of Facility Wilton Meadows Health Care Center				License No. 2032C	Report for Year Ended 9/30/2020		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
Subtotals Brought Forward				\$ 897,951	897,951			
<b>Page 20 - Resident Care Supplies ***</b>								
27.	20	5a2	Prescription Drugs	\$ 404,023	404,023			
28.	20	5d	Ambulance/Limousine	\$ 1,540	1,540			
29.	20	5f	X-rays, etc	\$ 18,265	18,265			
30.	20	5h	Laboratory	\$ 76,049	76,049			
31.	20	5c	Medical Supplies	\$ 25,493	25,493			
32.	20	5e2	Oxygen (non emergency)	\$ 22,868	22,868			
33.	20	5L	Occupational Therapy	\$ 3,050	3,050			
34.			Other - See Attached Schedule	\$ 73,814	73,814			
<b>Page 22 - Maintenance and Property</b>								
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (19,126)	(19,126)			
36.			Depreciation on Unallowable Motor Vehicles	\$				
37.			Unallowable Property and Real Estate Taxes	\$				
38.			Rental of Building Space or Rooms	\$				
39.			Other - See Attached Schedule	\$ 22,405	22,405			
<b>Page 27 - Insurance</b>								
40.			Mortgage Insurance	\$				
41.			Property Insurance	\$				
<b>Other - Miscellaneous</b>								
42.			Other - Indirect	\$				
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$				
45.			Management Fees Direct	\$				
46.			Management Fees Indirect	\$				
47.			Other - Direct	\$ 26,841	26,841			
<b>Not For Profit Providers Only</b>								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$				
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,553,173	1,553,173			

\*\*\* Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5c	Nursing Supplies	\$ 13,031		
20	5j	Medical Supplies - Medicare	\$ 24,618		
20	5j	Medical Equipment Rental	\$ 13,503		
20	5j	PT Equipment Rental	\$ 17,448		
20	5j	Tube Feeding - Medicare	\$ 4,616		
20	5j	Medical Supply Rental Medicare	\$ 598		
<b>Total Other Ancillary Costs</b>			<b>\$ 73,814</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	d2	Excess Movable Equipment Depreciation	\$ (19,126)		
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ (19,126)</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Cable TV	\$ 20,878		
22	6f	TVs for Resident Rooms	\$ 1,527		
<b>Total Other Property Adjustments</b>			<b>\$ 22,405</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other - Indirect Adjustments**

Attachment Page 29

**Schedule of Other - Miscellaneous Administrative Adjustments**

**Schedule of Other - Direct Adjustments**

### **Schedule of Unallowable Building Interest**

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended 9/30/2020			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )		\$ 13,278,858	13,278,858			
b. Medicaid Room and Board Contractual Allowance **		\$ (7,575,718)	(7,575,718)			
2. a. Medicaid ( <i>All other states</i> )		\$				
b. Other States Room and Board Contractual Allowance **		\$				
3. a. Medicare Residents ( <i>all inclusive</i> )		\$ 3,375,968	3,375,968			
b. Medicare Room and Board Contractual Allowance **		\$ 757,618	757,618			
4. a. Private-Pay Residents and Other		\$ 5,961,113	5,961,113			
b. Private-Pay Room and Board Contractual Allowance **		\$ (2,327,291)	(2,327,291)			
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare		\$ 233,635	233,635			
b. Prescription Drugs - Medicare Contractual Allowance **		\$ (234,954)	(234,954)			
c. Prescription Drugs - Non-Medicare		\$ 135,656	135,656			
d. Prescription Drugs - Non-Medicare Contractual Allowance **		\$ (115,348)	(115,348)			
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		\$ 410,161	410,161			
b. Physical Therapy - Medicare Contractual Allowance **		\$ (397,763)	(397,763)			
c. Physical Therapy - Non-Medicare		\$ 232,785	232,785			
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$ (192,228)	(192,228)			
4. a. Speech Therapy - Medicare		\$ 110,680	110,680			
b. Speech Therapy - Medicare Contractual Allowance **		\$ (105,501)	(105,501)			
c. Speech Therapy - Non-Medicare		\$ 65,934	65,934			
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$ (41,549)	(41,549)			
5. a. Occupational Therapy - Medicare		\$ 362,852	362,852			
b. Occupational Therapy - Medicare Contractual Allowance **		\$ (347,357)	(347,357)			
c. Occupational Therapy - Non-Medicare		\$ 210,299	210,299			
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$ (180,363)	(180,363)			
6. a. Other ( <i>Specify</i> ) - Medicare		\$ (338)	(338)			
b. Other ( <i>Specify</i> ) - Non-Medicare		\$ 5,120	5,120			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)		\$ 13,622,269	13,622,269			
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others		\$				
2. Rental of rooms to non-residents		\$				
3. Telephone		\$				
4. Rental of Television and Cable Services		\$				
5. Interest Income ( <i>Specify</i> )		\$ 68,107	68,107			
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift shops		\$				
8. Other ( <i>Specify</i> )		\$ 1,151,378	1,151,378			
<b>V. Total Other Revenue</b> (1 thru 8)		\$ 1,219,485	1,219,485			
<b>VI. Total All Revenue</b> (III +V)		\$ 14,841,754	14,841,754			

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

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

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

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray	\$ 6,055		
	Lab	\$ 47,521		
	Oxygen	\$ 6,179		
	Contractual Adjustment - X-Ray and Lab	\$ (53,879)		
	Contractual Adjustment - Oxygen	\$ (6,214)		
	<b>Total Other Resident Revenue - Medicare</b>	<b>\$ (338)</b>	<b>\$ -</b>	<b>\$ -</b>

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

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray	\$ 3,185		
	Lab	\$ 22,456		
	Oxygen	\$ 4,656		
	Contractual Adjustment - X-Ray and Lab	\$ (21,947)		
	Contractual Adjustment - Oxygen	\$ (3,230)		
	<b>Total Other Resident Revenue</b>	<b>\$ 5,120</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income	\$ 29			
	Interest Income - Intercompany	\$ 68,078			
	<b>Total Interest Income</b>	<b>\$ 68,107</b>	<b>\$ -</b>	<b>\$ -</b>	

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	CARES Provider Relief Funding	\$ 735,026		
	Coronavirus Relief Funding	\$ 349,707		
	Medicaid Rate Adjustment	\$ 66,000		
	Miscellaneous Income	\$ 645		
	<b>Total Other Revenue</b>	<b>\$ 1,151,378</b>	<b>\$ -</b>	<b>\$ -</b>

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
Wilton Meadows Health Care Center	2032C	9/30/2020	30b   37

A/C 59511	Operating Interest	Savings Interest	Security Dep Interest	Medicare/Blue Cross/ABC	Misc.	Total	General Ledger	Difference
Asset	Cash	Cash	Cash	A/R				
Location on Balance Sheet	Cash	Cash	Cash	Resident A/R	Payroll Tax Refund			
Oct-19		4				4	4	-
Nov-19		4				4	4	-
Dec-19		4				4	4	-
Jan-20		4				6	9	-
Feb-20		4				4	4	-
Mar-20		2				2	2	-
Apr-20		1				1	1	-
May-20		0				0	0	-
Jun-20		0				0	0	-
Jul-20		0				0	0	-
Aug-20		0				0	0	-
Sep-20		-				-	-	-
<b>Totals</b>		<b>24</b>				<b>6</b>	<b>29</b>	<b>29</b>

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

A/C # 69513  
 Interest Income - Intercompany Loans

Asset	L/R TransCon	L/R Candlewood	L/R Greenwich Woods	L/R Hamden	Total	General Ledger	Difference
Location on Balance Sheet	Loans to Owners or Related Parties						
Oct-19	7,259				7,259	7,259	-
Nov-19	7,043				7,043	7,043	-
Dec-19	7,295				7,295	7,295	-
Jan-20	6,244				6,244	6,244	-
Feb-20	5,194				5,194	5,194	-
Mar-20	5,764				5,764	5,764	-
Apr-20	4,975				4,975	4,975	-
May-20	4,899				4,899	4,899	-
Jun-20	4,754				4,754	4,754	-
Jul-20	4,924				4,924	4,924	-
Aug-20	4,937				4,937	4,937	-
Sep-20	4,790				4,790	4,790	-
<b>Totals</b>	<b>68,078</b>	-	-	-	<b>68,078</b>	<b>68,078</b>	-
			Total Interest		<b>68,107</b>	<b>68,107</b>	

**G. Balance Sheet**

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020	Page 31	of 37		
Account			Amount			
<b>Assets</b>						
<b>A. Current Assets</b>						
1. Cash ( <i>on hand and in banks</i> )			\$	631,775		
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,851,174		
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	8,800		
4. Inventories			\$			
5. Prepaid Expenses			\$	232,040		
a. Prepaid Expenses		144,852				
b. Prepaid Insurance		87,188				
c.						
d. See Schedule						
6. Interest Receivable			\$			
7. Medicare Final Settlement Receivable			\$			
8. Other Current Assets ( <i>itemize</i> )			\$			
See Schedule						
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	2,723,789		
<b>B. Fixed Assets</b>						
1. Land			\$	542,222		
2. Land Improvements	*Historical Cost	261,937	\$	40,545		
	Accum. Depreciation	221,392	Net			
3. Buildings	*Historical Cost	11,315,783	\$	774,562		
	Accum. Depreciation	10,541,221	Net			
4. Leasehold Improvements	*Historical Cost		\$			
	Accum. Depreciation		Net			
5. Non-Movable Equipment	*Historical Cost	241,926	\$	58,853		
	Accum. Depreciation	183,073	Net			
6. Movable Equipment	*Historical Cost	1,184,040	\$	62,836		
	Accum. Depreciation	1,121,204	Net			
7. Motor Vehicles	*Historical Cost	10,866	\$			
	Accum. Depreciation	10,866	Net			
8. Minor Equipment-Not Depreciable			\$			
9. Other Fixed Assets ( <i>itemize</i> )			\$			
See Schedule						
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,479,018		

\* 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

Page Ref Line Ref Description

<b>Total Prepaid Expenses</b>		\$ -

## Schedule of Other Current Assets (Itemized) Page 31 Line A8

Page Ref Line Ref Description

<b>Total Other Current Assets (Itemize)</b>		\$ -

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

Page Ref Line Ref Description

<b>Total Other Other Fixed Assets (Itemize)</b>		\$ -

## Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

<b>Total Other Assets</b>		\$ -

## Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

<b>Total Notes Payable</b>		\$ -

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

Page Ref Line Ref Description

<b>Total Other Current Liabilities (Itemize)</b>		\$ -

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

Page Ref Line Ref Description

<b>Total Other Current Liabilities (Itemize)</b>		\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2020	32	37
Account				Amount
Total Brought Forward:				\$ 4,202,807
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land				\$
2. Land Improvements	*Historical Cost			
	Accum. Depreciation	Net		\$
3. Buildings	*Historical Cost			
	Accum. Depreciation	Net		\$
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation	Net		\$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation	Net		\$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation	Net		\$
7. Minor Equipment-Not Depreciable				\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>				\$
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation	Net		\$
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care ( <i>itemize</i> )				\$
6. Loans to Owners or Related Parties ( <i>itemize</i> )				\$ 1,950,163
Name and Address	Amount	Loan Date		
See Attached	1,950,163	Various		
<b>7. Other Assets (<i>itemize</i>)</b>				\$ 15,773
Deposits	15,773			
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>				\$ 1,965,936
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>				\$ 6,168,743

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

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020	Page 32a	of 37
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**6. Loans to Owners or Related Parties (itemize)**

<b>Name</b>	<b>Amount</b>	<b>Loan Date</b>
<b>Wilton Retirement Housing, LLC</b>	684	Various
<b>Greenwich Retirement Housing, LLC</b>	2,238	Various
<b>TransCon Builders, Inc.</b>	<u>1,947,241</u>	Various
<b>Total</b>	<b>\$ 1,950,163</b>	Pg. 32 D6

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

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2020	33	37
Account			Amount	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$ 1,114,759	
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> )			\$ 851,414	
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	
6. Accrued Payroll Taxes Payable			\$ 4,136	
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> )			\$ 588,001	
Current Portion of Capital Lease/Not	6,379	Provider Use Fee	140,372	
Property, Real Estate & Sales Taxes	67,696	Unearned Revenue	224,600	
Accrued 401k Employer Liability	20,892			
Operating Expenses	128,062	See Schedule		
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>			\$ 2,558,310	

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

(Carry Total forward to next page)

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount
Total Brought Forward:				2,558,310
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,558,310

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020	Page 35	of 37
Account		Amount		
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	4,938,206
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period	10/1/2019	thru 9/30/2020	\$	(1,327,773)
7. Total Net Worth			\$	3,610,433
<b>C. Total Reserves and Net Worth</b>			\$	3,610,433
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	6,168,743

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## **H. Changes in Total Net Worth**

Name of Facility	License No.	Report for Year Ended	Page of
Wilton Meadows Health Care Center	2032C	9/30/2020	36   37
<b>Account</b>			<b>Amount</b>
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$ 5,211,821
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$ 14,841,754
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$ 16,169,527
D. Net Income or Deficit			\$ (1,327,773)
E. Balance			\$ 3,884,048
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. <i>Balance at End of Period</i>			\$ 3,884,048

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2020	Page of 37 37
<i>Check appropriate category</i>			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

### Preparer/Reviewer Certification

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>CliftonLarsonAllen LLP</i>	Title	Date Signed 2/11/2021
Printed Name of Preparer CliftonLarsonAllen LLP		
Address Address 29 South Main Street, 4th Floor West Hartford, CT 06127		Phone Number 860-561-4000
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink		Phone Number 860-561-4000
Contact Email Address <a href="mailto:jonathan.fink@claconnect.com">jonathan.fink@claconnect.com</a>		