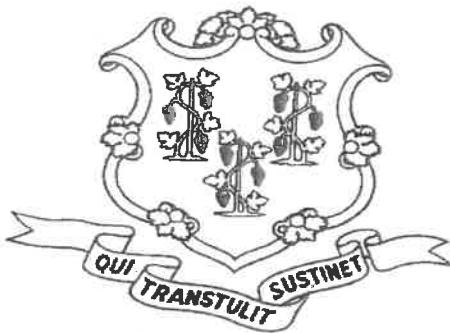


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

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)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2032C	RHNS	(Specify)	Medicare Provider 07-5317
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Medicaid Provider Numbers:	CCNH 2032C	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
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General Information

Name of Facility (as licensed) Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2022	Page 1	of 37
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Administrator's/Owner's Certification

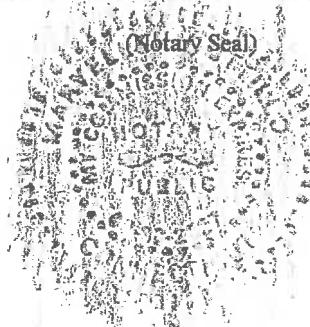
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

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, 2021 and ending September 30, 2022, 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 2/2/23	Signed (Owner)	Date
Printed Name (Administrator) Andrew Wildman		Printed Name (Owner)	
Subscribed and Sworn to before me: <i>Mary Ellen</i> <i>Bottello</i>	State of Connecticut	Date 2/2/23	Signed (Notary Public) <i>Mary Ellen</i> <i>Bottello</i>
Address of Notary Public 11121 Avalon Gates Trumbull, CT 06611			Comm. Expires 9/30/27



General Information

Name of Facility (as licensed) Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2022	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, 2021 and ending September 30, 2022, 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) Andrew Wildman		Printed Name (Owner) Fred Rzepka, President	02-06-2023
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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Wilton Meadows Health Care Center	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 439 Danbury Road, Wilton, CT 06897				
Report Prepared By CliftonLarsonAllen LLP	Phone Number 860-561-4000	Date 2/15/2023		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility 203-834-0199	Report for Year Ended 9/30/2022	Page 2	of 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: 2032C	CCNH 2032C	RHNS	(Specify)
Medicare Provider No. 07-5317			
Type of Facility (Check appropriate box(es))			
<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)			
<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:		Date Opened	Date Closed
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes <input checked="" type="radio"/> No	If "Yes," explain fully. <div style="border: 1px solid black; height: 200px; margin-top: 5px;"></div>
Administrator Name of Administrator Andrew Wildman			
		Nursing Home Administrator's License No.:	002094
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 Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2022	Page of 3 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 9/30/2022	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 9/30/2022	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*

* 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 09/30/2022	Page 4a	of 37
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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
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Management Fee and Travel	See Attached	169,744	169,744
Greenwich Retirement Housing, LLC	1155 King Street, Greenwich, CT 06831	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Loan Receivable	32 Line D6	2,716	N/A
TBI Profit Sharing Plan	25250 Rockside Road, Bedford Heights, OH 44146	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Pension	Pg. 15 Line 1a7	36,512	36,512
Wilton Retirement Housing, LLC	4335 Danbury Road, Wilton, CT 06897	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Maint., Admin. Services, Insurance, Dietary	See Attached	(90,139)	(90,139)
Wilton Retirement Housing, LLC	4335 Danbury Road, Wilton, CT 06897	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Loan Receivable	32 Line D6	9,094	N/A
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Interest Income/Loan Funds	Pg. 30 Line IV 5	3,995	3,995
Greenwich Retirement Housing, LLC	1155 King Street, Greenwich, CT 06831	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Maint., Admin. Services, Insurance, Dietary	See Attached	(29,875)	(29,875)
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Insurance Policies	See Attached	477,316	477,316
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Interest Expense on Intercompany Loans	Pg. 27 Line 12d	(14,660)	(14,660)
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Notes Payable	Pg. 34, Line B3	2,280,576	2,280,576

General Information and Questionnaire
Related Parties*

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 09/30/2022	Page 4b	of 37
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Description	A/C #	Amount		
TransCon Builders, Inc.				
Travel	75510	16,600	16	L4
Management Fees	75530	<u>153,144</u>	16	m12
		<u>169,744</u>		
Property Insurance	73530.BSC	23,625	27	14A
Worker's Comp Insurance	73250	328,705	15	1A1
General Liability Insurance	73530.BSC1	90,812	27	14C1
Excess Liability Insurance	73530.BSC1	22,348	27	14C1
EPLI	73530	<u>11,826</u>	16	M13
		<u>477,316</u>		
Interest Expense on Intercompany Loans	92250	<u>14,660</u>	27	12d
Greens at Cannondale				
Maintenance Services from WM To GC	72106/72155	(44,012)	10	A7A/A7B
Administration Svc from WM To GC	73156	<u>(56,936)</u>	10	A4
		<u>(100,948)</u>		
Loan Receivable	16600	<u>9,904</u>	32	D6
Greens at Greenwich				
Maintenance Services from WM To GG	72106/72155	(14,824)	10	A7A/A7B
Administration Svc from WM To GG	73156	<u>(17,148)</u>	10	A4
		<u>(31,972)</u>		
Loan Receivable	16700	<u>2,716</u>	32	D6
TBI Profit Sharing Plan				
401K Plan - Other Participants	73310	<u>36,512</u>	15	1a7
Hamden				
Greens at Greenwich				
Greens at Cannondale				
Greenwich Woods				
Candlewood				
Owners Management Co				
TransCon				
Danbury Commons				
Crime, Cyber Insurance Policies - Wilton Meadows Held				
Greens at Cannondale	73530	10,809	16	M13
Greens at Greenwich	73530	<u>2,097</u>	16	M13
		<u>12,906</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 9/30/2022	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 ***

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

** Attach copies of newly acquired leases

General Information and Questionnaire
Accounting Basis

Name of Facility Wilton Meadows Health Care Cent	License No. 2032C	Report for Year Ended 9/30/2022	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	\$ 42,040
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 42,040

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	\$ 48,961
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 48,961

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 Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 09/30/2022	Page 7a	of 37
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Ref	InterfaceName	Amount	Vendor Total
CliftonLarsonAllen LLP	Financial Statements Review	27,150	
CliftonLarsonAllen LLP	Medicaid Cost Report	10,100	<u>37,250</u>
Howard, Wershbaile & Co.	Medicare Cost Report	4,750	<u>4,750</u>
RSM US LLP	Income Tax Return	40	<u>40</u>
Total Accounting Expense			<u>42,040</u>

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2052C	9/30/2022	7b	37
Legal Firm				
Epstein Becker & Green	Professional Services-HR Matters	10/21/2021	713	
Epstein Becker & Green	Professional Services-HR Matters	4/18/2022	587	
Epstein Becker & Green	Professional Services-HR Matters	4/18/2022	1,836	
Epstein Becker & Green	Professional Services	8/23/2020	358	
Epstein Becker & Green	Professional Services-HR Advice	9/30/2022	888	
Goldman Gruder & Woods, LLC	Legal - Collections	10/26/2021	2,730	2,730
Goldman Gruder & Woods, LLC	Legal-Reimbursement	11/14/2021	(2,290)	(2,290)
Goldman Gruder & Woods, LLC	Legal Services General Matters	12/2/2021	445	
Goldman Gruder & Woods, LLC	Legal - Collections	2/1/2022	1,451	1,451
Goldman Gruder & Woods, LLC	Legal - Collections	2/1/2022	1,528	1,528
Goldman Gruder & Woods, LLC	Legal Services General Matters	2/1/2022	463	
Goldman Gruder & Woods, LLC	Legal - Collections	2/1/2022	150	150
Goldman Gruder & Woods, LLC	Legal Services General Matters	2/1/2022	463	
Goldman Gruder & Woods, LLC	Legal - Collections	2/1/2022	150	
Goldman Gruder & Woods, LLC	Legal Services General Matters	2/1/2022	1,163	
Goldman Gruder & Woods, LLC	Legal - Collections	2/1/2022	971	971
Goldman Gruder & Woods, LLC	Legal - Collections	2/1/2022	1,698	1,698
Goldman Gruder & Woods, LLC	Legal - Collections	2/1/2022	885	885
Goldman Gruder & Woods, LLC	Legal - Collections	2/1/2022	955	955
Goldman Gruder & Woods, LLC	Legal - Collections	2/1/2022	855	855
Goldman Gruder & Woods, LLC	Legal - Collections	2/1/2022	25	25
Goldman Gruder & Woods, LLC	Legal - Collections	2/1/2022	705	705
Goldman Gruder & Woods, LLC	Legal - Collections	2/1/2022	300	300
Goldman Gruder & Woods, LLC	Legal - Collections	2/1/2022	4	4
Goldman Gruder & Woods, LLC	Legal Services General Matters	2/1/2022	45	
Goldman Gruder & Woods, LLC	Legal - Collections	2/1/2022	210	210
Goldman Gruder & Woods, LLC	Legal - Collections	2/1/2022	210	
Goldman Gruder & Woods, LLC	Legal-Reimbursement	2/10/2022	(4,133)	(4,133)
Goldman Gruder & Woods, LLC	Legal - Collections	7/1/2022	693	693
Goldman Gruder & Woods, LLC	Legal - Collections	7/1/2022	105	105
Goldman Gruder & Woods, LLC	Legal - Collections	7/1/2022	3	3
Goldman Gruder & Woods, LLC	Legal - Collections	7/1/2022	851	851
Goldman Gruder & Woods, LLC	Legal - Collections	7/1/2022	550	550
Goldman Gruder & Woods, LLC	Legal - Collections	7/1/2022	375	375
Goldman Gruder & Woods, LLC	Legal - Collections	7/1/2022	111	111
Goldman Gruder & Woods, LLC	Legal - Collections	7/1/2022	15	15
Goldman Gruder & Woods, LLC	Legal - Collections	7/1/2022	812	812
Goldman Gruder & Woods, LLC	Legal - Collections	7/1/2022	348	348
Goldman Gruder & Woods, LLC	Legal - Collections	7/1/2022	113	113
Goldman Gruder & Woods, LLC	Legal - Collections	8/30/2022	70	70
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	70	70
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	60	60
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	140	140
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	315	315
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	175	175
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	585	585
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	555	555
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	1,835	1,835
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	280	280
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	808	808
Goldman Gruder & Woods, LLC	Legal Services General Matters	9/30/2022	210	
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	35	35
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	105	105
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	210	210
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	8	8
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	4	4
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	539	539
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	105	105
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	1,155	1,155
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	328	328
Goldman Gruder & Woods, LLC	Legal Services General Matters	9/30/2022	525	
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	350	350
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	2	2
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	525	525
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	336	336
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	350	350
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	1,043	1,043
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	175	175
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	210	210
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	385	385
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	35	35
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	280	280
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	560	560
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	224	224
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	142	142
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	1,208	1,208
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	583	583
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	105	105
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	70	70
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	113	113
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	408	408
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	1,255	1,255
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	113	113
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	33	33
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	300	300
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	300	300
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	1	1
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	2,260	2,260
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	351	351
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	577	577
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	608	608
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	35	35
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	450	450
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	375	375
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	180	180
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	248	248
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	159	159
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	223	223
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	720	720
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	285	285
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	70	70
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	618	618
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	3,430	3,430
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	31	31
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	275	275
Goldman Gruder & Woods, LLC	Legal - Collections	9/30/2022	55	55
Murtha Cullina LLP	Prof. Svcs. General Matters-August 2021	9/21/2021	200	
Murtha Cullina LLP	Prof. Svcs. General Matters-December 2021	1/22/2022	138	
Murtha Cullina LLP	Prof. Svcs. General Matters-March 2022	4/28/2022	709	
Murtha Cullina LLP	Prof. Svcs. General Matters-May 2022	6/20/2022	218	
Murtha Cullina LLP	Prof. Svcs. General Matters-July 2022	8/15/2022	506	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	12/1/2021	252	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	12/28/2021	252	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	2/1/2022	500	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	3/31/2022	504	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	5/1/2022	252	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	5/12/2022	56	

48,961 37,678
Total Legal Expense Total Disallowed

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended				Page 8 of 37
		9/30/2022				
	2032C	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	
1. Certified Bed Capacity						
A. On last day of PREVIOUS report period	148	148			148	
B. On last day of THIS report period	148	148				148
2. Number of Residents						
A. As of midnight of PREVIOUS report period	115	115			115	
B. As of midnight of THIS report period	118	118				118
3. Total Number of Days Care Provided During Period						
A. Medicare	7,033	7,033			5,117	
B. Medicaid (Conn.)	23,068	23,068			17,446	
C. Medicaid (other states)						
D. Private Pay	5,420	5,420			3,729	
E. State SSI for RCH						
F. Other (Specify) Hospice/Managed Care/Evercare	7,055	7,055			5,238	
G. Total Care Days During Period (3A thru F)	42,576	42,576			31,530	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds						
A. Medicaid Bed Reserve Days	9	9			9	
B. Other Bed Reserve Days	8	8			8	
5. Total Resident Days (3G + 4A + 4B)	42,593	42,593			31,547	
						11,046
						11,046

Schedule of Resident Statistics (Cont'd)

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
Wilton Meadows Health Care Center	2032C	9/30/2022		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)	157,109	2,073			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	471,777	16,144			
5. Dietary Service					
a. Head Dietitian	53,395	1,485			
b. Food Service Supervisor	61,789	2,086			
c. Dietary Workers	574,635	30,115			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers					
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	52,337	1,129			
b. Other Maintenance Workers	90,215	4,128			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	184,014	10,257			
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	309,879	4,000			
b. RN					
1. Direct Care	885,687	16,290			
2. Administrative**	376,557	8,087			
c. LPN					
1. Direct Care	2,007,395	55,036			
2. Administrative**	70,426	1,914			
d. Aides and Attendants	2,604,104	125,922			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	217,205	10,045			
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	228,057	6,426			
n. Marketing	2,903	78			
o. Other (Specify)					
See Attached Schedule	172,441	7,594			
<i>A-13. Total Salary Expenditures</i>	8,519,925	302,809			

* 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.

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
	2032C	9/30/2022		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify)
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	8,036	Disallowed			
3. Pharmacist	14,235	228			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	412,251	3,895			
b. Other					
6. Social Worker					
7. Recreation Worker	14,770	63			
8. Physicians					
a. Medical Director (entire facility)	50,100	94			
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	100,938	881			
b. Other					
10. Occupational Therapist					
a. Resident Care	431,905	3,937			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	271,561	3,352			
2. Administrative***					
b. LPN					
1. Direct Care	357,755	4,434			
2. Administrative***					
c. Aides	3,741	119			
d. Other					
12. Other (Specify)					
See Attached Schedule	37,922	Disallowed			
B-13 Total Fees Paid in Lieu of Salaries	1,703,214	17,003			

* 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

* 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 9/30/2022	Page 14a	of 37
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Category	Consultant	Total Paid	Total Hours	
Dentist	Healthdrive Dental	<u>8,036</u>		Disallow
Pharmacist	Value Health Care Services	<u>14,235</u>	<u>228</u>	
Physical Therapy PT Outpatient	Preferred Therapy Preferred Therapy	411,358 893 <u>412,251</u>	3,886 9 <u>3,895</u>	
Entertainment	Various	<u>14,770</u>	<u>63</u>	84 Performances @ 45 min per
Medical Director	Alan Radin, MD	<u>50,100</u>	<u>94</u>	\$182.32/hr limit in 2022
Speech Therapy	Preferred Therapy Mass Tex Imaging SDX Dysphagia Experts	100,133 445 360 <u>100,938</u>	881 2 Services 1 Service @ \$360 <u>881</u>	
Occupational Therapy	Preferred Therapy	<u>431,905</u>	<u>3,937</u>	
Purchased Services	Value Health Care Service Technical Gas Products, Inc. Preferred Therapy Solutions US Labs HealthDrive Podiatry Group	8,770 5,429 23,570 63 90 <u>37,922</u>		Disallow Disallow Disallow Disallow Disallow -
RNs - Direct Care	Agency RN	<u>271,561</u>	<u>3,352</u>	
LPNs - Direct Care	Agency LPN	<u>357,755</u>	<u>4,434</u>	
Aides	Agency Aides	<u>3,741</u>	<u>119</u>	
<i>Total Fees in Lieu of Salaries</i>		1,703,214	17,003	

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 9/30/2022	Page 14b	of 37
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Entertainer Name	Description	Amount
Shawn Taylor	Entertainment 10/06/21	150.00
Holleran Media Productions	Entertainment 10/13/21	180.00
Kayte Devlin	Entertainment 10/14/21	125.00
Larry Batter	Entertainment 10/20/21	145.00
Jeff Batter	Entertainment 10/27/21	135.00
Kayte Devlin	Entertainment 10/28/21	125.00
Holleran Media Productions	Entertainment 11/01/21	180.00
Thomas Sansone	Entertainment 11/03/21	150.00
Khagan Entertainment Group	Entertainment 11/11/21	175.00
Kayte Devlin	Entertainment 11/30/21	125.00
Shawn Taylor	Entertainment 12/01/21	150.00
Kayte Devlin	Entertainment 12/01/21	125.00
Holleran Media Productions	Entertainment 12/11/21	375.00
Kayte Devlin	Entertainment 12/13/21	125.00
Larry Batter	Entertainment 12/15/21	145.00
Khagan Entertainment Group	Entertainment 12/24/21	200.00
Kayte Devlin	Entertainment 12/28/21	125.00
Joel Zelnik	Entertainment 12/31/21	300.00
Holleran Media Productions	Entertainment 12/31/21	180.00
Khagan Entertainment Group	Entertainment 12/31/21	200.00
Chris Mervin	Entertainment 12/31/21	150.00
Holleran Media Productions	Entertainment 01/05/22	180.00
Shawn Taylor	Entertainment 01/19/22	150.00
Thomas Sansone	Entertainment 01/26/22	150.00
Kayte Devlin	Entertainment 01/27/22	125.00
Larry Batter	Entertainment 02/02/22	145.00
Kayte Devlin	Entertainment 02/08/22	125.00
Rila K. Wagner	Entertainment 02/13/22	145.00
Khagan Entertainment Group	Entertainment 02/17/22	125.00
Kristie Entwistle	Entertainment 02/22/22	175.00
Thomas Sansone	Entertainment 02/23/22	150.00
Kayte Devlin	Entertainment 02/24/22	125.00
Joel Zelnik	Entertainment 03/01/22	250.00
Lou Manzi	Entertainment 03/01/22	300.00
Kayte Devlin	Entertainment 03/02/22	125.00
Thomas Sansone	Entertainment 03/07/22	150.00
Kayte Devlin	Entertainment 03/08/22	125.00
Shawn Taylor	Entertainment 03/09/22	150.00
John A. Lynn	Entertainment 03/09/22	200.00
Jeffrey Daniel	Entertainment 03/11/22	150.00
Kayte Devlin	Entertainment 03/16/22	125.00
Khagan Entertainment Group	Entertainment 03/17/22	175.00
Kayte Devlin	Entertainment 03/24/22	125.00
Holleran Media Productions	Entertainment 04/01/22	180.00
New Canaan Nature Center	Entertainment 04/01/22	185.00
Kristie Entwistle	Entertainment 04/01/22	175.00
Holleran Media Productions	Entertainment 04/01/22	180.00
Larry Batter	Entertainment 04/06/22	145.00
Holleran Media Productions	Entertainment 04/13/22	180.00
Thomas Sansone	Entertainment 04/20/22	150.00
Kristie Entwistle	Entertainment 04/26/22	175.00
Gamer W. Lester	Entertainment 04/26/22	150.00
Jeff Batter	Entertainment 04/27/22	135.00
Holleran Media Productions	Entertainment 05/01/22	180.00
Shawn Taylor	Entertainment 05/04/22	150.00
Lou Manzi	Entertainment 05/08/22	300.00
Thomas Sansone	Entertainment 05/11/22	150.00
Kristie Entwistle	Entertainment 05/17/22	200.00
John A. Lynn	Entertainment 05/18/22	200.00
Joel Zelnik	Entertainment 05/23/22	250.00
Jeff Batter	Entertainment 05/25/22	135.00
Jeffrey Daniel	Entertainment 05/27/22	150.00
Holleran Media Productions	Entertainment 05/30/22	375.00
Grigory Muliganov	Entertainment 06/02/22	225.00
Shawn Taylor	Entertainment 06/08/22	150.00
John A. Lynn	Entertainment 06/15/22	200.00
Kristie Entwistle	Entertainment 06/21/22	200.00
Thomas Sansone	Entertainment 06/22/22	175.00
Holleran Media Productions	Entertainment 06/22/22	180.00
Holleran Media Productions	Entertainment 07/04/22	375.00
John A. Lynn	Entertainment 07/06/22	200.00
Alexander Cummings	Entertainment 07/06/22	215.00
Holleran Media Productions	Entertainment 07/13/22	180.00
Albert Mulad	Entertainment 07/19/22	225.00
Kristie Entwistle	Entertainment 07/24/22	175.00
Shawn Taylor	Entertainment 07/27/22	150.00
Thomas Sansone	Entertainment 08/17/22	175.00
Jeff Batter	Entertainment 08/24/22	135.00
Shawn Taylor	Entertainment 08/31/22	150.00
John A. Lynn	Entertainment 09/05/22	200.00
Holleran Media Productions	Entertainment 09/09/22	180.00
Kristie Entwistle	Entertainment 09/20/22	175.00
Shawn Taylor	Entertainment 09/21/22	175.00
Thomas Sansone	Entertainment 09/28/22	150.00

Total Entertainment **14,770**

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	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 328,705	328,705		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 118,965	118,965		
4. Social Security (F.I.C.A.)	\$ 634,797	634,797		
5. Health Insurance	\$ 1,006,826	1,006,826		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 36,512	36,512		
8. Uniform Allowance	\$ 1,604	1,604		
9. Other (Specify) See Attached Schedule	\$ 7,388	7,388		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 42,040	42,040		
e. Legal (Services should be fully described on Page 7)	\$ 48,961	48,961		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 55,719	55,719		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 28,069	28,069		
2. Cellular Phones	\$ 7,288	7,288		
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*	\$ 179,556	179,556		
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 706,588	706,588		
Subtotal	\$ 3,203,018	3,203,018		

* 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)
Total	\$ -	\$ -	\$ -

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 9/30/2022		Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)	
<i>Subtotals Brought Forward:</i>		3,203,018	3,203,018		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 1,855	1,855			
2. Holiday Parties for Staff	\$ 1,226	1,226			
3. Gifts to Staff and Residents	\$ 41,883	41,883			
4. Employee Travel	\$ 24,508	24,508			
5. Education Expenses Related to Seminars and Conventions	\$ 37,034	37,034			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 7,393	7,393			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 134,724	134,724			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 3,338	3,338			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 205,847	205,847			
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	\$ 8,117	8,117			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 16,115	16,115			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 337	337			
9. Subscriptions	\$ 35,524	35,524			
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**	\$ 153,144	153,144			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 370,365	370,365			
<i>C-14 Total Administrative & General Expenditures</i>	\$ 4,244,428	4,244,428			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Promotions - Disallowed	\$ 179,663		
Business Promotions - Disallowed	\$ 26,184		
Total Other Advertising	\$ 205,847	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues - See Page 16b	\$ 16,115		
Total Dues	\$ 16,115	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Recruiting Expense	\$ 42,366		
Employee Background Checks	\$ 15,148		
Consulting Fees	\$ 96,923		
Data Processing Fees	\$ 49,854		
Software Maintenance	\$ 68,091		
ELPL, Crime, Cyber Insurance - Partially Disallowed	\$ 24,023		
Professional Liability Insurance	\$ 19,854		
Patient Trust Bond - Disallowed	\$ 350		
Facility Licenses	\$ 2,891		
Employee Licenses	\$ 3,263		
Bank Charges - Disallowed	\$ 14,272		
Late Charges - Disallowed	\$ 796		
Medical Records Supplies	\$ 6,211		
Purchased Services - Temporary Help	\$ 20,122		
Computer Purchased Services	\$ 5,818		
Printing	\$ 383		
Total Other Administrative and General	\$ 370,365	\$ -	\$ -

Detail of Dues and Subscription

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	10820	09/30/22	16b	37

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Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Wilton Meadows Health Care Center	2032C	9/30/2022	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 Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2022		Page 18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 491,922	491,922		
2. Non-Food Supplies	\$ 73,337	73,337		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 2,953	2,953		
c. Other (Specify) _____ Chemicals / Cleaning Supplies	\$ 7,914	7,914		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 576,126	576,126		
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)				
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)				
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 9/30/2022		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. \$	10,405	10,405	
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)	\$	77,347	77,347	
c. Other (Specify) Chemicals / Detergents \$5,103; Supplies \$791	\$	5,894	5,894	
3D. Total Laundry Expenditures (3a + b + c)	\$	93,646	93,646	
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.

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**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
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 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 34,816	34,816		
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.	\$ 454,771	454,771		
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	489,587	489,587		
5. Resident Care (Supplies)**					
a. Prescription Drugs***	\$				
1. Own Pharmacy	\$				
2. Purchased from	\$	343,232	343,232		
Medicare \$267,593, Medicaid \$5,343, Medicare OTC \$2,334, Facility \$9,762, Managed Care \$58,200					
b. Medicine Cabinet Drugs	\$	12,620	12,620		
c. Medical and Therapeutic Supplies	\$	66,068	66,068		
d. Ambulance/Limousine***	\$				
e. Oxygen	\$				
1. For Emergency Use	\$				
2. Other***	\$	14,785	14,785		
f. X-rays and Related Radiological Procedures***	\$	25,053	25,053		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	12,225	12,225		
i. Recreation	\$	14,802	14,802		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)****	\$	435,887	435,887		
See Attached Schedule					
5M. Total Resident Care Expenditures (5a - 5j)	\$	924,672	924,672		

* 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	\$ 19,291		
Cable TV - Disallowed	\$ 22,120		
PT Equipment Rental - Disallowed	\$ 22,246		
Supplies	\$ 19,722		
Nursing Supplies - Partially Disallowed	\$ 187,067		
Glucose Testing Supplies	\$ 4,345		
Incontinent Care	\$ 58,834		
Gloves	\$ 39,852		
Wound Care Supplies	\$ 39,876		
Tube Feeding - Medicare - Disallowed	\$ 391		
Medical Supplies - Medicare - Disallowed	\$ 3,416		
Nutritional Supplements	\$ 19,790		
Medical Supply Rental Medicare - Disallowed	\$ (1,276)		
Basic Mattresses	\$ 213		
Total Other Resident Care	\$ 435,887	\$ -	\$ -

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 9/30/2022			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	87,711	87,711			
b. Heat	\$	73,999	73,999			
c. Light & Power	\$	146,281	146,281			
d. Water	\$	50,700	50,700			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$					
f. Other <i>(itemize)</i>	\$	223,242	223,242			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	581,933	581,933			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$	6,740	6,740			
b. Building & Building Improvements	\$	76,274	76,274			
c. Non-Movable Equipment	\$	28,185	28,185			
d. Movable Equipment	\$	34,856	34,856			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	146,055	146,055			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (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	\$	121,499	121,499			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	13,684	13,684			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	281,238	281,238			

* 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

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/1/2022	Walk-in Freezer	\$ 11,095	10	\$ 832
3/1/2022	Maple Station Flooring	\$ 4,488	5	\$ 628
7/1/2022	Conference Room Carpet	\$ 2,742	10	\$ 137
7/1/2022	Roof	\$ 390,860	39	\$ 23,002
9/1/2022	Freezer Piping	\$ 6,305	10	\$ 158
Total additions for Building Improvements		\$ 415,490		\$ 24,757 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Schedule of Leasehold Improvements Acquired during this report period

Fixed Asset Rollforward

Name of Facility	License No.	Report for Year Ended	Page 23b	of 37
Wilton Meadows Health Care Center	2032C	9/30/2022		
Land	Building & Improvements	Non-movable Equipment	Movable Equipment	Motor Vehicles
2021 Book Value per CR	258,058	11,315,484	246,307	1,261,613
2022 Additions	-	415,490	240,751	7,123
2022 Disposals	-	-	-	-
2022 Book Value CR	258,058	11,730,974	487,058	1,268,736
Balance per books-page 31	261,937	11,731,273	487,662	1,277,323
Prior year variance	(3,879)	(299)	(604)	(8,587)
2021 Accumulated Depreciation	229,635	10,595,417	197,637	1,160,581
2022 Depreciation	6,740	76,274	28,185	34,856
2022 Disposals	-	-	-	-
2022 Accumulated Depreciation	236,375	10,671,691	225,822	1,195,437
Balance per books-page 31	236,375	10,671,691	225,852	1,209,088
Prior year variance	-	-	(30)	(13,651)

Amortization Schedule*

Name of Facility Wilton Meadows Health Care Center		License No. 2032C		Report for Year Ended 9/30/2022		Report for Year Ended 9/30/2022		Page 24		Page of 37	
		Date of Acquisition	Month Year	Length of Amortization	Cost to Be Amortized	Amortized	Beginning of Year's Operations	Basis for Computing Amortization**	Rate % Amortization for This Year	Totals	
A. Organization Expense	Item										
	1.										
	2.										
	3.										
A-4. Subtotal											
B. Mortgage Expense											
	1.										
	2.										
	3.										
B-4. Subtotal											
C. Leasehold Improvements and Other											
	1. Acquired prior to this report period										
	2. Disposals (attach schedule)										
	3. Acquired during this report period (attach schedule)										
C-4. Subtotal											
D. Total Amortization											

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2022	Page of 25 37																																			
11. Property Questionnaire																																						
Part A <p>Is the property either owned by the Facility or leased from a Related Party?* <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>*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.</p>																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Description</th> <th style="text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td>1. Date Land Purchased</td> <td style="text-align: center;">03/01/88</td> </tr> <tr> <td>2. Date Structure Completed</td> <td style="text-align: center;">03/01/88</td> </tr> <tr> <td>3. If NOT Original Owner, Date of Purchase</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>4. Date of Initial Licensure</td> <td style="text-align: center;">03/01/88</td> </tr> <tr> <td>5. Total Licensed Bed Capacity</td> <td style="text-align: center;">148</td> </tr> <tr> <td>6. Square Footage</td> <td style="text-align: center;">75,000</td> </tr> <tr> <td>7. Acquisition Cost</td> <td style="text-align: center;">69,000</td> </tr> <tr> <td> a. Land</td> <td style="text-align: center;">69,000</td> </tr> <tr> <td> b. Building</td> <td style="text-align: center;">5,740,000</td> </tr> </tbody> </table>		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	69,000	a. Land	69,000	b. Building	5,740,000	If "Yes," complete Part B. If "No," complete Part C.																
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																																					
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7. Acquisition Cost	69,000																																					
a. Land	69,000																																					
b. Building	5,740,000																																					
Part B - Owner and Related Parties <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">1st Mortgage</th> <th style="text-align: left;">2nd Mortgage</th> <th style="text-align: left;">3rd Mortgage</th> <th style="text-align: left;">4th Mortgage</th> </tr> </thead> <tbody> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> </tr> <tr> <td> a. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> </tr> <tr> <td> b. Date Mortgage Obtained</td> <td></td> <td></td> <td></td> </tr> <tr> <td> c. Interest Rate for the Cost Year</td> <td></td> <td></td> <td></td> </tr> <tr> <td> d. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> </tr> <tr> <td> e. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> </tr> <tr> <td> f. Principal balance outstanding as of 9/30/2022</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		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 9/30/2022								
1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage																																			
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f. Principal balance outstanding as of 9/30/2022																																						
Complete if Mortgage was Refinanced During Current Cost Year <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>g. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Date of Refinancing</td> <td></td> <td></td> <td></td> </tr> <tr> <td>i. New Interest Rate</td> <td></td> <td></td> <td></td> </tr> <tr> <td>j. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>k. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> </tr> <tr> <td>l. Principal Outstanding on Note Paid-Off</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				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														
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 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name and Address of Lessor</th> <th style="text-align: left;">Property Leased</th> <th style="text-align: left;">Date of Lease</th> <th style="text-align: left;">Term of Lease</th> <th style="text-align: left;">Annual Amount of Lease</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																														
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																																		

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
		9/30/2022			26	37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount	\$					
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			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)		\$	18,046	18,046		
Interest Expense						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	18,046	18,046		
14. Insurance						
a. Insurance on Property (buildings only)		\$	23,624	23,624		
b. Insurance on Automobiles		\$	2,854	2,854		
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$	113,160	113,160		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	139,638	139,638		
15. Total All Expenditures (A-13 thru C-14)		\$	17,572,453	17,572,453		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page	of
Item No.	Page No.	Line No.	2032C	9/30/2022		28	37
				Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$	47,064	47,064	
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10	Occupational Therapy	\$	431,905	431,905	
7.			Other - See attached Schedule	\$	78,920	78,920	
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$	37,678	37,678	
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$	4,488	4,488	
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	\$	18,000	18,000	
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)	\$	361	361	
18.	16	m2/m	Unallowable Advertising *	\$	209,185	209,185	
19.	15	k1	Income Tax / Corporate Business Tax	\$	179,556	179,556	
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$	153,144	153,144	
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$	88,506	88,506	
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$	1,248,807	1,248,807	

* 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 Charges	\$ 796		
16	m13	Bank Charges	\$ 14,272		
16	m8a	Chamber of Commerce	\$ 337		
16	13	Employee Relations	\$ 37,608		
16	m13	Crime Insurance Policy	\$ 4,978		
16	m9	Newspapers	\$ 4,152		
15	1a	Benefits and Taxes on Disallowed Marketing & Recruiting Salary Noted Above	\$ 581		
15	1a	Benefits on Disallowed Administrator Salary Noted Above	\$ 8,832		
16	L4	Condo Rent	\$ 16,600		
16	m13	Patient Trust Bond	\$ 350		
Total Other A&G Adjustments			\$ 88,506	\$ -	\$ -

State of Connecticut

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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 9/30/2022		Page of 29 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,248,807	1,248,807		
<i>Page 20 - Resident Care Supplies ***</i>							
27.	20	5a2	Prescription Drugs	\$ 343,232	343,232		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 25,053	25,053		
30.	20	5h	Laboratory	\$ 12,225	12,225		
31.	20	5c	Medical Supplies	\$ 66,068	66,068		
32.	20	5e2	Oxygen (non emergency)	\$ 14,785	14,785		
33.	20	5L	Occupational Therapy	\$ 19,331	19,331		
34.			Other - See Attached Schedule	\$ 56,893	56,893		
<i>Page 22 - Maintenance and Property</i>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (7,270)	(7,270)		
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	\$ 25,503	25,503		
<i>Page 27 - Insurance</i>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<i>Other - Miscellaneous</i>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 40,516	40,516		
<i>Not For Profit Providers Only</i>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49.	<i>Total Amount of Decrease (Items 1 - 48)</i>			\$ 1,845,143	1,845,143		

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

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

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		Page	of
		9/30/2022		30	37
	Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 13,016,186	13,016,186			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,017,402)	(7,017,402)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,987,353	3,987,353			
b. Medicare Room and Board Contractual Allowance **	\$ 1,006,312	1,006,312			
4. a. Private-Pay Residents and Other	\$ 6,165,756	6,165,756			
b. Private-Pay Room and Board Contractual Allowance **	\$ (2,264,913)	(2,264,913)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 236,758	236,758			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (234,169)	(234,169)			
c. Prescription Drugs - Non-Medicare	\$ 55,462	55,462			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (43,675)	(43,675)			
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	\$ 384,377	384,377			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (353,793)	(353,793)			
c. Physical Therapy - Non-Medicare	\$ 166,182	166,182			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (133,092)	(133,092)			
4. a. Speech Therapy - Medicare	\$ 102,765	102,765			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (93,959)	(93,959)			
c. Speech Therapy - Non-Medicare	\$ 59,887	59,887			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (40,331)	(40,331)			
5. a. Occupational Therapy - Medicare	\$ 405,750	405,750			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (375,831)	(375,831)			
c. Occupational Therapy - Non-Medicare	\$ 192,587	192,587			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (154,423)	(154,423)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 142	142			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 94	94			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,068,023	15,068,023			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 4,152	4,152			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 150,547	150,547			
V. Total Other Revenue (1 thru 8)	\$ 154,699	154,699			
VI. Total All Revenue (III +V)	\$ 15,222,722	15,222,722			

* 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)
	Lab	\$ 9,529		
	Oxygen	\$ 3,428		
	Contractual Adjustment - Lab	\$ (9,425)		
	Contractual Adjustment - Oxygen	\$ (3,390)		
	Total Other Resident Revenue - Medicare	\$ 142	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab	\$ 2,313		
	Oxygen	\$ 504		
	Contractual Adjustment - Lab	\$ (2,272)		
	Contractual Adjustment - Oxygen	\$ (451)		
	Total Other Resident Revenue	\$ 94	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income	\$ 197			
	Interest Income - Intercompany	\$ 3,955			
	Total Interest Income	\$ 4,152	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	CARES Provider Relief Funding	\$ 280,383		
	State COVID Recoupments	\$ (130,000)		
	Miscellaneous Income	\$ 164		
	Total Other Revenue	\$ 150,547	\$ -	\$ -

F. Statement of Revenue

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2022	Page of 30b 37
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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-21		-			50	50	50	-
Nov-21	-				64	64	64	-
Dec-21	-				-	-	-	-
Jan-22	-				-	-	-	-
Feb-22	-				-	-	-	-
Mar-22	-				-	-	-	-
Apr-22	-				-	-	-	-
May-22	1				1	1	1	-
Jun-22	2				2	2	2	-
Jul-22	4				4	4	4	-
Aug-22	5				5	5	5	-
Sep-22	6				65	71	71	-
Totals	-	18	-	65	114	197	197	-

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

A/C # 59513
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-21	1,157.00				1,157	1,157	-
Nov-21	383.00				383	383	-
Dec-21	779.00				779	779	-
Jan-22	781.00				781	781	-
Feb-22	707.00				707	707	-
Mar-22	148.00				148	148	-
Apr-22	-				-	-	-
May-22	-				-	-	-
Jun-22	-				-	-	-
Jul-22	-				-	-	-
Aug-22	-				-	-	-
Sep-22	-				-	-	-
Totals	3,955	-	-	-	3,955	3,955	-
			Total Interest		4,152	4,152	

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	121,207
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,018,012
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	181,390
a. Prepaid Expenses		118,540		
b. Prepaid Insurance		47,850		
c. Prepaid Taxes		15,000		
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,320,609
B. Fixed Assets				
1. Land			\$	542,222
2. Land Improvements	*Historical Cost	261,937	\$	25,562
	Accum. Depreciation	236,375	Net	
3. Buildings	*Historical Cost	11,731,273	\$	1,059,582
	Accum. Depreciation	10,671,691	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	487,662	\$	261,810
	Accum. Depreciation	225,852	Net	
6. Movable Equipment	*Historical Cost	1,277,323	\$	68,235
	Accum. Depreciation	1,209,088	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-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,957,411

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

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

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

Schedule of Other Assets Page 32 Line D7

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

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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	9/30/2022	32	37
Account				Amount
Total Brought Forward:				\$ 5,278,020
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				\$
2. Land Improvements	*Historical Cost			\$
	Accum. Depreciation	Net		\$
3. Buildings	*Historical Cost			\$
	Accum. Depreciation	Net		\$
4. Non-Movable Equipment	*Historical Cost			\$
	Accum. Depreciation	Net		\$
5. Movable Equipment	*Historical Cost			\$
	Accum. Depreciation	Net		\$
6. Motor Vehicles	*Historical Cost			\$
	Accum. Depreciation	Net		\$
7. Minor Equipment-Not Depreciable				\$
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost			\$
	Accum. Depreciation	Net		\$
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care (<i>itemize</i>)				\$
6. Loans to Owners or Related Parties (<i>itemize</i>)				\$ 12,620
Name and Address	Amount	Loan Date		
See Attached	12,620	Various		
7. Other Assets (<i>itemize</i>)				\$ 18,711
Deposits	18,711			
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$ 31,331
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 5,309,351

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

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G. Balance Sheet (cont'd)

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2022	Page 32a	of 37
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6. Loans to Owners or Related Parties (itemize)

Name	Amount	Loan Date
Wilton Retirement Housing, LLC	9,904	Various
Greenwich Retirement Housing, LLC	2,716	Various
Total	\$ 12,620	Pg. 32 D6

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	921,304
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>)			\$	671,089
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	27,542
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>)			\$	818,413
Current Portion of Capital Lease/Not	6,533	Provider User Fee	181,865	
Property, Real Estate & Sales Taxes	69,897			
Accrued 401k Employer Liability	23,078			
Operating Expenses	537,040	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	2,438,348

* 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	License No.	Report for Year Ended	Page	of
		9/30/2022	34	37
Account			Amount	
			Total Brought Forward:	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable			\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)			\$	2,280,576
Name and Address of Lender	Amount	Loan Date		
TransCon Builders, Inc.	2,280,576			
4. Other Long-Term Liabilities (<i>itemize</i>)			\$	12,505
Capital Lease Obligation, net of current portion	12,505			
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$	2,293,081
C. Total All Liabilities (Lines A-13 + B-5)			\$	4,731,429

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2022	35	37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$ 2,927,653
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$
6. Gain or Loss for Period		10/1/2021 thru 9/30/2022	\$	(2,349,731)
7. Total Net Worth				\$ 577,922
C. Total Reserves and Net Worth				\$ 577,922
D. Total Liabilities, Reserves, and Net Worth				\$ 5,309,351

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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	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ 3,201,262		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 15,222,722		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 17,572,453		
D. Net Income or Deficit				\$ (2,349,731)		
E. Balance				\$ 851,531		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
2. Other (<i>itemize</i>)						
F-3. Total Additions				\$		
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$		
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings (<i>Specify</i>)				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. Balance at End of Period				\$ 851,531		
Report for Year Ended 09/30/2022						

I. Preparer's/Reviewer's Certification

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2022	Page 37	of 37
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Check appropriate category

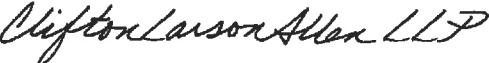
Chronic and Convalescent Nursing
Home only (CCNH)

Rest Home with Nursing
Supervision only (RHNS)

(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 2/2/2023
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Printed Name of Preparer

CliftonLarsonAllen LLP

Address 29 South Main Street, 4th Floor, West Hartford, CT 06107	Phone Number 860-561-4000
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink	Phone Number 860-561-4000
Contact Email Address jonathan.fink@claconnect.com	