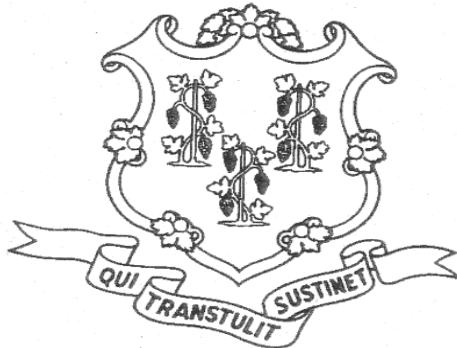


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Wolcott View Manor, Inc	
Address (No. & Street, City, State, Zip Code) 50 Beach Road, Wolcott, CT 06716	
Type of Facility	
<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)
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 972C	RHNS	(Specify)	Medicare Provider 07-5282
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Medicaid Provider Numbers:	CCNH 9720	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) Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021	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 Wolcott View Manor, Inc [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, 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.

(a) Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Christine Fitzgerald			Printed Name (Owner) James E. Cleary, Jr.	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

Table of Contents

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

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Wolcott View Manor, Inc	Period Covered:		From 10/1/2020	To 9/30/2021
Address of Facility 50 Beach Road, Wolcott, CT 06716				
Report Prepared By Marcum LLP	Phone Number 203-781-9600		Date 1/10/2022	
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) 879-8066	Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Wolcott View Manor, Inc	Address (No. & Street, City, State, Zip) 50 Beach Road, Wolcott, CT 06716			
License Numbers: CCNH 972C	CCNH 972C	RHNS	(Specify)	Medicare Provider No. 07-5282
Type of Facility (Check appropriate box(es)) <input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)			
Type of Ownership (Check appropriate box) <input type="radio"/> Proprietorship <input type="radio"/> LLC <input 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.	
Administrator				
Name of Administrator Christine Fitzgerald		Nursing Home Administrator's License No.:	0877	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

General Information and Questionnaire
Individual Proprietorship

Name of Facility Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021	Page of 3B 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire

Related Parties*

Name of Facility Wolcott View Manor, Inc		License No. 972C			Report for Year Ended 9/30/2021		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	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?					<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," provide the following information:	
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			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	%**				
Beach Building	152 East St, Wolcott, CT 06712	<input type="radio"/>	<input checked="" type="radio"/>		Rent	Pg. 22/ Line 9	321,800	321,800
R&C Realty Associates	1132 Meriden Road, Waterbury, CT 06705	<input type="radio"/>	<input checked="" type="radio"/>		Loan Receivable	Pg. 32/ Line D6	200,000	200,000
James E. Cleary, Jr.	50 Beach Road, Wolcott, CT 06716	<input type="radio"/>	<input checked="" type="radio"/>		Receivable	Pg. 32/ Line D6	155,000	155,000
James E. Cleary, Jr.	50 Beach Road, Wolcott, CT 06716	<input checked="" type="radio"/>	<input type="radio"/>		Receivable	Pg. 32/ Line D6	133,454	133,454
Meridian Manor	1132 Meridian Manor, Waterbury, CT 06705	<input checked="" type="radio"/>	<input type="radio"/>		Receivable	Pg. 32/ Line D6	610,489	610,489
Meridian Manor	1132 Meridian Manor, Waterbury, CT 06705	<input type="radio"/>	<input checked="" type="radio"/>		Receivable	Pg. 32/ Line D6	49,583	49,583
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021	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.

N/A

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

N/A

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.

N/A

General Information and Questionnaire Leases (Excluding Real Property)

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

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total ***

3,722

* 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 Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021	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.

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive 8th fl., New Haven, CT, 06511
---	---

Services Provided by This Firm (*describe fully*)

1	Management Advisory Services / Cost Report Preparation / Tax Returns / Audit Services	\$	68,101
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 68,101

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

Yes No Page 15/ Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Summa & Ryan	(203) 755-0390
2 Murtha Cullina	(860) 240-6000
3 Griffin, Griffin & Mayo	(203) 755-1106
4 Mellon, Hickey & Capuano	(203) 757-9821
5	

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

Address (No. & Street, City, State, Zip Code)
1 228 Meadow St, Waterbury, CT 06702
2 185 Asylum St Fl 29, Hartford, CT 06103
3 123 Bank St # 3, Waterbury, CT 06702
4 45 State St, Waterbury, CT 06702
5

Services Provided by This Firm (*describe fully*)

1	Collections (Disallow)	\$	6,426
2	Employee relations	\$	4,388
3	General Business	\$	814
4	General Business	\$	3,500
5		\$	
		Charge for Services Provided	
		\$	15,128

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

Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Wolcott View Manor, Inc			License No. 972C			Report for Year Ended 9/30/2021				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					129	129						
A. On last day of PREVIOUS report period	129	129										
B. On last day of THIS report period	129	129							129	129		
2. Number of Residents					68	68						
A. As of midnight of PREVIOUS report period	68	68										
B. As of midnight of THIS report period												
3. Total Number of Days Care Provided During Period					1,600	1,600						
A. Medicare	1,600	1,600										
B. Medicaid (Conn.)	5,647	5,647										
C. Medicaid (other states)												
D. Private Pay	947	947										
E. State SSI for RCH												
F. Other (Specify) Managed Care	698	698										
G. Total Care Days During Period (3A thru F)	8,892	8,892										
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	1	1										
B. Other Bed Reserve Days	12	12										
5. Total Resident Days (3G + 4A + 4B)*	8,905	8,905			8,905	8,905						

* Facility is currently under renovations as 3/18/2021

Schedule of Resident Statistics (Cont'd)

Name of Facility Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021	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)
	CCNH	RHNS	(Specify)	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								
Per Diem Rate								
a. One bed rm.	Various	246.00		286.00				
b. Two bed rms.	Various	246.00		346.00				
c. Three or more bed rms.	Various							

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		774	774		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments		265	265		
C. Other		1,636	1,636		
D. Total Physical Therapy Treatments		2,675	2,675		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		11	11	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments		8	8	
C. Other		43	43	
D. Total Speech Therapy Treatments		62	62	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		194	194	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments		149	149	
C. Other		1,186	1,186	
D. Total Occupational Therapy Treatments		1,529	1,529	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of		
Wolcott View Manor, Inc	972C	9/30/2021		10	37		
Are time records maintained by all individuals receiving compensation?							
Total Cost and Hours							
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours		
A. Salaries and Wages*							
1. Operators/Owners (Complete also Sec. I of Schedule A1)	3,773	138					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	113,381	2,346					
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	415,232	11,064					
5. Dietary Service							
a. Head Dietitian	17,483	476					
b. Food Service Supervisor	18,665	647					
c. Dietary Workers	98,642	7,567					
6. Housekeeping Service							
a. Head Housekeeper							
b. Other Housekeeping Workers	65,668	4,988					
7. Repairs & Maintenance Services							
a. Engineer or Chief of Maintenance							
b. Other Maintenance Workers	84,657	3,158					
8. Laundry Service							
a. Supervisor							
b. Other Laundry Workers	24,363	1,937					
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	78,029	2,056					
b. RN							
1. Direct Care	169,455	4,546					
2. Administrative**	69,090	1,693					
c. LPN							
1. Direct Care	292,926	10,275					
2. Administrative**	76,385	1,999					
d. Aides and Attendants	299,056	17,832					
e. Physical Therapists	82,871	2,102					
f. Speech Therapists	2,415	40					
g. Occupational Therapists	42,769	1,164					
h. Recreation Workers	29,264	1,480					
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	51,483	2,064					
n. Marketing							
o. Other (Specify)							
See Attached Schedule	111,287	5,459					
<i>A-13. Total Salary Expenditures</i>	2,146,894	83,031					

* 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***

Name of Facility Wolcott View Manor, Inc			License No. 972C		Report for Year Ended 9/30/2021			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)							
Section I - Operators/Owners										
James E. Cleary Jr	3,773			Non Discriminatory	CEO	138	A2			
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).										
Meghan Cleary	14,642			Non Discriminatory	Dir. Medical Records	626	A12o			

* 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
Wolcott View Manor, Inc				972C		9/30/2021			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Christine Fitzgerald	45,927			Non Discriminatory	Administrator, 4/23/21-9/30/2021	1,145	A2			
Paul Bishins	21,674			Non Discriminatory	Administrator, 10/1/20-2/11/2021	809	A2			
Stephanie Auitko	45,780			Non Discriminatory	Administrator, 2/8/21-4/23/2021	392	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021		Page 13	of 37
Item	Total Cost and Hours				
	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	10,507	72			
3. Pharmacist	2,602	24			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	12,645	104			
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	360	2			
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***					
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides					
d. Other					
12. Other (Specify)					
See Attached Schedule	75	1			
B-13 Total Fees Paid in Lieu of Salaries	26,189	203			

* 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 Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021	Page 15	of 37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 193,401	193,401		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 24,826	24,826		
4. Social Security (F.I.C.A.)	\$ 212,519	212,519		
5. Health Insurance	\$ 210,522	210,522		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 31,927	31,927		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ (73)	(73)		
d. Accounting and Auditing	\$ 68,101	68,101		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 15,128	15,128		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ 18,850	18,850		
g. Office Supplies	\$ 7,349	7,349		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 28,570	28,570		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 146,215	146,215		
Subtotal	\$ 957,335	957,335		

* 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 Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		957,335	957,335		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	2,607	2,607		
4. Employee Travel	\$	324	324		
5. Education Expenses Related to Seminars and Conventions	\$				
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	80	80		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$				
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	\$	701	701		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	9,955	9,955		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	740	740		
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>)	\$	64,797	64,797		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	7,067	7,067		
<i>C-14 Total Administrative & General Expenditures</i>	\$	1,043,606	1,043,606		

* 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)
	-		
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 8,402		
Amazon Prime Dues	\$ 143		
Costco Membership Dues	\$ 120		
AHCA	\$ 1,290		
Total Dues	\$ 9,955	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Child Care Expense	\$ (88)		
OSHA Mandated Costs	\$ 1,885		
Miscellaneous Expense (Disallow)	\$ 2,360		
Licenses	\$ 468		
Routine Bank Fees	\$ 2,442		
Total Other Administrative and General	\$ 7,067	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021	Page 17 37 of
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wolcott View Manor, Inc	972C	9/30/2021	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 83,346	83,346		
2. Non-Food Supplies	\$ 16,854	16,854		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ _____			
c. Other (Specify) _____ Other Dietary Supplies	\$ _____			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 100,200	100,200		
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 type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021		Page 19	of 37
Item	Total	CCNH	RHNS	(Specify)	
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	1,981	1,981		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (Specify) Other Supplies	\$	9,079	9,079		
3D. Total Laundry Expenditures (3a + b + c)	\$	11,060	11,060		
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
	972C	9/30/2021		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$			
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.	\$			
C. Other (<i>Specify</i>) Housekeeping expenses		\$ 50,628	50,628		
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 50,628	50,628		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy		\$			
2. Purchased from		\$ 37,140	37,140		
b. Medicine Cabinet Drugs		\$ 206,759	206,759		
c. Medical and Therapeutic Supplies		\$ 20,439	20,439		
d. Ambulance/Limousine***		\$ 5,886	5,886		
e. Oxygen					
1. For Emergency Use		\$			
2. Other***		\$			
f. X-rays and Related Radiological Procedures***		\$ 17,357	17,357		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)					
h. Laboratory***		\$ 19,170	19,170		
i. Recreation		\$ 18,453	18,453		
j. Direct Management Services*					
k. Indirect Management Services*					
l. Other (<i>Specify</i>)**** See Attached Schedule		\$ 5,786	5,786		
5M. Total Resident Care Expenditures (5a - 5j)		\$ 330,990	330,990		

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

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

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

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

Schedule of Other Resident Care

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

Name of Facility Wolcott View Manor, Inc				License No. 972C	Report for Year Ended 9/30/2021				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
Michael Pedane	21 Orchard Lane, Wolcott, CT 06716	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Tech Support	13,100			16	m11
Matrix Care	Ste 100, Minneapolis, MN 55438	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Software	17,355			16	m11
West State Mechanical	300 South Main, Torrington, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Boilers, Plumbing	50,183			22	6f
USA Hauling Recycling	5 Shoham Rd, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Refuse	38,500			22	6f
WPCA- Town of Wolcott	10 Kenea Ave, Wolcott, CT 06716	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Sewer	18,518			22	6f
Facilities Compliance Service	221 West Main Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Sprinkler/Water Inspection	37,120			22	6f
Steven DosSantos		<input type="radio"/>	<input checked="" type="radio"/>	N/A	Grounds Maintenance	42,234			22	6f
		<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"/>							
		<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 Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	47,202	47,202			
b. Heat	\$	105,649	105,649			
c. Light & Power	\$	47,390	47,390			
d. Water	\$	40,236	40,236			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	3,722	3,722			
f. Other (<i>itemize</i>)	\$	242,151	242,151			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	486,350	486,350			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	70,129	70,129			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	70,129	70,129			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	97,380	97,380			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	97,380	97,380			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	321,800	321,800			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	138,638	138,638			
c. Personal property taxes	\$	8,173	8,173			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	636,120	636,120			

* 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)
Sewer usage	\$ 18,518		
Refuse Disposal	\$ 38,500		
Co Generation Expense	\$ 19,652		
Grounds Maintenance	\$ 42,234		
Plant Purchase Service	\$ 109,753		
Equipment Rental	\$ 2,403		
Gain/Loss on Disposals	\$ 11,091		
Total Other Repairs and Maintenance	\$ 242,151	\$ -	\$ -

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Var	See Attachment	\$ 130,626	Var	\$ 26,125
Total additions for Movable Equipment		\$ 130,626		\$ 26,125 *
Deletions:				
Var	See Attachment	\$ (119,038)	Var	\$ -
Total deletions for Movable Equipment		\$ (119,038)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Var	See Attachment	\$ 264,050	Var	\$ 34,124
Total additions for Leasehold Improvement		\$ 264,050		\$ 34,124 *
Deletions:				
Var	See Attachment	\$ (215,096)	Var	\$ -
Total deletions for Leasehold Improvement		\$ (215,096)		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Wolcott View Manor, Inc			License No. 972C		Report for Year Ended 9/30/2021			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var	Various	1,426,706	1,254,965	S/L	Various	63,256	
2. Disposals (attach schedule)	Var	Var	Various	(215,096)	(215,096)	S/L	Various		
3. Acquired during this report period (attach schedule)	Var	Var	Various	264,050		S/L	Various	34,124	
C-4. Subtotal									97,380
D. Total Amortization									97,380

* 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.

Wolcott View Manor, Inc.
FIXED ASSET / DEPRECIATION SCHEDULE

System No.	Description	Date In Service	Method	Life	Historical Cost	2019 A/D	2020 Deprec.	2020 A/D	2021 Deprec.	2021 A/D	NBV
NON-MOVABLE EQUIPMENT											
Various	Various	Various	Var	Var	3,690	3,690	-	3,690	-	3,690	-
TOTAL BUILDING					3,690	3,690	-	3,690	-	3,690	-
VEHICLES											
Various	Various	Various	Var	Var	52,590	52,590	-	52,590	-	52,590	-
TOTAL BUILDING					52,590	52,590	-	52,590	-	52,590	-
MOVABLE EQUIPMENT											
Various	Various	Various	Var	Var	683,664	577,216	42,592	619,808	42,592	662,400	21,264
					683,664	577,216	42,592	619,808	42,592	662,400	21,264
<u>2020 Additions</u>											
330	Mattress	11/1/2019	S/L	5	3,765		753	753	753	1,506	2,259
332	Used Konica 458	8/26/2020	S/L	5	3,297		659	659	659	1,318	1,979
					7,062		-	1,412	1,412	1,412	2,824
2021 Additions											
333	OBT Tables	9/30/2021	S/L	5	1,250	-	-	-	250	250	1,000
334	Chairs	9/30/2021	S/L	5	659	-	-	-	132	132	527
335	Chairs	9/30/2021	S/L	5	955	-	-	-	191	191	764
336	Chairs	9/30/2021	S/L	5	788	-	-	-	158	158	630
337	Blobe Slicing	9/30/2021	S/L	5	848	-	-	-	170	170	678
338	Patio Furniture	9/30/2021	S/L	5	2,067	-	-	-	413	413	1,654
339	File Cabinet	9/30/2021	S/L	5	742	-	-	-	148	148	594
340	Computers	9/30/2021	S/L	5	14,951	-	-	-	2,990	2,990	11,961
341	Refrigerator	9/30/2021	S/L	5	2,438	-	-	-	488	488	1,950
342	6 Nightstands	9/30/2021	S/L	5	2,203	-	-	-	441	441	1,762
343	ID Maker	9/30/2021	S/L	5	2,714	-	-	-	543	543	2,171
344	8 mattresses	9/30/2021	S/L	5	1,098	-	-	-	220	220	878
345	Compiter Lonov	9/30/2021	S/L	5	1,223	-	-	-	245	245	978
346	Bedroom Sets	9/30/2021	S/L	5	36,841	-	-	-	7,368	7,368	29,473
347	Bedroom sets	9/30/2021	S/L	5	11,181	-	-	-	2,236	2,236	8,945
348	tables	9/30/2021	S/L	5	9,575	-	-	-	1,915	1,915	7,660
349	food processor	9/30/2021	S/L	5	1,058	-	-	-	212	212	846
350	600lb scale	9/30/2021	S/L	5	6,940	-	-	-	1,388	1,388	5,552
351	folding chairs	9/30/2021	S/L	5	125	-	-	-	25	25	100
352	computer table	9/30/2021	S/L	5	4,195	-	-	-	839	839	3,356
353	televisions	9/30/2021	S/L	5	2,761	-	-	-	552	552	2,209
354	commode	9/30/2021	S/L	5	1,275	-	-	-	255	255	1,020
355	coper toshiba 300	9/30/2021	S/L	5	4,000	-	-	-	800	800	3,200
356	framed art wall	9/30/2021	S/L	5	5,850	-	-	-	1,170	1,170	4,680
357	IV poles	9/30/2021	S/L	5	350	-	-	-	70	70	280
358	Microwave	9/30/2021	S/L	5	450	-	-	-	90	90	360
359	Printers	9/30/2021	S/L	5	600	-	-	-	120	120	480
360	Reclining shower	9/30/2021	S/L	5	400	-	-	-	80	80	320

Wolcott View Manor, Inc.
FIXED ASSET / DEPRECIATION SCHEDULE

System No.	Description	Date In Service	Method	Life	Historical Cost	2019 A/D	2020 Deprec.	2020 A/D	2021 Deprec.	2021 A/D	NBV
361	wooden bench	9/30/2021	S/L	5	250	-	-	-	50	50	200
362	verticle chart	9/30/2021	S/L	5	1,738	-	-	-	348	348	1,390
363	shower hand handle	9/30/2021	S/L	5	5,206	-	-	-	1,041	1,041	4,165
364	Sunshadow Solar	9/30/2021	S/L	5	5,895	-	-	-	1,179	1,179	4,716
					130,626				26,125	26,125	104,501
<u>2021 Disposals</u>											
Various	Various	Various	Var	Var	(119,038)					(119,038)	-
					(119,038)				(119,038)	-	
TOTAL MOVABLE EQUIPMENT					702,314	577,216	44,004	621,220	70,129	572,311	130,003
LEASHOLD IMPROVEMENTS											
Various	Various	Various	Var	Var	1,355,983	1,191,709	60,684	1,252,393	60,684	1,313,077	42,906
					1,355,983	1,191,709	60,684	1,252,393	60,684	1,313,077	42,906
<u>2020 Additions</u>											
331	Nurse Call System Replacement	5/21/2020	S/L	27.5	70,723				2,572	2,572	5,144
					70,723				2,572	2,572	5,144
									2,572	2,572	65,579
<u>2021 Additions</u>											
367	Commercial Paving	9/30/2021	S/L	15	13,879	-	-	-	925	925	12,954
368	Sidewalk	9/30/2021	S/L	10	12,496	-	-	-	1,250	1,250	11,246
369	Associated Carpeting	9/30/2021	S/L	5	4,399	-	-	-	880	880	3,519
370	2 Boxes	9/30/2021	S/L	5	370	-	-	-	74	74	296
371	Associated Carpeting	9/30/2021	S/L	10	54,701	-	-	-	5,470	5,470	49,231
372	Builders Hardware	9/30/2021	S/L	5	23,698	-	-	-	4,740	4,740	18,958
373	Builders Hardware	9/30/2021	S/L	5	6,647	-	-	-	1,329	1,329	5,318
374	Builders Hardware	9/30/2021	S/L	5	239	-	-	-	48	48	191
375	Builders Hardware	9/30/2021	S/L	5	17,051	-	-	-	3,410	3,410	13,641
376	Pro-Tect Inc.	9/30/2021	S/L	5	7,800	-	-	-	1,560	1,560	6,240
377	FCS-Chlorine	9/30/2021	S/L	5	14,679	-	-	-	2,936	2,936	11,743
378	FCS-Services	9/30/2021	S/L	5	576	-	-	-	115	115	461
379	Roof Repairs	9/30/2021	S/L	5	375	-	-	-	75	75	300
380	Lay-in Vinyl	9/30/2021	S/L	5	3,942	-	-	-	788	788	3,154
381	Glass Windows	9/30/2021	S/L	5	9,013	-	-	-	1,803	1,803	7,210
382	Insulated Glass	9/30/2021	S/L	5	9,970	-	-	-	1,994	1,994	7,976
383	Insulated Glass	9/30/2021	S/L	5	7,365	-	-	-	1,473	1,473	5,892
384	Engineering Service	9/30/2021	S/L	5	3,000	-	-	-	600	600	2,400
385	Field report	9/30/2021	S/L	5	1,000	-	-	-	200	200	800
386	Kitchen repairs	9/30/2021	S/L	5	2,531	-	-	-	506	506	2,025
387	oven exhaust	9/30/2021	S/L	5	1,696	-	-	-	339	339	1,357
388	Burners	9/30/2021	S/L	10	7,652	-	-	-	765	765	6,887
389	Drain Pipes	9/30/2021	S/L	15	15,197	-	-	-	1,013	1,013	14,184
390	Roof Repairs	9/30/2021	S/L	25	45,774	-	-	-	1,831	1,831	43,943
					264,050				34,124	34,124	229,926
<u>2021 Disposals</u>											
Various	Various	Various	Var	Var	(215,096)				-	(215,096)	-

Wolcott View Manor, Inc.
FIXED ASSET / DEPRECIATION SCHEDULE

System No.	Description	Date In Service	Method	Life	Historical Cost (215,096)	2019 A/D -	2020 Deprec. -	2020 A/D -	2021 Deprec. -	2021 A/D (215,096)	NBV -
TOTAL LEASEHOLD IMPROVEMENTS					1,475,660	1,191,709	63,256	1,254,965	97,380	1,137,249	338,411
TOTAL ASSETS PER SCHEDULE					2,234,254	1,825,205	107,260	1,932,465	167,510	1,765,841	468,413
TOTAL ASSETS PER TRIAL BALANCE					2,182,423	1,468,569	68,544	1,571,300	68,544	1,436,328	746,095
VARIANCE - C/R CARRY FORWARD FROM PREVIOUS YEAR					51,831	356,636	38,716	361,165	98,966	329,513	(277,682)

Page 31, Line B9 - F/S vs C/R NBV
 Page 36, Line F1 - Depreciation Amount

277,682
98,966

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

Name of Facility Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021	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	05/26/05			
2. Date Structure Completed	05/28/05			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	05/28/05			
5. Total Licensed Bed Capacity	129			
6. Square Footage	70,479			
7. Acquisition Cost				
a. Land	68,976			
b. Building	708,485			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	11/15/14			
c. Interest Rate for the Cost Year	5.00%			
d. Term of Mortgage (number of years)	10			
e. Amount of Principal Borrowed	2,167,498			
f. Principal balance outstanding as of 9/30/2021				

Complete if Mortgage was Refinanced

During Current Cost Year

g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount		\$				
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended			Page	of
		9/30/2021			27	37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (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)		\$	4,940	4,940		
Interest Checks from Employees						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	4,940	4,940		
14. Insurance						
a. Insurance on Property (buildings only)		\$	143,328	143,328		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	143,328	143,328		
15. Total All Expenditures (A-13 thru C-14)		\$	4,980,305	4,980,305		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.		972C	9/30/2021	28 37	
			Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<i>Page 10 - Salaries and Wages</i>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 42,769	42,769		
4.			Other - See attached Schedule	\$ 3,773	3,773		
<i>Page 13 - Professional Fees</i>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 75	75		
<i>Pages 15 & 16 - Administrative and General</i>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ (73)	(73)		
10.			Accounting	\$			
10a.			Legal	\$ 6,426	6,426		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 416	416		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	m6	Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 2,272	2,272		
<i>Page 18 - Dietary Expenditures</i>							
24.			Meals to employees, guests and others who are not residents	\$			
<i>Page 19 - Laundry Expenditures</i>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<i>Page 20 - Housekeeping Expenditures</i>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 55,658	\$ 55,658			

* 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)
10	A1	Owner's Salary	\$ 3,773		
Total Other Salaries Adjustment			\$ 3,773	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12o	Respiratory Therapy Consultant	\$ 75		
Total Other Fees Adjustments			\$ 75	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Miscellaneous Expense (Disallow)	\$ 2,360		
16	m13	Child Care Expense	\$ (88)		
Total Other A&G Adjustments			\$ 2,272	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility			License No.	Report for Year Ended		Page of	
Wolcott View Manor, Inc			972C	9/30/2021		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 55,658	55,658		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 37,140	37,140		
28.	20	5d	Ambulance/Limousine	\$ 5,886	5,886		
29.	20	5f	X-rays, etc	\$ 17,357	17,357		
30.	20	5h	Laboratory	\$ 19,170	19,170		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 20,130	20,130		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10b	Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 70,755	70,755		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 226,096	226,096		

*** 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

**Wolcott View Manor, Inc.
Cable TV Disallowance
September 30, 2021**

Pg. 29b

Total Cable TV Expense	17,944
Total Monthly Fee Allowed	\$ 300
Total Months	12
Total Allowable Expense	\$ 3,600
Disallowed Expense	<u>\$ 14,344 {a}</u>

Tickmark

{a}

Ties to page 29a

F. Statement of Revenue

Name of Facility Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021			Page 30 37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 1,720,838	1,720,838			
b. Medicaid Room and Board Contractual Allowance **	\$ (341,676)	(341,676)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 494,278	494,278			
b. Medicare Room and Board Contractual Allowance **	\$ 691,125	691,125			
4. a. Private-Pay Residents and Other	\$ 517,106	517,106			
b. Private-Pay Room and Board Contractual Allowance **	\$ 41,294	41,294			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 44,623	44,623			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 15,038	15,038			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 90,952	90,952			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 25,699	25,699			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 6,048	6,048			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 754	754			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 48,424	48,424			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 20,801	20,801			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ (211,485)	(211,485)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ (59,015)	(59,015)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 3,104,804	3,104,804			
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	\$ 790	790			
5. Interest Income (<i>Specify</i>)	\$ 7,903	7,903			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 181,777	181,777			
V. Total Other Revenue (1 thru 8)	\$ 190,470	190,470			
VI. Total All Revenue (III +V)	\$ 3,295,274	3,295,274			

* 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	Medicare A - IV Therapy	\$ 144		
30 II 6a	Medicare A - Radiology	\$ 26,054		
30 II 6a	Medicare A - Lab	\$ 20,485		
30 II 6a	Medicare A C/A - Anc	\$ (198,132)		
30 II 6a	Medicare B - Vaccines	\$ 164		
30 II 6a	Medicare B - C/A	\$ (1,797)		
30 II 6a	Small Balance Adjustments - Medicare	\$ (58,403)		
Total Other Resident Revenue - Medicare		\$ (211,485)	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6b	Medicaid - IV Therapy	\$ 160		
30 II 6b	Medicaid - Lab	\$ 786		
30 II 6b	Medicaid C/A - Anc.	\$ (24,046)		
30 II 6b	Managed Care - Radiology	\$ 3,172		
30 II 6b	Managed Care - Lab	\$ 6,412		
30 II 6b	Managed Care CIA - Anc	\$ (45,499)		
Total Other Resident Revenue		\$ (59,015)	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest Revenue	494,676	\$ 7,903		
Total Interest Income		\$ 7,903	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Charitable Donations	\$ 65		
30 IV 8	Misc. Revenue	\$ 5,284		
30 IV 8	Small Balance Adjustments - Other	\$ (3,772)		
30 IV 8	Prior Period Adjustments(No related expense)	\$ 98,532		
30 IV 8	State Business Tax Expense	\$ (8,229)		
30 IV 8	COVID Stimulus	\$ 18,948		
30 IV 8	Workman Comp Audit Refund	\$ 64,462		
30 IV 8	HHS Stimulus	\$ 6,487		
Total Other Revenue		\$ 181,777	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page of
		9/30/2021	31 37
Account			Amount
Assets			
A. Current Assets			
1. Cash (<i>on hand and in banks</i>)			\$ 543,168
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 721,755
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ 188,716
4. Inventories			\$ 12,500
5. Prepaid Expenses			\$ 257,562
a. Prepaid Deferred Tax Asset			125,363
b. Prepaid Unexpired Insurance			132,199
c. _____			
d. See Schedule			
6. Interest Receivable			\$
7. Medicare Final Settlement Receivable			\$
8. Other Current Assets (<i>itemize</i>)			\$ 1,000
Other Assets			1,000

See Schedule			
A-9. Total Current Assets (Lines A1 thru 8)			\$ 1,724,701
B. Fixed Assets			
1. Land			\$
2. Land Improvements			\$
*Historical Cost _____			
Accum. Depreciation _____			Net
3. Buildings			\$
*Historical Cost _____			
Accum. Depreciation _____			Net
4. Leasehold Improvements			\$ 338,411
*Historical Cost 1,475,660			
Accum. Depreciation 1,137,249			Net
5. Non-Movable Equipment			\$
*Historical Cost 3,690			
Accum. Depreciation 3,690			Net
6. Movable Equipment			\$ 130,003
*Historical Cost 702,314			
Accum. Depreciation 572,311			Net
7. Motor Vehicles			\$
*Historical Cost 52,590			
Accum. Depreciation 52,590			Net
8. Minor Equipment-Not Depreciable			\$
9. Other Fixed Assets (<i>itemize</i>)			\$ 277,682
F/S vs. C/R NBV 277,682			
See Schedule			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 746,096

* 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	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
		Total Other Other Fixed Assets (Itemize)	\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
	33 A12	Accrued Expenses - Other	\$ 165,990
	33 A12	Federal Withholding	\$ (67)
	33 A12	FFCRA Tax Credit	\$ 32,983
	33 A12	Accrued Disability Insurance	\$ 385
	33 A12	Due to Medicaid	\$ 2,053
	33 A12	Accrued Accounting	\$ 4,210
	33 A12	401(k) Payable	\$ 29,677
	33 A12	Resident Refunds	\$ 41,715
	33 A12	State Corp. Tax Pay - CT	\$ 16,081
	33 A12	Accrued Personal Property Tax	\$ 4,267
	33 A12	Sewer Usage Payable	\$ 4,630
	33 A12	Deferred Tax Liability	\$ (2,672)
	33 A12	Due to Resident Trust	\$ (42)
	33 A12	PPP Loan	\$ 1,318,140
	33 A12	HHS Stimulus Loan	\$ 236,748
	33 A12	ST of CT DSS Loan	\$ 124,000
		Total Other Current Liabilities (Itemize)	\$ 1,977,898

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
		9/30/2021	32 37
Account		Amount	
		Total Brought Forward:	\$ 2,470,797
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>)			\$ 1,148,226
Name and Address	Amount	Loan Date	
Due From James E. Cleary, Meridian Manor, R&C Realty, JEC Fam, J. Cleary, Meridian Manor	1,148,226		
7. Other Assets (<i>itemize</i>)			\$ (560,679)
Other Related Party Dues	(560,679)		
See Schedule			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 587,547
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 3,058,344

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Wolcott View Manor, Inc	972C	9/30/2021	33	37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 122,593
2. Notes Payable (<i>itemize</i>)				\$ 55,658
Accrued Wages				9,389
Accrued Vacation Pay				32,681
Accrued Sick Pay				13,588
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>)				\$
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$
7. Medicare Final Settlement Payable				\$ (2,128)
8. Medicare Current Financing Payable				\$
9. Mortgage Payable (<i>Current Portion</i>)				\$
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$
11. Accrued Income Taxes*				\$
12. Other Current Liabilities (<i>itemize</i>)				\$ 1,977,898
See Schedule				1,977,898
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 2,154,021

* 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 Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,154,021	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable			\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)			\$	411,652
Deferred Tax Liability - LT	3,454			
Due To/From Beach Building	408,198			
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$	411,652
C. Total All Liabilities (Lines A-13 + B-5)			\$	2,565,673

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

Name of Facility Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021	Page 35	of 37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$ 1,000
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 2,077,736
6. Gain or Loss for Period		10/1/2020	thru	9/30/2021
				\$ (1,586,065)
7. Total Net Worth				\$ 492,671
C. Total Reserves and Net Worth				\$ 492,671
D. Total Liabilities, Reserves, and Net Worth				\$ 3,058,344

H. Changes in Total Net Worth

Name of Facility Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	1,628,324
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	3,295,274
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	4,881,339
D. Net Income or Deficit			\$	(1,586,065)
E. Balance			\$	42,259
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Total Expenditures Pg. 27	\$4,980,305			
Depreciation Amount	\$(98,666)			
Total Expenditures	\$4,881,339			
2. Other (<i>itemize</i>)				
Prior Period Adjustment		450,412		
F-3. Total Additions			\$	450,412
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (No., City, State, Zip)	Title	Amount		
2. Other Withdrawals (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period	09/30/21		\$	492,671

I. Preparer's/Reviewer's Certification

Name of Facility Wolcott View Manor, Inc	License No. 972C	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		

Preparer/Reviewer Certification

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		
Matthew S. Bavolack		
Address	Phone Number	
555 Long Wharf Drive, New Haven, CT 06511	203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number	
Mary Pedane	203-879-8066	
Contact Email Address		
mpedane@wolcottviewmanor.com		



Provider Name: Wolcott View Manor, Inc.
Provider Number: 000009720
Period Ended: 9/30/21

Workpaper Index: Tom Moore
Prepared By: Tom Moore
Reviewed By: Tom Moore
Workpaper Date: 2/4/2022
Run Date: 2/4/2022

Name of Workpaper: VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE: To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? <i>Request insurance cards and current vehicle registration.</i>				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowable monthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion:

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the “Cost Report”) for Wolcott View Manor, Inc. for the year ended September 30, 2021, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants’ Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Wolcott View Manor, Inc. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

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

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

MARCUM LLP

New Haven, CT
February 4, 2022