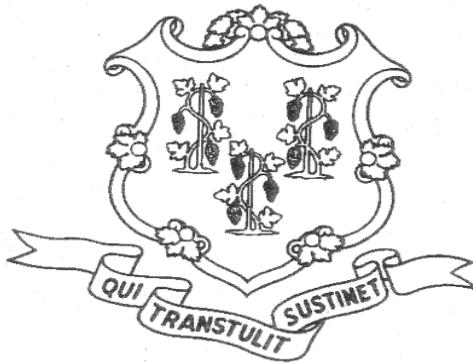


# State of Connecticut



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

Name of Facility (as licensed) Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing Center	
Address (No. & Street, City, State, Zip Code) 26 Shenipsit Lake Road, Tolland, CT 06084	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> 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 2433	RHNS	(Specify)	Medicare Provider 07-5382
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Medicaid Provider Numbers:	CCNH 20991	RHNS	ICF-IID
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### For Department Use Only

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

## General Information

Name of Facility (as licensed) Prospect ECHN ElderCare Services, Inc. d/b/a Woodla	License No. 2433	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 Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing 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	Signed (Owner)	Date
Printed Name (Administrator) Paul Golino		Printed Name (Owner)	
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public			

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing	Period Covered: From 10/1/2019 To 9/30/2020			
Address of Facility 26 Shenipsit Lake Road, Tolland, CT 06084				
Report Prepared By Christopher Pelletier, Prospect ECHN ElderCare Services, Inc	Phone Number (860) 646-1222 ext. 22	Date		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility (860) 872-2999	Report for Year Ended 9/30/2020	Page 2	of 37
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Name of Facility (as shown on license) Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at T	Address (No. & Street, City, State, Zip ) 26 Shenipsit Lake Road, Tolland, CT 06084		
License Numbers: CCNH 2433	RHNS	(Specify)	Medicare Provider No. 07-5382

## Type of Facility (Check appropriate box(es))

Chronic and Convalescent  
 Nursing Home only (CCNH)

Rest Home with Nursing  
 Supervision only (RHNS)

(Specify)

## Type of Ownership (Check appropriate box)

Proprietorship  LLC  Partnership  Profit Corp.  Non-Profit Corp.  Government  Trust

If this facility opened or closed during report year provide:	Date Opened	Date Closed
---	-------------	-------------

Has there been any change in ownership  
 or operation during this report year?  Yes  No If "Yes," explain fully.

**Administrator**

Name of Administrator Katherine Hawley	Nursing Home Administrator's License No.: 001751
---	---

## Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

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

# **General Information and Questionnaire**

## **Corporate Owners**

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a	License No. 2433	Report for Year Ended 9/30/2020	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

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

## General Information and Questionnaire

### Related Parties\*

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodlawn	License No. 2433	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 type="radio"/> Yes <input checked="" type="radio"/> No <div style="float: right; margin-top: -20px;">If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</div>				
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 <div style="float: right; margin-top: -20px;">If "Yes," provide the following information:</div>				
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Prospect CT Medical Foundation, Inc. (ECMP)	71 Haynes Street, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Medical Director	13/B8a	57,000	57,000
Prospect ECHN, Inc.	71 Haynes Street, Manchester, CT 06040	<input type="radio"/>	<input checked="" type="radio"/>		Legal, Financial, HR, and Administration (d)	16/m12	314,480	314,480
Inc. / Prospect Manchester Hospital, Inc.	06066 / 71 Haynes Street, Manchester, CT 06064	<input checked="" type="radio"/>	<input type="radio"/>	99%	Laboratory (disallowed on p. 29)	20/5H	15,302	15,302
CorpCare Occupational Health	71 Haynes Street, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Employee physicals	15/1A9	33,307	33,307
Prospect Rockville Hospital, Inc.	31 Union Street, Vernon, CT 06066	<input checked="" type="radio"/>	<input type="radio"/>	99%	Building maintenance management	22/6f	139,848	139,848
Ambulance Service of Manchester	PO Box 300, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Ambulance Services (disallowed on p.28)	20/5d	49,919	49,919
Inc. / Prospect Manchester Hospital, Inc. / Prospect A	71 Haynes Street, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Nurses aides, dieticians, billing coordinator	Various salary lines	58,134	58,134
		<input checked="" type="radio"/>	<input type="radio"/>	99%				
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a W	License No. 2433	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 expense:	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  Yes  No If "No," explain fully why such allocation was not made.  
costs allocated as required?

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

Prospect ECHN (ECHN) is the parent company of Woodlake. Revenues and expenses of ECHN were allocated to Woodlake based on a fixed percentage. The percentage was determined based on the percentage of Woodlake revenue to the total revenues of the system. Prospect Medical Holdings (Prospect) is the parent company ECHN. Allocation of ECHN and Prospect expenses are on page 16/m12 and Schedule C-1. These expenses are disallowed on page 28. Some employees float time between affiliates. Time expensed to Woodlake is based on the time badged by the employee. The

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.

Woodlake from time-to-time provides rehabilitation services to former residents on an outpatient basis. In FY 2020, there were no residents who had outpatient therapy treatments.

# **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 \*\*\*

26,084

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

\*\* Attach copies of newly acquired leases.

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

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

Name of Facility Prospect ECHN ElderCare Services	License No. 2433	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   BDO 2 3 4	Address (No. & Street, City, State, Zip Code) 330 North Wabash, Suite 3200, Chicago, IL 60611
---	--

Services Provided by This Firm (*describe fully*)

1   Financial statement audit	\$ \$0 - Charged to parent comp
2	\$
3	\$
4	\$
	Charge for Services Provided \$

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

Yes     No

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1   None 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 2 3 4 5	\$
	\$
	\$
	\$
	\$
	Charge for Services Provided \$

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

Yes     No

## Schedule of Resident Statistics

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Reh			License No. 2433				Report for Year Ended 9/30/2020				Page 8 of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					130	130						
A. On last day of PREVIOUS report period	130	130										
B. On last day of THIS report period	130	130							130	130		
2. Number of Residents					126	126						
A. As of midnight of PREVIOUS report period	126	126										
B. As of midnight of THIS report period	110	110							110	110		
3. Total Number of Days Care Provided During Period					2,610	2,610			388	388		
A. Medicare	2,998	2,998										
B. Medicaid (Conn.)	32,441	32,441			24,192	24,192			8,249	8,249		
C. Medicaid (other states)												
D. Private Pay	5,247	5,247			3,949	3,949			1,298	1,298		
E. State SSI for RCH												
F. Other (Specify) Managed Care	1,933	1,933			1,650	1,650			283	283		
G. Total Care Days During Period (3A thru F)	42,619	42,619			32,401	32,401			10,218	10,218		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds					5	5			4	4		
A. Medicaid Bed Reserve Days	9	9										
B. Other Bed Reserve Days	36	36			7	7			29	29		
<b>5. Total Resident Days (3G + 4A + 4B)</b>	<b>42,664</b>	<b>42,664</b>			<b>32,413</b>	<b>32,413</b>			<b>10,251</b>	<b>10,251</b>		

## Schedule of Resident Statistics (Cont'd)

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a	License No. 2433	Report for Year Ended 9/30/2020	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)		
				(1)	(2)	(3)	(1)	(2)	(3)					

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
2nd change						
3rd change						
4th change						

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	4	88		18				
Per Diem Rate								
a. One bed rm.	629.31	250.52		482.00				
b. Two bed rms.				439.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	2,941	2,941	(Specify)
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments	680	680	
C. Other	11,048	11,048	
D. <b>Total Physical Therapy Treatments</b>	14,669	14,669	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	523	523	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments	131	131	
C. Other	1,816	1,816	
D. <b>Total Speech Therapy Treatments</b>	2,470	2,470	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	3,545	3,545	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments	612	612	
C. Other	10,490	10,490	
D. <b>Total Occupational Therapy Treatments</b>	14,647	14,647	

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		2433	9/30/2020	10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Item	CCNH	Hours	RHNS	Hours	(Specify)
A. Salaries and Wages <sup>*</sup>					
1. Operators/Owners (Complete also Sec. of Schedule A1)					
2. Administrator(s) (Complete also Sec. II of Schedule A1)	164,197	1,914			
3. Assistant Administrator (Complete also Sec. I <sup>†</sup> of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	262,288	14,298			
5. Dietary Service					
a. Head Dietitian	60,901	1,927			
b. Food Service Supervisor	66,760	3,277			
c. Dietary Workers	372,305	23,229			
6. Housekeeping Service					
a. Head Housekeeper	20,935	789			
b. Other Housekeeping Workers	276,972	17,319			
7. Repairs & Maintenance Service:					
a. Engineer or Chief of Maintenance					
b. Other Maintenance Workers					
8. Laundry Service					
a. Supervisor	20,934	784			
b. Other Laundry Workers	11,378	630			
9. Barber and Beautician Services					
10. Protective Services					
11. Accounting Services					
a. Head Accountant					
b. Other Accountants	127,082	3,604			
12. Professional Care of Resident					
a. Directors and Assistant Director of Nurses	231,301	4,200			
b. RN					
1. Direct Care	1,743,684	40,956			
2. Administrative**	473,145	10,969			
c. LPN					
1. Direct Care	1,029,937	30,472			
2. Administrative**					
d. Aides and Attendant	2,584,046	124,410			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	114,978	5,710			
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	263,016	8,251			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	13,946	667			
A-13. Total Salary Expenditures	7,837,805	293,406			

\* 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)**

State of Connecticut

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

CSP-11 Rev. 10/2005

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

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland				License No. 2433		Report for Year Ended 9/30/2020			Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

State of Connecticut

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

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland R				2433		9/30/2020			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Katherine Hawley	164,197				Administrator	1,914	10 / A2	none		
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2020		13	37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	13,622	flat fee cont			
3. Pharmacist					
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	323,676	5,141			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	57,000	456			
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	102,120	1,504			
b. Other					
10. Occupational Therapist					
a. Resident Care	309,941	6,441			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	39,619	519			
2. Administrative***					
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides	125,689	2,594			
d. Other					
12. Other (Specify)					
See Attached Schedule	78,400	776			
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	1,050,067	17,431			

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

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

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

## Report of Expenditures

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

\* Use additional sheets if necessary.

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2020		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	156,321	156,321		
2. Disability Insurance	\$	14,009	14,009		
3. Unemployment Insurance	\$	71,405	71,405		
4. Social Security (F.I.C.A.)	\$	575,063	575,063		
5. Health Insurance	\$	607,137	607,137		
6. Life Insurance (employees only) (not-owners and not-operators)	\$	7,903	7,903		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other (Specify ) See Attached Schedule	\$	40,804	40,804		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	450,000	450,000		
d. Accounting and Auditing	\$				
e. Legal (Services should be fully described on Page 7)	\$				
f. Insurance on Lives of Owners and Operators (Specify )*	\$				
g. Office Supplies	\$	11,791	11,791		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	10,970	10,970		
2. Cellular Phones	\$				
i. Appraisal (Specify purpose and attach copy )*	\$				
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify ) See Attached Schedule	\$	33,330	33,330		
3. Resident Day User Fee	\$	796,533	796,533		
<b>Subtotal</b>	\$	2,775,266	2,775,266		

\* 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**

Description	CCNH	RHNS	(Specify)
02-9305-75970 Pre-employment physicals (CorpCare)	\$ 33,307		
02-9305-75775 FMLA base (Absence Management)	\$ 5,689		
02-9305-75761 EES Criminal/references check	\$ 1,808		
<b>Total</b>	\$ 40,804	\$ -	\$ -

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**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
02-9010-76190 Sales/use taxes	\$ 33,330		
<b>Total</b>	\$ 33,330	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a Woodl...	2433	9/30/2020	16	37
Item	Total	CCNH	RHNS	(Specify)
<b><i>Subtotals Brought Forward:</i></b>	2,775,266	2,775,266		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$	749	749	
5. Education Expenses Related to Seminars and Conventions	\$	10,182	10,182	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$			
7. Other ( <i>Specify</i> )	\$	1,536	1,536	
See Attached Schedule				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )***	\$	1,195	1,195	
See Attached Schedule				
4. Fund-Raising***	\$			
5. Medical Records	\$	20,741	20,741	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$	6,314	6,314	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$	11,800	11,800	
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions***	\$			
See Attached Schedule				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$			
12. Administrative Management Services**	\$	314,480	314,480	
13. Other ( <i>Specify</i> )	\$	118,860	118,860	
See Attached Schedule				
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$	3,261,123	3,261,123	

\* 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)
02-5900-72440 Nurses Week (disallowed on p. 28)			
02-9010-71051 Admininstration Gifts / Donations - hairdressor (disallowed on p. 28)			
02-9010-71018 Food/meals for Staff (appreciation/morale)	\$ 748		
02-5900-71010 Food/meals for Staff (appreciation/morale)	\$ 788		
<b>Total Other Travel and Entertainment</b>	<b>\$ 1,536</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
02-9010-74160 Administration - advertising			
02-9010-74155 Administration Marketing (Tolland County COC, Other)	\$ 800		
02-9010-74660 Administration MKTG/Special Promos	\$ 395		
<b>Total Other Advertising</b>	<b>\$ 1,195</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
02-9010-73380 Dues - CT Association of Healthcare Facilities	\$ 11,800		
<b>Total Dues</b>	<b>\$ 11,800</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
02-9010-73410 - Donations - Vernon Police Explorer Sponsorship			
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
02-5900-74310 EES Nursing - Temporary Help - Placement fee	\$ 4,260		
02-9010-73488 EES Administration Contracted Services - Infoshred	\$ 3,072		
02-9010-73488 EES Administration Contracted Services - Gavlak Contingency	\$ 1,967		
02-9010-73480 EES Administration Maintenance Contracts-Gavlak water cont	\$ 1,899		
02-5900-74665 EES Nursing-Professional Credentialing	\$ 2,400		
02-5900-74325 EES Nursing - Software license fee (Consolidated Billing Servi	\$ 475		
02-9010-71830 EES Administration-Collection Fees	\$ 1,812		
02-9010-72570 EES Administration-misc. minor equipment (IT, chairs)	\$ 3,050		
02-9010-71010 EES General Accrual	\$ (5,000)		
02-9010-71049 EES Administration Bank Fees	\$ 13,200		
02-9010-71140 EES Administration Purchased Svc - VoiceFriend	\$ 3,380		
02-9010-71140 EES Administration Purchased Svc - collection fees	\$ 61,002		
02-9010-71140 EES Administration Purchased Svc - misc.	\$ 1,167		
02-9010-73480 EES Administration Maintenance Contracts-MatrixCare (g/l)	\$ 20,316		
02-9010-73480 EES Administration Maintenance Contracts-Ability Network	\$ 1,586		
02-9010-74155 EES Administration marketing - software license	\$ 2,439		
02-9010-74320 EES Administration License/Registration-State license	\$ 585		
02-9010-74151 EES Recruiting software and support	\$ 1,250		
<b>Total Other Administrative and General</b>	<b>\$ 118,860</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended	Page of
Prospect ECHN ElderCare Services, Inc.	2433	9/30/2020	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Prospect ECHN, Inc., 71 Haynes Street, Manchester, CT 06040	314,480	Accounting, human resources, legal, computer network, insurance and management	16/m12
Prospect Rockville Hospital, Inc., 31 Union Street, Vernon, CT 06066	139,848	Building maintenance	22/6f

\* 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
		9/30/2020		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 436,422	436,422			
2. Non-Food Supplies	\$ 17,612	17,612			
3. Other (Specify) _____ Finance charges	\$ 1,347	1,347			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 233,288	233,288			
c. Other (Specify) _____ Uniforms	\$ 3,433	3,433			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 692,102</b>	<b>692,102</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 checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt.	\$3,895
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					30/iv1
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.	\$390
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt.	\$779
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					30/iv1
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.	
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

## C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs

(See Note on Page 5)

Name of Facility	License No.	Report for Year Ended		Page	of
	2433	9/30/2020		19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	2,464	2,464		
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. \$	616	616		
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	3,167	3,167		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$	145,634	145,634		
c. Other (Specify)	\$				
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	<b>151,881</b>	<b>151,881</b>		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

\*\*\* Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2020		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel	64,800	64,800		
a. In-House Care	Amt. \$	73,210	73,210		
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. \$	49,175	49,175		
C. Other ( <i>Specify</i> )	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	<b>122,385</b>	<b>122,385</b>		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Omnicare	\$	364,414	364,414		
b. Medicine Cabinet Drugs	\$	4,960	4,960		
c. Medical and Therapeutic Supplies	\$	289,578	289,578		
d. Ambulance/Limousine***	\$	49,919	49,919		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	50,513	50,513		
f. X-rays and Related Radiological Procedures***	\$	19,619	19,619		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	15,302	15,302		
i. Recreation	\$	25,096	25,096		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other ( <i>Specify</i> )**** See Attached Schedule	\$	100,176	100,176		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>919,577</b>	<b>919,577</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)
02-5900-71074 Nursing - Outside medical services (consolidated billing)	\$ 34,421		Ambulance is under 5d.; KCI is
02-5900-71260 Nursing - rentals (bed rentals)	\$ 10,063		Includes KCI under 71074
02-6045-71140 Physical Therapy - purchased services (Trinity Health)			
02-6045-72200 Physical Therapy - supplies	\$ 6,595		
02-6057-71140 Occupational Therapy - purchased services (Trinity Health)			
02-9270-71140 Social Services Purchased Services - probate, State Marshal	\$ 1,220		
02-9270-72200 Social Services - Supplies and Other-reimbursement for lost	\$ 5,828		
02-9430 Covid related supplies	\$ 42,049		
<b>Total Other Resident Care</b>	\$ 100,176	\$ -	\$ -

on line below.

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

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabi				License No. 2433	Report for Year Ended 9/30/2020				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Prospect Rockville Hospital, Inc.	31 Union Street, Rockville, CT	<input checked="" type="radio"/>	<input type="radio"/>	Affiliated Corporation	Laboratory services	15,302			20	5h
CWPM	25 Norton Place, PO Box 415, Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Waste Removal	21,714			22	6f
Prospect Rockville Hospital, Inc.	31 Union Street, Rockville, CT	<input checked="" type="radio"/>	<input type="radio"/>	Affiliated Corporation	Building maintenance services	139,848			22	6f
US Lawns	PO Box 7654, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Grounds maintenance, lawn, snow removal	21,199			22	6a
New England Mechanical	166 Tunnel Road, Vernon, CT	<input type="radio"/>	<input checked="" type="radio"/>		HVAC maintenance	35,097			22	6a
Matrixcare	Minneapolis, MN 55480-1414	<input type="radio"/>	<input checked="" type="radio"/>		Billing software maintenance	20,316			16	m13
Angelica Linen	Atlanta, GA 30353-2268	<input type="radio"/>	<input checked="" type="radio"/>		Laundry services	145,634			19	3b
Crothall Healthcare	Drive, Suite 210, Wayne, PA 19087	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	49,175			20	4b
Morrison Healthcare	PO Box 102289, Atlanta, GA 30368-2289	<input type="radio"/>	<input checked="" type="radio"/>		Food Service	233,288			18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.

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

\*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended		Page of
Prospect ECHN ElderCare Services, Inc. d/b/a	2433	9/30/2020		22   37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 135,582	135,582		
b. Heat	\$ 47,814	47,814		
c. Light & Power	\$ 176,701	176,701		
d. Water	\$ 41,299	41,299		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 26,084	26,084		
f. Other ( <i>itemize</i> )	\$ 304,031	304,031		
See Attached Schedule				
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 731,511	731,511		
7. Depreciation ( <i>complete schedule page 23*</i> )				
a. Land Improvements	\$ 505,010	505,010		
b. Building & Building Improvements	\$ 26,756	26,756		
c. Non-Movable Equipment	\$ 58,205	58,205		
d. Movable Equipment	\$ 589,971	589,971		
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 589,971	589,971		
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</b> (8a + b + c + d)	\$			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$			
10. Property Taxes				
a. Real estate taxes paid by owner	\$ 224,382	224,382		
b. Real estate taxes paid by lessor	\$			
c. Personal property taxes	\$ 28,288	28,288		
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 842,641	842,641		

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

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
02-9360-71040 EES Plant Operation Waste Removal	\$ 25,170		
02-9360-71530 EES Plant Operation Sewer	\$ 81,061		
02-9360-73488 Plant Operations - Rockville General Hospital Mgmt Svcs	\$ 139,848		
02-9360-73488 Plant Operations - Contracted Services Other (Fire Protection)	\$ 11,299		
02-9360-73488 Plant Operations - Contracted Services Other (HVAC repairs)	\$ 35,097		
02-9360-73488 Plant Operations - Contracted Services Other (elevator mainte	\$ 7,584		
02-9360-73488 Plant Operations - Contracted Services Other (Other r&m)	\$ 3,971		
02-9360-74175 EES Plant Operation Gas & Oil			
<b>Total Other Repairs and Maintenance</b>	<b>\$ 304,031</b>	<b>\$ -</b>	<b>\$ -</b>

## Depreciation Schedule

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Reh				License No. 2433			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	
<b>A. Land Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
<b>A-4. Subtotal</b>												
<b>B. Building and Building Improvements</b>				8,615,901			1,267,140	Straight line	5-25 years	505,010		
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
<b>B-4. Subtotal</b>											505,010	
<b>C. Non-Movable Equipment</b>				276,370			93,356	Straight line	7-20 years	23,454		
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)				107,063				Straight line	10-15 years	3,302		
<b>C-4. Subtotal</b>											26,756	
	Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year		
	Yes	No	Month	Year								
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. 1998 Ford E350 Minivan 13 passenger	n/a		11	2003	1,350		1,350	1,350				
b. 1998 Ford E350 Minivan 13 passenger					(1,350)		(1,350)	(1,350)				
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					606,454			261,918	Straight line	3-15 years		
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					9,069							
<b>D-3. Subtotal</b>											370	
<b>E. Total Depreciation</b>											58,205	
											589,971	

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

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

				ttachment Pages 23 24
<b>Total deletions for Non-Movable Equipment</b>	\$ -		\$ -	**

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

**Schedule of Movable Equipment Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/30/2019	POWER CHAIR	\$ 2,413	10	\$ 203
6/30/2020	WAT REACH IN REFRIGERATORS REPLACEMENTS	\$ 6,656	10	\$ 167
<b>Total additions for Movable Equipment</b>		\$ 9,069		\$ 370 *
<b>Deletions:</b>				
				\$ -
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

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

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at			License No. 2433		Report for Year Ended 9/30/2020			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<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 Prospect ECHN ElderCare Services, Inc.	License No. 2433	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	12/18/91			
2. Date Structure Completed	2/18/93			
3. If NOT Original Owner, Date of Purchase	n/a			
4. Date of Initial Licensure	02/01/93			
5. Total Licensed Bed Capacity	130			
6. Square Footage	64,800			
7. Acquisition Cost				
a. Land	720,000			
b. Building	7,013,083			

##### 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 _____				

##### 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
Omega Healthcare Investors, Inc., 303 International Circle, Suite 200, Hunt Valley, MD	26 Shenipsit Lake Road, Tolland, CT	06/12/17	12 years	934,157

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 of 26   37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	\$	272294	272,294		
Name of Lender	Rate				
Omega Health Investors	3.31%				
Address of Lender					
303 International Circle, Suite 200 Hunt Valley, MD 21030					
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>272,294</b>	<b>272,294</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:			272,294	272,294		
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						
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$			
12. D. Other Interest Expense (Specify)			\$			
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)			\$ 272,294	272,294		
14. Insurance						
a. Insurance on Property (buildings only)			\$			
b. Insurance on Automobiles			\$			
c. Insurance other than Property (as specified above)						
1. Umbrella ( <i>Blanket Coverage</i> )			\$			
2. Fire and Extended Coverage			\$			
3. Other (Specify)			\$			
14d. <b>Total Insurance Expenditures</b> (14a + b + c)			\$			
15. <b>Total All Expenditures</b> (A-13 thru C-14)			\$ 15,881,386	15,881,386		

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

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at To				License No. 2433	Report for Year Ended 9/30/2020		Page of 28   37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	13	B10	Occupational Therapy	\$ 309,941	309,941		
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 37,500	37,500		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1C	Bad Debts	\$ 450,000	450,000		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L7	Gifts, flowers and coffee shops	\$ 1,536	1,536		
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 9,617	9,617		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	M3	Unallowable Advertising *	\$ 1,195	1,195		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	M12	Unallowable Management Fees	\$ 314,480	314,480		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 390	390		
<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.	20	4a &	Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,124,659	1,124,659		

\* All except "Help Wanted".

(Carry Subtotal forward to next page )

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

## **Schedule of Other Salaries Adjustment**

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

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5b.	Disallow PT Therapy expense for Outpatient services	No o/p		
13	B12	Disallow Northeastern Pulmonary Associates invoices from prior year	\$ 37,500		
<b>Total Other Fees Adjustments</b>			\$ 37,500	\$ -	\$ -

### **Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other A&amp;G Adjustments</b>			\$ -	\$ -	\$ -

State of Connecticut

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

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

Name of Facility			License No.	Report for Year Ended		Page of	
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at			2433	9/30/2020		29   37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 1,124,659	1,124,659		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 364,414	364,414		
28.	20	5d	Ambulance/Limousine	\$ 49,919	49,919		
29.	20	5f	X-rays, etc	\$ 19,619	19,619		
30.	20	5h	Laboratory	\$ 15,302	15,302		
31.			Medical Supplies	\$			
32.	20	5 e2	Oxygen (non emergency)	\$ 50,513	50,513		
33.	20	5j	Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 41,016	41,016		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,665,442	1,665,442		

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

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	02-5900-71018 Nursing - Food			
20	5j	02-5900-71074 Nursing - Outside medical services (consolidated billing)	\$ 34,421		
20	5j	02-6045-72200 Physical therapy supplies	\$ 6,595		
20	5j	02-6056-72200 Speech therapy supplies			
20	5j	02-5915-72200 Other rehab supplies			
		Occupational supplies are disallowed on page 29 line 33.			
<b>Total Other Ancillary Costs</b>			\$ 41,016	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
6	a-f	Disallow outpatient rehab costs	No o/p rehab.		
7	b-d	Disallow outpatient rehab costs	No o/p rehab.		
<b>Total Other Property Adjustments</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> )	\$ 14,054,376	14,054,376				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,945,818)	(5,945,818)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents( <i>all inclusive</i> )	\$ 2,197,561	2,197,561				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 3,120,748	3,120,748				
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 217,374	217,374				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (217,374)	(217,374)				
c. Prescription Drugs - Non-Medicare	\$ 229,121	229,121				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (227,561)	(227,561)				
2. a. Medical Supplies - Medicare	\$ 155	155				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (155)	(155)				
c. Medical Supplies - Non-Medicare	\$ 1,323	1,323				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (1,323)	(1,323)				
3. a. Physical Therapy - Medicare	\$ 356,784	356,784				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (257,235)	(257,235)				
c. Physical Therapy - Non-Medicare	\$ 265,485	265,485				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (265,485)	(265,485)				
4. a. Speech Therapy - Medicare	\$ 111,029	111,029				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (68,553)	(68,553)				
c. Speech Therapy - Non-Medicare	\$ 35,581	35,581				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (35,581)	(35,581)				
5. a. Occupational Therapy - Medicare	\$ 351,321	351,321				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (247,214)	(247,214)				
c. Occupational Therapy - Non-Medicare	\$ 256,158	256,158				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (256,158)	(256,158)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)		\$ 13,674,559	13,674,559			
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 6,289	6,289				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 10	10				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 106,488	106,488				
<b>V. Total Other Revenue</b> (1 thru 8)		\$ 112,787	112,787			
<b>VI. Total All Revenue</b> (III +V)		\$ 13,787,346	13,787,346			

\* 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)
30/II 6A	02-5090-30203 IV Therapy - Medicare A			
30/II 6A	02-5100-30203 Lab - Medicare A	\$ 166,781		
30/II 6A	02-5215-30203 Radiology Diag - Medicare A	\$ 17,423		
30/II 6A	02-5900-50203 IV Therapy - Medicare A allowances			
30/II 6A	02-5900-50203 Lab - Medicare A allowances	\$ (166,781)		
30/II 6A	02-5900-50203 Radiology Diag - Medicare A allowances	\$ (17,423)		
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
30/II 6B	02-5215-30201 Radiology Diag IPT Medical Self Pay	\$ 823		
30/II 6B	02-5215-30204 Radiology Diag IPT Med Medicaid	\$ 580		
30/II 6B	02-5090-30204 IV Therapy - Medicaid			
30/II 6B	02-5100-30204 Lab Ipt Med Medicaid	\$ 70,160		
30/II 6B	02-5090-30209 IV Therapy - HMO	\$ (580)		
30/II 6B	02-5100-30209 Lab Ipt Med HMO	\$ 88,938		
30/II 6B	02-5215-30209 Radiology Diag - HMO	\$ 8,846		
30/II 6B	02-5900-50209 Nursing Allowances - HMO	\$ (97,205)		
30/II 6B	02-5900-50204 Nursing Allowances - Medicaid	\$ (71,563)		
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
p. 32 D7	02-9010-39600 Interest Income - investments				
	Interest income from payers	N/A	\$ 10		
<b>Total Interest Income</b>		\$ 10	\$ -	\$ -	

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	02-9010-39025 Miscellaneous income - medical records and misc.	\$ 300		
n/a	02-6915-39800 ECHN affiliation charge - other operating revenue	\$ 13,113		
n/a	02-9010-39710 ECHN affiliation charge - Joint Venture income	\$ 8,019		
	02-9010-39650 Purchase Discounts	\$ 38		
	02-9430-71010/74810/49999 COVID-19 Reimbursement-CARES Stimulus funds	\$ 85,018		
<b>Total Other Revenue</b>		\$ 106,488	\$ -	\$ -

**G. Balance Sheet**

Name of Facility	License No.	Report for Year Ended	Page of
		9/30/2020	31   37
		Account	Amount
<b>Assets</b>			
A. Current Assets			
1. Cash ( <i>on hand and in banks</i> )			\$ (73,436)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 2,969,379
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$
4. Inventories			\$ 38,171
5. Prepaid Expenses			\$ 160,390
a. _____			
b. _____			
c. _____			
d. See Schedule			160,390
6. Interest Receivable			\$
7. Medicare Final Settlement Receivable			\$
8. Other Current Assets ( <i>itemize</i> )			\$ 14,123,252
Due to/from ECHN			10,118,746
Due to/from PMH			4,004,506
See Schedule			
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$ 17,217,756
B. Fixed Assets			
1. Land			\$ 819,900
2. Land Improvements	*Historical Cost	_____	\$
	Accum. Depreciation	Net	
3. Buildings	*Historical Cost	8,615,901	\$ 6,843,751
	Accum. Depreciation	1,772,150 Net	
4. Leasehold Improvements	*Historical Cost	_____	\$
	Accum. Depreciation	Net	
5. Non-Movable Equipment	*Historical Cost	383,433	\$ 263,321
	Accum. Depreciation	120,112 Net	
6. Movable Equipment	*Historical Cost	615,523	\$ 295,400
	Accum. Depreciation	320,123 Net	
7. Motor Vehicles	*Historical Cost	_____	\$
	Accum. Depreciation	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)			\$ 8,222,372

\* 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	
31	A5	Lease payment - FY21	\$ 78,426
31	A5	Bill software maintenance - Oct & Nov	\$ 2,881
31	A5	HVAC maintenance - Oct & Nov	\$ 5,021
31	A5	Copier	\$ 1,019
31	A5	Prepaid property taxes	\$ 73,043
<b>Total Prepaid Expenses</b>			<b>\$ 160,390</b>

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

Page Ref	Line Ref	Description	
31	A8	02-1011-00160 EES DUE TO/FR MANCHESTER MEM HOSP	
31	A8	02-1813-00180 EES DUE TO/FROM ECHN,INC	
31	A8	02-2803-00189 EES DUE TO PMH	
<b>Total Other Current Assets (Itemize)</b>			<b>\$ -</b>

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

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

## Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			<b>\$ -</b>

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

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

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

Page Ref	Line Ref	Description	
33	A12	Other accrued expenses	\$ 111,916
33	A12	Due to third party payers	\$ 1,039,362
33	A12	Due to affiliates	\$ 18,475,500
33	A12	Prepaid room & board	\$ 892
33	A12	Resident Trust Funds	\$ 46,075
33	A12	Reserve for Managed Medicare B	\$ 75,000
33	A12	Employee withholdings	\$ 15,011
33	A12	Resident Day User fee payable	\$ 410,649
33	A12	US HHS Stimulus funds	\$ 22,760
33	A12	State of CT CRT funds	\$ 284,285
33	A12	Accelerated Payments-Medicare and Medicaid	\$ 664,372
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 21,145,821</b>

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

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

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

Name of Facility	License No.	Report for Year Ended	Page of
		9/30/2020	32   37
Account		Amount	
		Total Brought Forward:	\$ 25,440,128
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			\$
2. Land Improvements	*Historical Cost Accum. Depreciation	Net	\$
3. Buildings	*Historical Cost Accum. Depreciation	Net	\$
4. Non-Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$
5. Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$
6. Motor Vehicles	*Historical Cost Accum. Depreciation	Net	\$
7. Minor Equipment-Not Depreciable			\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$
D. Investment and Other Assets			
1. Deferred Deposits			\$
2. Escrow Deposits			\$
3. Organization Expense	*Historical Cost Accum. Depreciation	Net	\$
4. Goodwill (Purchased Only)			\$
5. Investments Related to Resident Care ( <i>itemize</i> )			\$
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$
Name and Address	Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )			\$ 91,191
Reinsurance Recoverable	91,193		
Rounding	(2)		
See Schedule			
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$ 91,191
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$ 25,531,319

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

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

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

*(Carry Total forward to next page)*

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

Name of Facility	License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, Inc. d/b	2433	9/30/2020	34	37
Account				Amount
Total Brought Forward:				22,727,837
<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				\$ 7,101,003
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> )				\$ 166,735
Estimated self-insurance liabilities, net of current				166,735
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 7,267,738
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 29,995,575

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

Name of Facility Prospect ECHN ElderCare Services, Inc.	License No. 2433	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				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$ 161,033
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (2,531,249)
6. Gain or Loss for Period 10/1/2019 thru 9/30/2020				\$ (2,094,040)
7. Total Net Worth				\$ (4,464,256)
<b>C. Total Reserves and Net Worth</b>				\$ (4,464,256)
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 25,531,319

## H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Prospect ECHN ElderCare Services, Inc.	2433	9/30/2020	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2019				\$ (2,370,216)		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$ 13,787,346		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$ 15,881,386		
D. Net Income or Deficit				\$ (2,094,040)		
E. Balance				\$ (4,464,256)		
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. <b>Balance at End of Period</b>				\$ (4,464,256)		

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

Name of Facility Prospect ECHN ElderCare Services, Inc.	License No. 2433	Report for Year Ended 9/30/2020	Page	of
<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	Title	Date Signed
Printed Name of Preparer		
Christopher Pelletier		
Address	Phone Number	
71 Haynes Street, Manchester, CT 06040	(860) 646-1222 ext. 2233	
Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number	
	(860) 646-1222 ext. 2233	
Contact Email Address		
cpelletier@echn.org		