

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Wolcott Hall Nursing Center	
Address (No. & Street, City, State, Zip Code) 215 Forest St. Torrington, CT 06790	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 1096-C	RHNS	(Specify)	Medicare Provider 07-5111
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Medicaid Provider Numbers:	CCNH 210967	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

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

General Information

Name of Facility (as licensed) Wolcott Hall Nursing Center	License No. 1096-C	Report for Year Ended 9/30/2015	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 Hall Nursing Center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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) Gregory Hamley			Printed Name (Owner) Brian J. Foley		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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 Hall Nursing Center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 215 Forest St. Torrington, CT 06790				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. 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 860-482-8554		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Wolcott Hall Nursing Center			Address (No. & Street, City, State, Zip) 215 Forest St. Torrington, CT 06790		
License Numbers:	CCNH 1096-C	RHNS	(Specify)	Medicare Provider No. 07-5111	
Type of Facility (Check appropriate box(es))					
<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)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" 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 Gregory Hamley			Nursing Home Administrator's License No.:	00815	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Wolcott Hall Nursing Center	License No. 1096-C	Report for Year Ended 9/30/2015	Page 3A	of 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		
Wolcott Hall Nursing Center	215 Forest St. Torrington, CT 06790	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	

**General Information and Questionnaire
 Related Parties***

Name of Facility Wolcott Hall Nursing Center	License No. 1096-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes 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? Yes 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	%**				
Brian J. Foley	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	384,000	384,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	293,141	293,141
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 13 Schedule	1,998	1,998
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	231,549	212,330
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	8,971	8,971
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	88,916	88,916
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	14,606	14,606
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	372,273	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	24,519	

* 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 Wolcott Hall Nursing Center		License No. 1096-C		Report for Year Ended 9/30/2015		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> 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	%**				
Unum Life Insurance	PO Box 406946 Atlanta, GA	X			Group Life & Disability	Pg. 15 1a6	6,549	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	70,508	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	98,637	94,692
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	83,937	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	5,040	3,830
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		
Brendan Foley	21 Waterville Rd. Avon, CT	X				##		

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.
 ## Related expense has been disallowed on Pg. 28 Line 23

**Wolcott Hall
Shared Employees
Cost Year 9/30/15**

41001- Salaries Administrator

Source	Facility	Employee	Amount	Hours
Optimum	Corporate	Hamley	44,868.61	960.00
Smarlinks	Corporate	Hamley	53,418.71	1,120.00
			98,287.32	2,080.00

41003- Salaries Accounting

Source	Facility	Employee	Amount	Hours
	9/30/15 Corporate	Payroll	1,899.00	61.00
	9/30/15 Corporate	Billing	7,072.00	367.00
			8,971.00	428.00

41004- Salaries Social Service

Source	Facility	Employee	Amount	Hours
	10/31/2014 Kent	A. Hazzard	(1,312.50)	(39.00)
	11/30/2014 Kent	A. Hazzard	(250.00)	(7.00)
	12/31/2014 Kent	A. Hazzard	(337.50)	(13.50)
	1/31/2015 Kent	A. Hazzard	(525.00)	(21.00)
	2/28/2015 Kent	A. Hazzard	(37.50)	(1.50)
			(2,462.50)	(82.00)

41008- Staff Development

Source	Facility	Employee	Amount	Hours
11/30/2014	Kent	Neri	(218.75)	(8.75)
			(218.75)	(8.75)

45001 - Salaries RN

Source	Facility	Employee	Amount	Hours
11/30/2014	Kent	Amy Neri	(156.25)	(6.25)
11/30/2014	Kent	Amy Neri	(356.25)	(14.25)
12/31/2014	Kent	Amy Neri	(200.00)	(8.00)
2/28/2015	Kent	Amy Neri	(200.00)	(8.00)
			(912.50)	(36.50)

45002 - Salaries - LPN

Source	Facility	Employee	Amount	Hours
10/31/2014	Brightview	Heller	585.33	24.75
11/30/2014	Brightview	Heller	181.25	8.25
12/31/2014	Brightview	Heller	563.09	24.25
1/31/2015	Brightview	Heller	463.45	16.50
2/28/2015	Kent	Ross	323.00	17.00

2/28/2015	Brightview	Heller	195.76	8.00
3/31/2015	Kent	Ross	504.38	24.50
3/31/2015	Brightview	Heller	208.98	9.00
			3,025.24	132.25

45003 - Salaries - CNA

Source	Facility	Employee	Amount	Hours
10/31/2014	Shelton	Jackie Boyd	(1,399.44)	(98.00)
11/30/2014	Shelton	Jackie Boyd	(1,631.49)	(114.25)
12/31/2014	Shelton	Jackie Boyd	(2,140.22)	(145.75)
1/31/2015	Shelton	Jackie Boyd	(357.00)	(25.00)
3/31/2015	Kent	Acosta	(106.00)	(8.00)
3/31/2015	Kent	Peterson	(99.76)	(8.00)
3/31/2015	Kent	Maestri	(117.12)	(8.00)
3/31/2015	Kent	Martin	(100.73)	(8.25)
3/31/2015	Kent	Peterson	(99.76)	(8.00)
			(6,051.52)	(423.25)

45010- Salaries Infection Control

Source	Facility	Employee	Amount	Hours
11/30/2014	Kent	Amy Neri	(200.00)	(8.00)
11/30/2014	Kent	Amy Neri	(475.00)	(19.00)
			(675.00)	(27.00)

45017- Salaries MDS Coordinator

Source	Facility	Employee	Amount	Hours
10/31/2014	Brightview	Maureen Jedd	(173.19)	(5.75)
10/31/2014	Kent	Maureen Jedd	(662.64)	(22.00)
11/30/2014	Kent	Maureen Jedd	(843.36)	(28.00)
12/31/2014	Kent	Maureen Jedd	(745.47)	(24.75)
1/31/2015	Kent	Maureen Jedd	(203.31)	(6.75)
1/31/2015	Shelton	Maureen Jedd	(75.30)	(2.50)
2/28/2015	Plainville	Maureen Jedd	(203.31)	(6.75)
2/28/2015	Brightview	Heller	438.75	16.25
3/31/2015	Elm Hill	Maureen Jedd	(150.60)	(5.00)
			(2,618.43)	(85.25)

50001- Salaries Dietician

Source	Facility	Employee	Amount	Hours
10/31/2014	Rose Haven	Leonetti	511.00	18.25
11/30/2014	Rose Haven	Leonetti	294.00	10.50
1/31/2015	Rose Haven	Leonetti	140.00	5.00
1/31/2015	Gardner	Hagberg	452.00	16.00
2/28/2015	Gardner	Hagberg	678.00	24.00

3/31/2015

Gardner Hagberg

226.00	8.00
2,301.00	81.75

60001 - Salaries - Housekeeping

Source	Facility	Employee	Amount	Hours
	10/31/2014 Rose Haven	Washington	891.56	78.75
	11/30/2014 Rose Haven	Washington	862.63	76.50
	11/30/2014 Rose Haven	Bernadette Teti	(380.00)	(40.00)
	12/31/2014 Rose Haven	Washington	767.00	64.00
	12/31/2014 Rose Haven	Bernadette Teti	(156.00)	(16.00)
	1/31/2015 Rose Haven	Washington	270.00	24.00
	1/31/2015 Rose Haven	C. Brzozowski	(35.78)	(2.25)
	1/31/2015 Rose Haven	Bernadette Teti	(156.00)	(16.00)
	2/28/2015 Rose Haven	Washington	30.94	2.75
	2/28/2015 Rose Haven	Bernadette Teti	(38.00)	(4.00)
			2,056.35	167.75

65001- Recreation

Source	Facility	Employee	Amount	Hours
	10/31/2014 Rose Haven	Tousey	165.00	13.75
	11/30/2014 Rose Haven	Tousey	126.00	10.50
			291.00	24.25

Total Shared Employee

101,993.21 2,251.25

Total Shared Corporate Employees

8,971.00

Total Shared Apple Facility Employees

93,022.21

Total Shared Employee

101,993.21

Wolcott Hall

45022- Purch Service RN - Healthport

Source	Facility	Employee	Amount	Hours
			-	-

45023- Purch Service LPN - Healthport

Source	Facility	Employee	Amount	Hours
10/31/2014	Healthport	Varrone	866.25	26.25
11/30/2014	Healthport	Varrone	264.00	8.00
11/30/2014	Healthport	Pierre	263.50	8.50

10/31/2014	Healthport	Indirect Allocation	291.30	
11/30/2014	Healthport	Indirect Allocation	313.07	
			<u>1,998.12</u>	<u>42.75</u>
Total Healthport			1,998.12	42.75

Wolcott Hall
 Shared Employee - Smartlinks
 Cost Year 9/30/15

Emp Num	LastName	FirstName	HomeFcityCode	Home Facility	WorkedFcityCode	Worked Facility	GL Code	GL Description	PayDate	Hours	Dollars
11006061	JACOB	JULIE	11	Wolcott Hall	23	Kent	923-41002	Salaries - Clerical - JobTitle = HR Coordinator	4/23/2015	0.00	(200.00)
11006061	JACOB	JULIE	11	Wolcott Hall	23	Kent	923-41002	Salaries - Clerical - JobTitle = HR Coordinator	5/7/2015	0.00	(200.00)
11099498	JEDD	MAUREEN	11	Wolcott Hall	23	Kent	923-41002	Salaries - MDS Clerical - JobTitle = MDS Clerical Support	3/19/2015	(7.50)	(225.90)
11099498	JEDD	MAUREEN	11	Wolcott Hall	23	Kent	923-41002	Salaries - MDS Clerical - JobTitle = MDS Clerical Support	3/26/2015	(6.75)	(203.31)
11099498	JEDD	MAUREEN	11	Wolcott Hall	23	Kent	923-41002	Salaries - MDS Clerical - JobTitle = MDS Clerical Support	4/2/2015	(9.00)	(271.08)
11099498	JEDD	MAUREEN	11	Wolcott Hall	23	Kent	923-41002	Salaries - MDS Clerical - JobTitle = MDS Clerical Support	4/30/2015	(9.00)	(271.08)
Total										(32.25)	(1,371.37)
11970362	HAZZARD	ADELINE	11	Wolcott Hall	7	Watertown	907-41004	Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	7/16/2015	(2.00)	(50.00)
11970362	HAZZARD	ADELINE	11	Wolcott Hall	7	Watertown	907-41004	Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	7/30/2015	(1.00)	(25.00)
11970362	HAZZARD	ADELINE	11	Wolcott Hall	23	Kent	923-41004	Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	9/10/2015	(7.50)	(187.50)
11970362	HAZZARD	ADELINE	11	Wolcott Hall	23	Kent	923-41004	Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	9/17/2015	(4.50)	(112.50)
11970362	HAZZARD	ADELINE	11	Wolcott Hall	23	Kent	923-41004	Salaries - Social Services/Admissions - JobTitle = SOCIAL SERVICES - BSW	9/24/2015	(4.50)	(112.50)
Total										(19.50)	(487.50)
1970317	HELLER	JENNIFER	1	Avon	11	Wolcott Hall	911-45002	Salaries LPN - JobTitle = LPN SNF	3/19/2015	17.00	195.25
1970317	HELLER	JENNIFER	1	Avon	11	Wolcott Hall	911-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015	16.50	189.50
1970317	HELLER	JENNIFER	1	Avon	11	Wolcott Hall	911-45002	Salaries LPN - JobTitle = LPN SNF	4/16/2015	24.50	455.89
1970317	HELLER	JENNIFER	1	Avon	11	Wolcott Hall	911-45002	Salaries LPN - JobTitle = LPN SNF	4/23/2015	16.00	203.76
1970317	HELLER	JENNIFER	1	Avon	11	Wolcott Hall	911-45002	Salaries LPN - JobTitle = LPN SNF	4/30/2015	16.00	203.76
1970317	HELLER	JENNIFER	1	Avon	11	Wolcott Hall	911-45002	Salaries LPN - JobTitle = LPN SNF	5/7/2015	21.50	253.81
1970317	HELLER	JENNIFER	1	Avon	11	Wolcott Hall	911-45002	Salaries LPN - JobTitle = LPN SNF	5/14/2015	62.75	741.88
1970317	HELLER	JENNIFER	1	Avon	11	Wolcott Hall	911-45002	Salaries LPN - JobTitle = LPN SNF	5/21/2015	24.00	283.76
1970317	HELLER	JENNIFER	1	Avon	11	Wolcott Hall	911-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015	44.25	548.55
1970317	HELLER	JENNIFER	1	Avon	11	Wolcott Hall	911-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015	24.75	272.00
1970317	HELLER	JENNIFER	1	Avon	11	Wolcott Hall	911-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	16.50	189.50
1970317	HELLER	JENNIFER	1	Avon	11	Wolcott Hall	911-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015	25.00	464.38
1970317	HELLER	JENNIFER	1	Avon	11	Wolcott Hall	911-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015	24.75	272.00
Total										333.50	4,274.04
11970127	MARTIN	VERONICA	11	Wolcott Hall	23	Kent	923-45003	Salaries - Aides - JobTitle = CNA SNF	4/16/2015	(8.25)	(71.89)
11970127	MARTIN	VERONICA	11	Wolcott Hall	23	Kent	923-45003	Salaries - Aides - JobTitle = CNA SNF	4/23/2015	(9.25)	(73.75)
11970127	MARTIN	VERONICA	11	Wolcott Hall	23	Kent	923-45003	Salaries - Aides - JobTitle = CNA SNF	4/30/2015	(60.50)	(395.82)
11970127	MARTIN	VERONICA	11	Wolcott Hall	23	Kent	923-45003	Salaries - Aides - JobTitle = CNA SNF	5/14/2015	(43.00)	(291.12)
11970127	MARTIN	VERONICA	11	Wolcott Hall	23	Kent	923-45003	Salaries - Aides - JobTitle = CNA SNF	5/21/2015	(24.50)	(134.92)
11970127	MARTIN	VERONICA	11	Wolcott Hall	23	Kent	923-45003	Salaries - Aides - JobTitle = CNA SNF	5/28/2015	(46.75)	(348.38)
11970127	MARTIN	VERONICA	11	Wolcott Hall	23	Kent	923-45003	Salaries - Aides - JobTitle = CNA SNF	6/4/2015	(8.00)	(97.68)
11970127	MARTIN	VERONICA	11	Wolcott Hall	23	Kent	923-45003	Salaries - Aides - JobTitle = CNA SNF	6/11/2015	(20.25)	(139.11)
11970127	MARTIN	VERONICA	11	Wolcott Hall	23	Kent	923-45003	Salaries - Aides - JobTitle = CNA SNF	6/25/2015	(24.00)	(131.68)
11970127	MARTIN	VERONICA	11	Wolcott Hall	23	Kent	923-45003	Salaries - Aides - JobTitle = CNA SNF	7/30/2015	(5.25)	(18.38)
11970127	MARTIN	VERONICA	11	Wolcott Hall	23	Kent	923-45003	Salaries - Aides - JobTitle = CNA SNF	9/3/2015	(21.75)	(117.85)
11970127	MARTIN	VERONICA	11	Wolcott Hall	23	Kent	923-45003	Salaries - Aides - JobTitle = CNA SNF	9/17/2015	0.00	(28.00)
11970315	BOYD	JACKIE	11	Wolcott Hall	16	Shelton Lk	916-45003	Salaries - Aides - JobTitle = CNA SNF	4/9/2015	(10.50)	(149.94)
11970315	BOYD	JACKIE	11	Wolcott Hall	16	Shelton Lk	916-45003	Salaries - Aides - JobTitle = CNA SNF	4/16/2015	(8.75)	(124.95)
11970315	BOYD	JACKIE	11	Wolcott Hall	16	Shelton Lk	916-45003	Salaries - Aides - JobTitle = CNA SNF	4/23/2015	(10.00)	(142.80)
11970315	BOYD	JACKIE	11	Wolcott Hall	16	Shelton Lk	916-45003	Salaries - Aides - JobTitle = CNA SNF	4/30/2015	(19.75)	(282.03)
11970315	BOYD	JACKIE	11	Wolcott Hall	16	Shelton Lk	916-45003	Salaries - Aides - JobTitle = CNA SNF	5/7/2015	(10.00)	(142.80)
Total										(330.50)	(2,691.10)
11099498	JEDD	MAUREEN	11	Wolcott Hall	23	Kent	923-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	6/11/2015	(8.50)	(256.02)

11099498	JEDD	MAUREEN	11 Wolcott Hall	23 Kent	923-45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	6/18/2015	(8.25)	(248.49)
11099498	JEDD	MAUREEN	11 Wolcott Hall	23 Kent	923-45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	6/25/2015	(8.50)	(256.02)
11099498	JEDD	MAUREEN	11 Wolcott Hall	23 Kent	923-45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	7/9/2015	(9.50)	(286.14)
11099498	JEDD	MAUREEN	11 Wolcott Hall	23 Kent	923-45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	7/23/2015	(7.75)	(233.43)
11099498	JEDD	MAUREEN	11 Wolcott Hall	23 Kent	923-45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	7/30/2015	(8.75)	(263.55)
11099498	JEDD	MAUREEN	11 Wolcott Hall	23 Kent	923-45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	8/6/2015	(8.75)	(263.55)
11099498	JEDD	MAUREEN	11 Wolcott Hall	23 Kent	923-45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	8/13/2015	(8.00)	(240.96)
11099498	JEDD	MAUREEN	11 Wolcott Hall	23 Kent	923-45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	8/20/2015	(8.75)	(263.55)
11099498	JEDD	MAUREEN	11 Wolcott Hall	23 Kent	923-45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	8/27/2015	(8.50)	(256.02)
11099498	JEDD	MAUREEN	11 Wolcott Hall	23 Kent	923-45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/3/2015	(9.50)	(286.14)
11099498	JEDD	MAUREEN	11 Wolcott Hall	23 Kent	923-45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/10/2015	(1.50)	(45.18)
11099498	JEDD	MAUREEN	11 Wolcott Hall	2 Rose Haven	902-45017 Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/24/2015	(7.00)	(210.84)
Total							(103.25)	(3,109.89)

11970560	WASHINGTON	KIMBERLY	11 Wolcott Hall	2 Rose Haven	902-55001 Salaries - Laundry - JobTitle = LAUNDRY	5/21/2015	(8.00)	(90.00)
11970560	WASHINGTON	KIMBERLY	11 Wolcott Hall	2 Rose Haven	902-55001 Salaries - Laundry - JobTitle = LAUNDRY	5/28/2015	(16.00)	(180.00)
11970560	WASHINGTON	KIMBERLY	11 Wolcott Hall	2 Rose Haven	902-55001 Salaries - Laundry - JobTitle = LAUNDRY	6/4/2015	(8.00)	(90.00)
11970560	WASHINGTON	KIMBERLY	11 Wolcott Hall	2 Rose Haven	902-55001 Salaries - Laundry - JobTitle = LAUNDRY	6/11/2015	(16.00)	(180.00)
11970560	WASHINGTON	KIMBERLY	11 Wolcott Hall	2 Rose Haven	902-55001 Salaries - Laundry - JobTitle = LAUNDRY	7/2/2015	(8.00)	(90.00)
11970560	WASHINGTON	KIMBERLY	11 Wolcott Hall	2 Rose Haven	902-55001 Salaries - Laundry - JobTitle = LAUNDRY	7/23/2015	(8.00)	(90.00)
11970560	WASHINGTON	KIMBERLY	11 Wolcott Hall	2 Rose Haven	902-55001 Salaries - Laundry - JobTitle = LAUNDRY	7/30/2015	(8.00)	(90.00)
11970560	WASHINGTON	KIMBERLY	11 Wolcott Hall	2 Rose Haven	902-55001 Salaries - Laundry - JobTitle = LAUNDRY	8/13/2015	(8.00)	(90.00)
Total							(80.00)	(900.00)

2970175	WASHINGTON	KIMBERLY	2 Rose Haven	11 Wolcott Hall	911-60001 Salaries - Housekeeping - JobTitle = HOUSEKEEPING	4/30/2015	24.00	270.00
11970560	WASHINGTON	KIMBERLY	11 Wolcott Hall	2 Rose Haven	902-60001 Salaries - Housekeeping - JobTitle = HOUSEKEEPING	6/4/2015	(8.00)	(90.00)
Total							16.00	180.00

Total	(216.00)	(4,105.82)
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**Total Shared
Apple Facility
Employees** (4,105.82)

Total (4,105.82)

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Wolcott Hall Nursing Center	License No. 1096-C	Report for Year Ended 9/30/2015	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.
 The costs incurred by Apple Health Care, inc. (a related party), to provide Accounting and Managerial services to each facility owned by Brian J. Foley, are allocated on a per bed basis.
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.

Name of Facility Wolcott Hall Nursing Center			License No. 1096-C			Report for Year Ended 9/30/2015		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes <input type="radio"/> 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.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Wolcott Hall Nursing Center	License No. 1096-C	Report for Year Ended 9/30/2015	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 Saslow, Lufkin, & Buggy, LLP 2 Huban & Brazee 3 4	Address (No. & Street, City, State, Zip Code) 10 Tower Lane Avon, CT 06001 35 Wendell Avenue Pittsfield, MA 10202
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Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (dissallow Pg. 28)	\$ 4,212
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
	Charge for Services Provided
	\$ 6,238

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg. 15 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Law Offices of Jason G. DeGenaro, LLC 2 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)
 1 29 Water Street Guilford, CT 06437
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Collection litigation	\$ 731
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 731

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg. 15 1e

Schedule of Resident Statistics

Name of Facility Wolcott Hall Nursing Center			License No. 1096-C		Report for Year Ended 9/30/2015				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													
A. On last day of PREVIOUS report period	87	87			87	87			87	87			
B. On last day of THIS report period	87	87			87	87			87	87			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	54	54			54	54			54	54			
B. As of midnight of THIS report period	54	54			54	54			54	54			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,680	1,680			1,458	1,458			222	222			
B. Medicaid (Conn.)	15,947	15,947			12,159	12,159			3,788	3,788			
C. Medicaid (other states)													
D. Private Pay	1,404	1,404			915	915			489	489			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	19,031	19,031			14,532	14,532			4,499	4,499			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	19,031	19,031			14,532	14,532			4,499	4,499			

Schedule of Resident Statistics (Cont'd)

Name of Facility Wolcott Hall Nursing Center			License No. 1096-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> 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)	(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.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	3		44		7								
Per Diem Rate													
a. One bed rm.					443.00								
b. Two bed rms.	RUGS III		217.00		422.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								1,188	1,188				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								4,204	4,204				
D. Total Physical Therapy Treatments								5,392	5,392				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								438	438				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								149	149				
D. Total Speech Therapy Treatments								587	587				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,639	1,639				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								3,549	3,549				
D. Total Occupational Therapy Treatments								5,188	5,188				

Report of Expenditures - Salaries & Wages

Name of Facility Wolcott Hall Nursing Center	License No. 1096-C	Report for Year Ended 9/30/2015	Page 10	of 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)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	94,104	1,899				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	42,551	2,470				
5. Dietary Service						
a. Head Dietitian	2,301	82				
b. Food Service Supervisor	52,287	1,960				
c. Dietary Workers	170,616	14,143				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	96,592	7,443				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	81,357	4,285				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	26,792	1,733				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	71,545	3,824				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	113,118	3,096				
b. RN						
1. Direct Care	518,438	13,807				
2. Administrative**	86,300	2,970				
c. LPN						
1. Direct Care	253,135	10,218				
2. Administrative**						
d. Aides and Attendants	612,760	45,167				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	53,043	3,125				
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	55,430	2,042				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,330,370	118,267				

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Wolcott Hall Nursing Center				1096-C	9/30/2015			11	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										
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).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Wolcott Hall Nursing Center				1096-C	9/30/2015			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***										
Gregory Hamley	94,104				Administrator 10/1/2014 - 9/30/2015	1,899	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	License No.	Report for Year Ended	Page	of		
Wolcott Hall Nursing Center	1096-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*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	8,010	87				
3. Pharmacist	5,089	30				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	102,022	1,348				
b. Other						
6. Social Worker	560	18				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	41,760	129				
b. Utilization Review (Title 18 and 19 only) monthly meeting	1,100	11				
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) Cardiologist	1,961	19				
9. Speech Therapist						
a. Resident Care	36,552	147				
b. Other						
10. Occupational Therapist						
a. Resident Care	92,975	1,297				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	1,998	43				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	1,925	39				
B-13 Total Fees Paid in Lieu of Salaries	293,952	3,167				

* 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*

Name of Facility Wolcott Hall Nursing Center		License No. 1096-C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Healthdrive Dental 888 Worcester St. Wellesley, MA 02482	Dental	<input type="radio"/>	<input checked="" type="radio"/>		
Medstat 41 Northwest Dr. Plainville, CT	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Allstar Therapy 21 Waterville Rd. Avon, CT	Therapy Services	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Diane J. Gracewski 32 Rock Hall Rd. Winsted, CT 06098	Social Service	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Jong OH PO Box 150472 Hartford, CT 06115-0472	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr, Ethan Nguyen PO Box 150472 Hartford, CT 06115-0472	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Frank Schildgen, MD. 69 Riverside Avenue Torrington, CT 06790	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Greater Hartford Cardiology 1000 Asylum Street Hartford, CT 06105-1710	Cardiologist	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Eyecare Group 888 Worcester St. Wellesley, MA 02482-3744	Eye Doctor	<input type="radio"/>	<input checked="" type="radio"/>		
HHC Physicians Care, Inc. P.O. Box 417695 Boston, MA 02241-7695	Orthopedist	<input type="radio"/>	<input checked="" type="radio"/>		
Litchfield Hills Orthopedic Association 245 Alvord Park Road Torrington, CT 06790	Orthopedist	<input type="radio"/>	<input checked="" type="radio"/>		
The Eye Care Group PC 1201 West Main Street Waterbury, CT 06708	Eye Doctor	<input type="radio"/>	<input checked="" type="radio"/>		
The Leona Corporation/Altman Orthopedics 638 Silas Deane Highway Wethersfield, CT 06109	Orthopedist	<input type="radio"/>	<input checked="" type="radio"/>		
Visiting Nurse Services of Connecticut, Inc. 765 Fairfield Avenue Bridgeport, CT 06604	Psychiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
Healthport Services 21 Waterville Rd. Avon, CT	Employee Staffing	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Pointright, Inc. 150 Cambridge Park Drive Cambridge, MA 02140	Data Integrity Audit	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Wolcott Hall Nursing Center	1096-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 83,937	83,937		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 56,537	56,537		
4. Social Security (F.I.C.A.)	\$ 155,619	155,619		
5. Health Insurance	\$ 284,292	284,292		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 6,549	6,549		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 14,606	14,606		
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*	\$ 529,628	529,628		
d. Accounting and Auditing	\$ 6,238	6,238		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 731	731		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 9,509	9,509		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 25,312	25,312		
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	\$ 362,468	362,468		
Subtotal	\$ 1,535,427	1,535,427		

* 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**

Wolcott Hall Nursing Center
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Wolcott Hall Nursing Center	1096-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,535,427	1,535,427		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	2,059	2,059		
3. Gifts to Staff and Residents	\$	6,159	6,159		
4. Employee Travel	\$	6,576	6,576		
5. Education Expenses Related to Seminars and Conventions	\$	646	646		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	872	872		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	3,542	3,542		
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	\$	3,841	3,841		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	6,047	6,047		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	358	358		
9. Subscriptions	\$	2,547	2,547		
10. Contributions*** See Attached Schedule	\$	300	300		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$	293,141	293,141		
13. Other (<i>Specify</i>) See Attached Schedule	\$	32,033	32,033		
C-14 Total Administrative & General Expenditures	\$	1,893,545	1,893,545		

* 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 - Public Relations	\$ 3,542		
Total Other Advertising	\$ 3,542	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 5,937		
RAC-CT Certification	\$ 110		
Total Dues	\$ 6,047	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Oliver Wolcott Technical High School	\$ 300		
Total Contributions	\$ 300	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 18,587		
Licenses & Fees	\$ 2,129		
Pre Employment Screening	\$ 4,097		
Point Click Care Fees	\$ 7,119		
Bank Charges	\$ 100		
Resident Expenses	\$ -		
Account Write Off	\$ -		
Total Other Administrative and General	\$ 32,033	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Wolcott Hall Nursing Center	License No. 1096-C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	293,141	Accounting & Managerial Services	Pg. 16 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 Wolcott Hall Nursing Center		License No. 1096-C	Report for Year Ended 9/30/2015	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 116,570	116,570		
2.	Non-Food Supplies	\$ 18,480	18,480		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 651	651		
c. Management Services**		\$			
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 135,701	135,701		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*		156	156		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. 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.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility Wolcott Hall Nursing Center		License No. 1096-C	Report for Year Ended 9/30/2015	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. \$	3,720	3,720	
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 (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	68,755	68,755	
c.	Management Services**	\$			
d.	Other (Specify)	\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	72,475	72,475	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
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 laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue 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)			

* 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 3E.

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

*** 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
Wolcott Hall Nursing Center		1096-C	9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	15,996	15,996		
	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. Management Services*	\$				
	d. Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	15,996	15,996		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Medstat	\$	93,549	93,549		
	b. Medicine Cabinet Drugs	\$				
	c. Medical and Therapeutic Supplies	\$	201,135	201,135		
	d. Ambulance/Limousine***	\$				
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	9,305	9,305		
	f. X-rays and Related Radiological Procedures***	\$	15,164	15,164		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	4,090	4,090		
	i. Recreation	\$	14,242	14,242		
	j. Other (Specify)**** See Attached Schedule	\$	19,868	19,868		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	357,354	357,354		

* 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)
Nursing Station Supplies	\$ 5,068		
Rehab Service Supplies	\$ 4,265		
IV Therapy Supplies	\$ 10,535		
Social Service Supplies	\$ -		
Total Other Resident Care	\$ 19,868	\$ -	\$ -

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

Name of Facility Wolcott Hall Nursing Center			License No. 1096-C		Report for Year Ended 9/30/2015				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
Cablevision of Litchfield	PO Box 9256 Chelsea, MA 02150-9256	<input type="radio"/>	<input checked="" type="radio"/>		Cable	15,663			22	6A
Kenneth J. Zajac, Jr.	139 Turner Ave. Torrington, CT	<input type="radio"/>	<input checked="" type="radio"/>		Ground Maintenance	30,140			22	6A
CWPM, LLC	PO Box 415 Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	12,504			22	6F
Unitex Textile Rental, SVC	PKWY Mt. Vernon, NY	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	67,040			19	3A4
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input 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 Hall Nursing Center	License No. 1096-C	Report for Year Ended 9/30/2015			Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 116,792	116,792				
b. Heat	\$ 51,612	51,612				
c. Light & Power	\$ 33,780	33,780				
d. Water	\$ 11,172	11,172				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 13,890	13,890				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 227,245	227,245				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 10,765	10,765				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 10,765	10,765				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 34,218	34,218				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 34,218	34,218				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 384,000	384,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 62,467	62,467				
c. Personal property taxes	\$ 8,809	8,809				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 500,259	500,259				

* 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)
Refuse Removal	\$ 13,890		
Total Other Repairs and Maintenance	\$ 13,890	\$ -	\$ -

Depreciation Schedule

Name of Facility Wolcott Hall Nursing Center			License No. 1096-C			Report for Year Ended 9/30/2015			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements														
1. Acquired prior to this report period														
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
A-4. Subtotal														
B. Building and Building Improvements														
1. Acquired prior to this report period														
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
B-4. Subtotal														
C. Non-Movable Equipment														
1. Acquired prior to this report period			33,947		33,947	33,947	S/L	Various						
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
C-4. Subtotal														
			Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
			Yes	No	Month	Year								
D. Movable Equipment														
1. Motor Vehicles (Specify name, model and year of each vehicle)														
a.														
b.														
c.														
d.														
2. Movable Equipment														
a. Acquired prior to this report period						290,222		290,222	256,325	S/L	Various		10,584	
b. Disposals (attach schedule)						(26,044)		(26,044)						
c. Acquired during this report period (attach schedule)						4,939							181	
D-3. Subtotal														10,765
E. Total Depreciation														10,765

Wolcott Hall Nursing Center
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*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:				
Total additions for Building Improvements		\$ -		\$ - *
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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*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:				
3/19/2015	PROCESSOR BOARD WASHER (YANKEE EQUIP)	\$ 2,068	ME-10	\$ 70
3/19/2015	Payroll System Upgrade-Time Clocks	\$ 1,233	ME-10	\$ 42
3/19/2015	Payroll System Upgrade-Time Clocks	\$ 1,196	ME-10	\$ 41
4/30/2015	Install Wireless Network Controllers	\$ 442	ME-5	\$ 28
Total additions for Movable Equipment		\$ 4,939		\$ 181
Deletions:				
10/1/1992	Northeast(Copier)	\$ (2,996)	ME-5	\$ -
10/1/1992	Northeast(Copier)	\$ (1,350)	ME-5	\$ -
10/1/1996	Mita DC4086 Copier (Northeast Copy)	\$ (10,017)	ME-5	\$ -
6/1/2002	Kyocera Mita photocopier (Advanced Copy)	\$ (8,925)	ME-5	\$ -
2/26/2010	Photocopier	\$ (2,756)	ME-5	\$ -
Total deletions for Movable Equipment		\$ (26,044)		\$ -

*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:				
1/29/2014	SPRINKLER REPAIR OBSTRUCTION/INSPE (L&L)	\$ 1,050	LHI-10	\$ 93
11/4/2014	FUEL PUMP for HEATER (WEST STATE MECH)	\$ 1,619	LHI-15	\$ 135
2/24/2015	REPLC MIXING VALVE WATER HEAT(WESTSTATE)	\$ 910	LHI-10	\$ 32
4/1/2015	Hot Water Storage Tank	\$ 3,297	LHI-20	\$ 55
7/30/2015	Install of Outlets & GFCIs in the Office	\$ 1,249	LHI-20	\$ 13
8/27/2015	Avaya IP Office Telephone System	\$ 16,399	LHI-10	\$ 229
Total additions for Leasehold Improvement		\$ 24,524		\$ 556
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Wolcott Hall Nursing Center			License No. 1096-C		Report for Year Ended 9/30/2015			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				1,445,888	1,152,822	A		33,661	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				24,524				556	
C-4. Subtotal									34,218
D. Total Amortization									34,218

* 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 Wolcott Hall Nursing Center	License No. 1096-C	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	87				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)		See Attached			
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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.

CT Medicaid Cost Report Attachment Page 25

	Original Mortgage	6 Month extension
A. Type of Financing (e.g. fixed, variable)	Fixed	
B. Date of Mortgage Obtained	4/11/2008	extension to 10/13/15
C. Interest Rate For the Cost Year	6.44%	2.08%
D. Term of Mortgage (number of years)	7 Yrs.	6 month
E. Amount of Principal Borrowed	119,500,000	
F. Principal Balance Outstanding as of 9/30/	100,562,320	

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

Brightview Nursing & Retirement Center, Ltd.

Rose Haven, Ltd.

Mary Elizabeth Nursing Center, Inc.

Fowler Nursing Center, Inc.

Waterbury Extended Care Facility, Inc.

Harbor View Nursing Center, Inc.

Liberty Hall Nursing Center

Orchard Grove Specialty Care

Wolcott Hall Nursing Center, Inc.

Hewitt Health and Rehabilitation Center, Inc.

Watrous Nursing Center

Elm Hill Nursing Center, Inc.

Gardner Heights Health Care Center, Inc.

Shelton lakes Health Care Center, Inc.

Highview Health Care Center, Inc.

Westfield Manor Health Care Center, Inc.

TA Coccomo Memorial

Plainville Health Care Center, Inc.

Ledgecrest Health Care Center, Inc.

Ridgeview Health Care Center, Inc.

The Kent, Ltd.

Chesterfields, Ltd.

Out of State Facilities

Watch Hill Manor, Ltd.

The Clipper Home, Inc.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Wolcott Hall Nursing Center		1096-C	9/30/2015		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	Page	of
Wolcott Hall Nursing Center	1096-C	9/30/2015	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)	\$	5,363	5,363	
Interest on Value Settlement, City Taxes, and Capital Leas				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	5,363	5,363	
14. Insurance				
a. Insurance on Property (buildings only)	\$	70,508	70,508	
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)	\$	70,508	70,508	
15. Total All Expenditures (A-13 thru C-14)	\$	5,902,768	5,902,768	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Wolcott Hall Nursing Center				1096-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	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	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 92,975	92,975		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 529,628	529,628		
10.	15	1d/e	Accounting & Legal	\$ 4,944	4,944		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 3,542	3,542		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 300	300		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 25,223	25,223		
Page 18 - Dietary Expenditures							
24.	30	IV1	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)				\$ 656,612	656,612		

* 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)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimburable	\$ 18,587		
16	1.3	Employee Recognition/Gifts/Parties	\$ 6,159		
16	m8a	Chamber of Commerce	\$ 358		
16	m13	Bank Charges	\$ 100		
16	m13	Resident Expenses	\$ -		
30	IV8	Account Write Off	\$ 20		
Total Other A&G Adjustments			\$ 25,223	\$ -	\$ -

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

Name of Facility Wolcott Hall Nursing Center				License No. 1096-C	Report for Year Ended 9/30/2015	Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 656,612	656,612		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 93,549	93,549		
28.	16	L1	Ambulance/Limousine	\$			
29.	20	h	X-rays, etc	\$ 15,164	15,164		
30.	20	f	Laboratory	\$ 4,090	4,090		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 2,170	2,170		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 14,800	14,800		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.	30	IV8	Vending Machine Revenue	\$ 39	39		
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$ 11	11		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 4,769	4,769		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 791,204	791,204		

*** 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.

Wolcott Hall Nursing Center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 10,535		
20	5j	Rehab Service Supplies	\$ 4,265		
Total Other Ancillary Costs			\$ 14,800	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Value Settlement Interest	\$ 2,257		
27	12D	City Taxes Interest	\$ 2,512		
Total Other Adjustments			\$ 4,769	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Wolcott Hall Nursing Center	1096-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 3,460,800	3,460,800				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 686,060	686,060				
b. Medicare Room and Board Contractual Allowance **	\$ 107,370	107,370				
4. a. Private-Pay Residents and Other	\$ 620,733	620,733				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 65,735	65,735				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (65,735)	(65,735)				
c. Prescription Drugs - Non-Medicare	\$ 11,777	11,777				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (11,777)	(11,777)				
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	\$ 169,840	169,840				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (130,907)	(130,907)				
c. Physical Therapy - Non-Medicare	\$ 18,865	18,865				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (18,865)	(18,865)				
4. a. Speech Therapy - Medicare	\$ 26,012	26,012				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (7,548)	(7,548)				
c. Speech Therapy - Non-Medicare	\$ 405	405				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (405)	(405)				
5. a. Occupational Therapy - Medicare	\$ 209,971	209,971				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (140,885)	(140,885)				
c. Occupational Therapy - Non-Medicare	\$ 23,490	23,490				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (23,490)	(23,490)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,001,447	5,001,447				
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>)	\$ 11	11				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,059	2,059				
V. Total Other Revenue (1 thru 8)	\$ 2,070	2,070				
VI. Total All Revenue (III +V)	\$ 5,003,516	5,003,516				

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest Income	734,146	\$ 11		
Total Interest Income			\$ 11	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Rebates	\$ 2,000		
30 IV 8	Vending Machine Income	\$ 39		
30 IV 8	Account Write Off	\$ 20		
Total Other Revenue		\$ 2,059	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wolcott Hall Nursing Center	1096-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	257
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	734,146
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	17,043
5. Prepaid Expenses			\$	21,094
a. Prepaid Insurance	6,945			
b. Prepaid Property Tax	14,149			
c. Prepaid Other				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
Due Affiliate (Debit Balance)				
A-9. Total Current Assets (Lines A1 thru 8)			\$	772,540
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,470,412</u>		\$	283,372
	Accum. Depreciation <u>1,187,040</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>33,947</u>		\$	
	Accum. Depreciation <u>33,947</u>	Net		
6. Movable Equipment	*Historical Cost <u>269,116</u>		\$	28,071
	Accum. Depreciation <u>241,046</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	2,052
Construction in Progress	2,052			
Fixed Asset Clearing Account				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	313,495

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Wolcott Hall Nursing Center	1096-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	1,086,035
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	1,400
	Capitalized Refinance Expense	1,400		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,400
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,087,435

* 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 Wolcott Hall Nursing Center		License No. 1096-C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	196,171
2. Notes Payable (<i>itemize</i>)				\$	

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>)				\$	65,276
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	14,460
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,540,226
Accrued PTO		177,139	Accrued Worker's Comp	93,346	
Accrued Pension		4,068	Accrued Professional Fee	4,352	
Accrued Expense Other		107,277	Due Affiliate -Corporate	1,147,437	
Payroll W/H		6,607			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,816,133

* 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 Hall Nursing Center	License No. 1096-C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,816,133	
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>)				\$ 1,063,198	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	1,063,198	Demand			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
Security Deposit					

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,063,198	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,879,332	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wolcott Hall Nursing Center	1096-C	9/30/2015	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			\$	655,029
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,548,675)
6. Gain or Loss for Period			\$	(899,251)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(1,791,897)
C. Total Reserves and Net Worth			\$	(1,791,897)
D. Total Liabilities, Reserves, and Net Worth			\$	1,087,435

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Wolcott Hall Nursing Center	1096-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(939,617)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	5,003,516
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	5,902,768
D. Net Income or Deficit			\$	(899,251)
E. Balance			\$	(1,838,869)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Brian Foley	50,000			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	50,000
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	3,028
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
Brian Foley	President	3,028		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	3,028
H. <i>Balance at End of Period</i>			\$	<i>(1,791,897)</i>

I. Preparer's/Reviewer's Certification

Name of Facility Wolcott Hall Nursing Center	License No. 1096-C	Report for Year Ended 9/30/2015	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				
<p>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.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Robert Gwizdak				
Address Address			Phone Number	
21 Waterville Road Avon, CT 06001			(860) 678-9755	

Error Check

Level	Item	Reported as	
-	Page 35 - Total Liabilities, Reserves and Net Worth	1,087,435	Total Assets 1,087,435