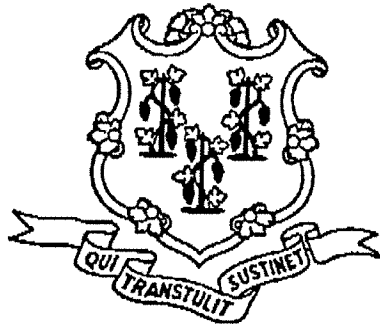


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Wadsworth Glen Health Care and Rehabilitation Center, Inc	
Address (No. & Street, City, State, Zip Code) 30 Boston Rd, Middletown, CT 06457	
Type of Facility	
<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)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2025C	RHNS	(Specify)	Medicare Provider No. 07-5312
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Medicaid Provider Numbers:	CCNH 2025C	RHNS	ICF-MR
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For Department Use Only

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



**MYERS AND
STAUFFER, LLC**
CERTIFIED PUBLIC ACCOUNTANTS

December 11, 2013

Mr. Michael E. Mosier
Chief Financial Officer
Athena Health Care Systems
135 South Road
Farmington, CT 06032

Subject: Alternative Annual Report Approval

Dear Mr. Mosier:

This letter is a follow-up to your verbal approval regarding your request for alternative annual report utilization. We have reviewed your request for approval of the Athena Health Care Systems version of the 2013 Annual Report for the State of Connecticut. Based on our review, your version of the annual report has been approved.

It is not necessary to request approval on an annual basis. This approval will remain in effect until modifications have been made to the Annual Report by the Department of Social Services. The provider community will be notified should such changes occur. At that time, you will be required to submit a new request for approval based on the modified annual report.

Should you have any questions, please feel free to contact me at (860) 687-0790.

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA
CC: Chris Lavigne

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General Information

Name of Facility (as licensed) Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2016	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 Wadsworth Glen Health Care and Rehabilitation Center, Inc [facility name] for the cost report period beginning October 01, 2015 and ending September 30, 2016, 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 penalties 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) <i>Thomas Walkuski</i>		Date 2/15/17	Signed (Owner) <i>[Signature]</i>		Date 2/15/17
Printed Name (Administrator) Thomas Walkuski			Printed Name (Owner) Lawrence G. Santilli		
Subscribed and Sworn to before me:	State of Conn	Date 2/15/17	Signed (Notary Public) <i>[Signature]</i>	Comm. Expires 3/31/20	
Address of Notary Public 41 Terrace Ln Bristol CT 06010					

(Notary Seal)

State of Connecticut
Department of Social Services
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 30 Boston Rd, Middletown, CT 06457				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/15/2017		
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 860-346-9299		Report for Year Ended 09/30/16		Page 2	of 37
Name of Facility (as shown on license) Wadsworth Glen Health Care and Rehabilitation Center, Inc			Address (No. & Street, City, State, Zip) 30 Boston Rd, Middletown, CT 06457		
License Numbers:	CCNH 2025C	RHNS	(Specify)	Medicare Provider No. 07-5312	
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="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> PROFIT CORP. <input type="checkbox"/> NON-PROFIT CORP. <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> 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="checkbox"/> Yes		<input checked="" type="checkbox"/> No If "Yes," explain fully.	
Administrator					
Name of Administrator Thomas Walkuski			Nursing Home Administrator's License No.:		001822
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
Not Applicable					

General Information and Questionnaire Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2016	4	37

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				
Shady Knoll Health Care Center	41 Skokorat Street, Seymour, CT 06483	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWAP Interest Mortgage Payments	P 22, L 9	\$4,983	\$4,983
Athena Captive	135 South Rd, Farmington, CT 06032	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Workers Comp Captive	Pg 15 1a1	\$450,372	\$450,372
CT Health Center of Middletown	30 Boston Rd, Middletown, CT 06457	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rental of Property Facility Participates in common 401k plan	Pg 22, Ln 9, 10b; Pg 27 ln 14	\$663,991	\$663,991
Athena Health Care Assoc 410k Plan	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bank Fees	P16 L m13	\$8,154	\$8,154
Laurel Ridge HCC	642 Danbury Rd, Ridgefield, CT 06877	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attached		\$555,981	\$259,972
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Self Insured Employee Health & Dental Insurance	Pg 15, 1a5	\$871,246	\$871,246
Athena Health Care Insurance	135 South Rd, Farmington, CT 06032	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Legal Fee Reimbursement	Pg 15 1e	\$2,685	\$2,685
Litchfield Woods	255 Roberts Street, Torrington, CT 06790	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Data Processing Fees	Pg16 m13	\$1,511	\$1,511
Bayview Health Care Center	301 Rope Ferry Road, Waterford, CT 06385	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

* Use additional sheets if necessary.

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

Wadsworth Glen
 RELATED PARTIES QUESTIONNAIRE
 PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties %**		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No				
Athena Health Care	135 South Road Farmington, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>50%	MDS Fill In, Legal, Office Supplies, Employee Relations, Education Expenses, Business Promotion, Lobbying, Payroll Processing Fees, Data Processing Fees, Management Fees, Repairs & Maintenance, Furniture & Equipment, Pg 13 11a2, Pg 15 1e, 1g; Pg 16 13, 15; Pg 16 m3, m13; Pg 17; Pg 22 6a; Pg 31 B6;	\$555,981	\$259,972
Miscellaneous Facilities	Various	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>98%	Interfacility Loans Pg 33 A2		
ProCare	111 Executive Blvd Farmingdale, NY 11735	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>50%	Pharmacy Pg 20,5a2, Pg 13b3	\$123,558	\$123,558

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2016	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.

Not Applicable

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.

Not Applicable: No Non-Nursing Home Cost Centers

General Information and Questionnaire
Accounting Basis

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2016	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Cash <input type="checkbox"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Dworken, Hillman, LaMorte & Sterczala		Four Corporate Dr, Shelton, CT 06484		
2 Marcum LLP		555 Long Wharf Dr, 12th Floor, New Haven, CT 06511		
3 Dopkins & Company		200 International Dr, Buffalo, NY 14221-5794		
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 2016 Audit, Year End Financials & Tax Return		\$ 14,000		
2 Medicare Cost Report Preparation		\$ 2,650		
3 Keybank Loan Modification: (Disallow)		\$ 187		
4		\$ -		
			Charge for Services Provided \$16,837	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Pg 15, Line1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1				
2 Schiff Harden			312-258-5500	
3 Murtha Cullina, LLP			860-240-6000	
4 Goldman, Gruder, & Woods, LLC			203-899-8900	
5 State Treasurer/State Marshall fees				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1				
2 6600 Sears Tower, Chicago, IL 60606				
3 185 Asylum St, Hartford, CT 06103				
4 200 Connecticut Avenue, Norwalk, CT 06854				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1		\$ -		
2 Line of Credit: Disallowed		\$ 2,685		
3 Audit Letters & Secretary of State Annual Reports \$1161:Allow, Misc \$293:Disallow		\$ 1,454		
4 A/R Collections - Disallowed		\$ 13,517		
5 Conservatorship Fees:Disallow		\$ 265		
			Charge for Services Provided \$17,921	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Pg 15, Line1e				

Schedule of Resident Statistics

Name of Facility	License No.		Report for Year Ended		Page of	
	2025C		09/30/16			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)		Period 10/1 Thru 6/30
Wadsworth Glen Health Care and Rehabilitation Center, Inc					8	37
1. Certified Bed Capacity						
A. On last day of PREVIOUS report period.....	102	102		102	102	102
B. On last day of THIS report period.....	102	102		102	102	102
2. Number of Residents						
A. As of midnight of PREVIOUS report period.....	99	99		101	99	99
B. As of midnight of THIS report period.....	93	93		91	93	93
3. Total Number of Days Care Provided During Period						
A. Medicare.....	6,475	6,475		5,027	1,448	1,448
B. Medicaid (Conn.).....	24,756	24,756		18,674	6,082	6,082
C. Medicaid (other states).....						
D. Private Pay.....	2,298	2,298		1,583	715	715
E. State SSI for RCH.....						
F. Other (Specify) Managed Care	597	597		480	117	117
G. Total Care Days During Period (3A thru F).....	34,126	34,126		25,764	8,362	8,362
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds						
A. Medicaid Bed Reserve Days.....	483	483		420	63	63
B. Other Bed Reserve Days.....	46	46		36	10	10
5. Total Resident Days (3G + 4A + 4B).....	34,655	34,655		26,220	8,435	8,435

Schedule of Resident Statistics (Cont'd)

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2016	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 (1)	RHNS (2)	(Specify) (3)	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.

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	8		68		11		6		
Per Diem Rate									
a. One bed rm.	544.51		232.41		512.00		432.53		
b. Two bed rms.	544.51		232.41		494.00		432.53		
c. Three or more bed rms.	544.51		232.41		482.00		432.53		

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	6,571	6,571		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	2,135	2,135		
2. Restorative Treatments				
C. Other	16,097	16,097		
D. Total Physical Therapy Treatments	24,803	24,803		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	768	768		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	105	105		
2. Restorative Treatments				
C. Other	2,074	2,074		
D. Total Speech Therapy Treatments	2,947	2,947		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	5,828	5,828		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,888	1,888		
2. Restorative Treatments				
C. Other	19,452	19,452		
D. Total Occupational Therapy Treatments	27,168	27,168		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)	119,480	1,840				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	215,439	10,302				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	64,006	2,087				
c. Dietary Workers	319,984	23,721				
6. Housekeeping Service						
a. Head Housekeeper	48,058	1,980				
b. Other Housekeeping Workers	157,020	12,955				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	64,269	2,096				
b. Other Maintenance Workers	43,181	1,712				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	80,528	6,188				
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	188,051	3,971				
b. RN						
1. Direct Care	616,117	16,402				
2. Administrative**	464,386	18,758				
c. LPN						
1. Direct Care	840,445	30,537				
2. Administrative**						
d. Aides and Attendants	1,336,127	80,377				
e. Physical Therapists	491,312	14,318				
f. Speech Therapists	73,884	1,505				
g. Occupational Therapists	400,636	11,835				
h. Recreation Workers	126,549	5,434				
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	167,144	6,533				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	5,816,616	252,551				

* 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	
	Name of Facility	2025C	9/30/2016	11			37
Name	Salary Paid		Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)					
Section I - Operators/Owners							
Not Applicable							
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).							
Not Applicable							

* 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		
Wadsworth Glen Health Care and Rehabilitation Center, Inc		2025C		9/30/2016		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***									
Patricia Hamill (10/1/14-8/25/16)	119,480		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,840	A2			
Thomas Walkuski (8/26/16-9/30/16)	21,813		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	200	Pg16 m-13	Abbott Terrace Health Center, 44 Abbott Terrace, Waterbury, CT	1,695	149,699
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 Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2016	Page 13	of 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.....	38,775	899				
2. Dentist.....	10,659	22				
3. Pharmacist.....	8,845	295				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	58,961	953				
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	55,984	926				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	15,874					
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.....	7,920	21				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	1,166	18				
2. Administrative***	27,557	323				
b. LPN						
1. Direct Care	2,888	99				
2. Administrative***						
c. Aides.....						
d. Other.....						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	228,629	3,556				

* 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.

Wadsworth Glen
Medical Director Schedule
9/30/2016

<u>Name</u>	<u>Expense</u>	<u>Hours</u>	<u>Title</u>
Prakash Huded, MD	39,984.00	591	Medical Director
Leonard Glaser, MD	<u>16,000.00</u>	<u>335</u>	Assistant Medical Director
	<u>55,984.00</u>	<u>926</u>	

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

Name of Facility		License No.	Report for Year Ended		Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc		2025C	9/30/2016		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Debra Morelli, 440 Old Reservoir Rd, Wethersfield, CT 06109	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
ABC Recruiting, 2075 Lansing Place, Syosset, NY 11791	Physical Therapist Recruiting Fee	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Prakash Huded MD, 28 Marlborough St, Portland, CT 06480	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Connecticut Oncology, 536 Saybrook Rd, Middletown, CT 06457	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Omicare Pharmacy, 523 Knotter Drive, Cheshire, CT 06410	Pharmacy Consultant	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Access Therapies, P.O. Box 823461, Philadelphia, PA 19182-3461	Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Healthdrive Audiology, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Starling Physicians, 2110 Silas Deane Hwy, Rocky Hill, CT 06067	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Joseph Anquillare/CT Multispecialty, 2110 Silas Deane Highway, Rocky Hill, CT 06067	Asst Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Gaylord Hospital, P.O. Box 400, Wallingford, CT 06492	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Healthdrive Dental, 888 Worcester Street, Suite 130, Wellesley, MA 02482	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Southern CT Vascular Center, P.O. Box 10, Windsor, CT 06095	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Middlesex Hospital, 28 Crescent St, Middletown, CT 06457	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Healthdrive Eye Care Group, 888 Worcester St, Wellesley, MA 06457	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Middlesex Cardiology, 520 Saybrook Road, Middletown, CT 06457	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
SDX Swallowing Diagnostics, P.O. Box 484, Avon, CT 06001	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Middlesex Orthopedic Surgery, 410 Saybrook Rd, Middletown, CT 06457	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Yale New Haven Hospital, 20 York St, New Haven, CT 06510	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Hospital of Central CT, 100 Grand St, New Britain, CT 06050	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Hartford Hospital, 80 Seymour St, Hartford, CT 06102	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Athena Health Care, 135 South Rd, Farmington, CT 06032	MDS Fill In	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners		
John Dempsey Hospital, 263 Farmington Ave, P.O. Box 4033, Farmington, CT 06034	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

* 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
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 450,372	450,372			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 138,503	138,503			
4. Social Security (F.I.C.A.).....	\$ 434,810	434,810			
5. Health Insurance.....	\$ 715,560	715,560			
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 33,727	33,727			
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*.....	\$ 41,103	41,103			
d. Accounting and Auditing.....	\$ 16,837	16,837			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 17,921	17,921			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*.....	\$				
g. Office Supplies.....	\$ 55,176	55,176			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 35,785	35,785			
2. Cellular Phones.	\$ 1,164	1,164			
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*.....	\$ 250	250			
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 594,866	594,866			
Subtotal	\$ 2,536,074	2,536,074			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2016		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,536,074	2,536,074		
i. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$	5,648	5,648		
3. Gifts to Staff and Residents.....	\$	8,896	8,896		
4. Employee Travel.....	\$	1,368	1,368		
5. Education Expenses Related to Seminars and Conventions	\$	3,928	3,928		
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>).....	\$	6,746	6,746		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$	936	936		
3. Advertising Other (<i>Specify</i>)***.....	\$	37,528	37,528		
See Attached Schedule					
4. Fund-Raising***.....	\$				
5. Medical Records.....	\$	(52)	(52)		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***.....	\$				
7. Postage.....	\$	10,085	10,085		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	7,390	7,390		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$				
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**.....	\$	317,790	317,790		
13. Other (<i>Specify</i>)	\$	122,704	122,704		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	3,059,041	3,059,041		

* 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)
Promotional	\$ 37,528		
Total Other Advertising	\$ 37,528	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 7,310		
Assoc Long Term Care Fin Mgr	\$ 80		
Total Dues	\$ 7,390	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 3,416		
Employee Physicals/Background Checks	\$ 23,496		
Bank Charges	\$ 9,237		
Payroll Processing Fees	\$ 22,353		
Licenses	\$ 170		
Compliance Consulting	\$ 20,627		
Civil Penalty State Survey 2015	\$ 1,740		
Administrator Purchase Service	\$ 21,813		
Data Processing	\$ 19,852		
Total Other Administrative and General	\$ 122,704	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2016	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 #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$470,153	Contract Attached to a Prior Year	See Below
Allocation of the above	\$310,301 \$75,224 \$84,628	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$7,489	Admin/Gen - Other Exp	Pg 16, Line 12

*** 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
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2016		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	\$ 218,388	218,388			
2. Non-Food Supplies.....	\$ 28,254	28,254			
3. Other (Specify) _____	\$ 4,242	4,242			
Dishes = \$4,242					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$ 75,224	75,224			
d. Other (Specify) _____	\$				
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 326,108	326,108			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	280	280			
H. Is cost of employee meals included in 2E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
I. Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			If yes, specify amount.
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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			If yes, specify cost. = \$864
L. Is any revenue collected from these people?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			If yes, specify amount. = \$322
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					Pg 18 ln 2a1
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="checkbox"/> Yes	<input checked="" type="checkbox"/> No			If yes, specify cost.
O. Is any revenue collected from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			If yes, specify amount.
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 Wadsworth Glen Health Care and Rehabilitation Center, Inc		License No. 2025C	Report for Year Ended 9/30/2016	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. \$			
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. \$	12,875	12,875	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Supplies = \$6,578		\$	6,578	6,578	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	19,453	19,453	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
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="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
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 Wadsworth Glen Health Care and Rehabilitation Center, Inc		License No. 2025C	Report for Year Ended 9/30/2016		Page 20	of 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. \$	29,213	29,213		
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)...	\$	29,213	29,213		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy.....	\$				
2.	Purchased from Omni Care/ProCare	\$	386,598	386,598		
b.	Medicine Cabinet Drugs.....	\$	18,225	18,225		
c.	Medical and Therapeutic Supplies.....	\$	270,208	270,208		
d.	Ambulance/Limousine***	\$	14,500	14,500		
e.	Oxygen					
1.	For Emergency Use.....	\$				
2.	Other***	\$	35,056	35,056		
f.	X-rays and Related Radiological Procedures***	\$	43,802	43,802		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	21,482	21,482		
i.	Recreation.....	\$	14,656	14,656		
j.	Other (Specify)*** See Attached Schedule	\$	233,424	233,424		
5K.	Total Resident Care Expenditures (5a - 5j).....	\$	1,037,951	1,037,951		

* 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.

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

Name of Facility		License No.	Report for Year Ended	Page of				
Wadsworth Glen Health Care and Rehabilitation Center, Inc		2025C	9/30/2016	21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS (Specify)	Pg	Line
		Yes	No					
Ct Waste Processing	PO Box 99, Plainville, CT 06062	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rubbish Removal	17,361		22	6f
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Payroll Processing	17,479		16	m13
Allen Lawn Care	16 Sunset Drive, Rockfall, CT 06481	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Snow Removal & Landscaping	10,901		22	6f
Winterberry Landscape Management	2070 West St, Southington, CT 06489	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Groundskeeping	12,394		22	6f
OmniCare	78000, Detroit, MI 48278-1668	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pharmacy	287,709		20	5a2
Otis Elevator	PO Box 905454, Charlotte, NC 28290	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elevator Maintenance	15,641		22	6a
Harmony Healthcare	430 Boston Street, Ste 104, Topsfield, MA 01983	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance Consulting	20,323		16	m13
ProCare	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pharmacy	123,558		20	5a2
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	85,604	85,604				
b. Heat..... \$	67,816	67,816				
c. Light & Power..... \$	125,573	125,573				
d. Water..... \$	56,638	56,638				
e. Equipment Lease (<i>Provide detail on page 6</i>)..... \$	28,759	28,759				
f. Other (<i>itemize</i>)..... \$	76,817	76,817				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)..... \$	441,207	441,207				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements..... \$						
b. Building & Building Improvements..... \$						
c. Non-Movable Equipment..... \$	28,066	28,066				
d. Movable Equipment..... \$	64,273	64,273				
*7e. Total Depreciation Costs (7a + b + c + d)..... \$	92,339	92,339				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$						
c. Leasehold Improvements..... \$	96,058	96,058				
d. Other (<i>Specify</i>)..... \$						
*8e. Total Amortization Costs (8a + b + c + d)..... \$	96,058	96,058				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	429,601	429,601				
10. Property Taxes						
a. Real estate taxes paid by owner..... \$						
b. Real estate taxes paid by lessor..... \$	164,388	164,388				
c. Personal property taxes..... \$	12,858	12,858				
11. Total Property Expenses (7e + 8e + 9 + 10)..... \$	795,244	795,244				

* 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)
Groundskeeping	\$ 15,797		
Rubbish Removal	\$ 17,361		
Supplies	\$ 36,161		
Snow Removal	\$ 7,498		
Total Other Repairs and Maintenance	\$ 76,817	\$ -	\$ -

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended			Page	of	
Wadsworth Glen Health Care and Rehabilitation Center, Inc		2025C		9/30/2016			23	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									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal.....									
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									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal.....									
E. Total Depreciation									
64,273									
92,340									

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

Amortization Schedule*

Name of Facility	Date of Acquisition		Length of Amortization	License No.	Report for Year Ended		Page	of
	Month	Year			9/30/2016	24		
Wadsworth Glen Health Care and Rehabilitation Center, Inc				2025C				
Item					Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate Amortization for This Year	Totals
A. Organization Expense								
1.								
2.								
3.								
A-4. Subtotal.....								
B. Mortgage Expense								
1. Deferred Finance Fees								
2. Finance Fees								
3. Finance Fees								
B-4. Subtotal.....								
C. Leasehold Improvements and Other (Specify)								
1. Acquired prior to this report period	9	2015	Various		1,023,165	SL	Var	93,546
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	9	2016	Various		46,561	SL	Var	2,512
C-4. Subtotal.....								
D. Total Amortization								96,058
								96,058

* 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.

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2016	24A	37
C. Leasehold Improvements (Specify)				
1. Acquired prior to this report period	9 2015 Various	980,001	93,546	
2. Disposals (attach schedule)				
3. Acquired during this report period	9 2016 Various	46,561	2,512	
C-4. Subtotal.....				96,058
C. Other (Specify)				
1. Intangible Asset-Bed Purchase	9 1998 15 yrs	43,164		
2.				
C-4. Subtotal.....				
Total Acquired prior to this report period	9 2015 Various	1,023,165	93,546	
Total Disposals				
Total Acquired during this report period	9 2016 Various	46,561	2,512	

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

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2016	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party*? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	06/01/87				
5. Total Licensed Bed Capacity	102				
6. Square Footage					
7. Acquisition Cost					
a. Land	200,000				
b. Building	5,160,429				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		HUD			
b. Date Mortgage Obtained		03/29/12			
c. Interest Rate for the Cost Year		3.22%			
d. Term of Mortgage (number of years)		31			
e. Amount of Principal Borrowed		5,400,000			
f. Principal balance outstanding as of 9/30/2016		4,918,019			
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 Wadsworth Glen Health Care and Rehabilitation Center, Inc		License No. 2025C	Report for Year Ended 9/30/2016			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
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2016			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)..... \$	11,610	11,610				
A. Item	Rate	Amount				
Boiler/Lighting Capital Lease	7.42%	201,784				
Lender						
Graybar Financial Services						
Address of Lender						
PO Box 644006, Cincinnati, OH 45264						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)..... \$	11,610	11,610				
12. D. Other Interest Expense (Specify)..... \$	33,240	33,240				
Vender Interest = \$3,830; Line of Credit Interest = \$5,736; KeyBank Term Loan Int & Fees = \$23,674						
13. Total All Interest Expense (12B7 + 12C3 + 12D)..... \$	44,850	44,850				
14. Insurance						
a. Insurance on Property (buildings only)..... \$	72,284	72,284				
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)...	72,284	72,284				
15. Total All Expenditures (A-13 thru C-14)..... \$	11,870,596	11,870,596				

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc				2025C	9/30/2016	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.	10	A12g	Occupational Therapy.....	\$ 400,636	400,636		
4.	Var	Var	Other - See attached Schedule.....	\$ 3,473	3,473		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **.....	\$ 15,874	15,874		
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.	15	1a9	Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 41,103	41,103		
10.	15	1d&e	Accounting & Legal.....	\$ 16,947	16,947		
11.			Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 289	289		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	L3	Gifts, flowers and coffee shops.....	\$ 8,896	8,896		
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 *.....	\$ 38,464	38,464		
19.	15	1j&k1 &2	Income Tax / Corporate Business Tax...	\$ 250	250		
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 195,366	195,366		
	18	2c		\$ 47,361	47,361		
	20	5j		\$ 53,282	53,282		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 36,593	36,593		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 864	864		
Page 19 - Laundry Expenditures							
25.	19	3d	Laundry services to employees, guests and others who are not residents.....	\$			
Page 20 - Housekeeping Expenditures							
26.	20	4d	Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 859,398	859,398		

* 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.

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

Name of Facility				License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc				2025C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 859,398	859,398		
Page 20 - Resident Care Supplies***							
27.	20	5a1&2	Prescription Drugs.....	\$ 386,598	386,598		
28.	20	5d	Ambulance/Limousine.....	\$ 14,500	14,500		
29.	20	5f	X-rays, etc.....	\$ 43,802	43,802		
30.	20	5h	Laboratory.....	\$ 21,482	21,482		
31.	20	5c	Medical Supplies.....	\$ 10,200	10,200		
32.	20	5e2	Oxygen (non emergency).....	\$ 35,056	35,056		
33.	20	5j	Occupational Therapy.....	\$ 62	62		
34.	Var	Var	Other - See Attached Schedule.....	\$ 42,871	42,871		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 2,804	2,804		
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.	20	5j	Radio and Television Revenue.....	\$ 14,919	14,919		
44.	30	rv8	Vending Machine Revenue.....	\$ 172	172		
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	rv5	Interest Income on Accounts Rec.....	\$ 1	1		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
Not For Profit Providers Only							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,431,865	1,431,865		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental	42,871		
Total Other Ancillary Costs			\$ 42,871	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Moveable Equip Carry Forward	2,804		
Total Excess Movable Equipment Depreciation			2,804		

Schedule of Other Property Adjustments

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

Schedule of Other Adjustments

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>).....	\$ 12,505,063	12,505,063				
b. Medicaid Room and Board Contractual Allowance **.....	\$ (6,613,689)	(6,613,689)				
2. a. Medicaid (<i>All other states</i>).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents (<i>all inclusive</i>).....	\$ 2,372,740	2,372,740				
b. Medicare Room and Board Contractual Allowance **.....	\$ 454,391	454,391				
4. a. Private-Pay Residents and Other.....	\$ 2,247,390	2,247,390				
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (171,764)	(171,764)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare.....	\$ 351,521	351,521				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (351,521)	(351,521)				
c. Prescription Drugs - Non-Medicare.....	\$ 190,371	190,371				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (190,371)	(190,371)				
2. a. Medical Supplies - Medicare.....	\$					
b. Medical Supplies - Medicare Contractual Allowance **.....	\$					
c. Medical Supplies - Non-Medicare.....	\$ 21	21				
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (21)	(21)				
3. a. Physical Therapy - Medicare.....	\$ 820,364	820,364				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (636,612)	(636,612)				
c. Physical Therapy - Non-Medicare.....	\$ 314,386	314,386				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (314,386)	(314,386)				
4. a. Speech Therapy - Medicare.....	\$ 229,345	229,345				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (189,368)	(189,368)				
c. Speech Therapy - Non-Medicare.....	\$ 94,869	94,869				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (94,869)	(94,869)				
5. a. Occupational Therapy - Medicare.....	\$ 955,353	955,353				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (795,840)	(795,840)				
c. Occupational Therapy - Non-Medicare.....	\$ 323,427	323,427				
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (323,427)	(323,427)				
6. a. Other (<i>Specify</i>) - Medicare.....	\$					
b. Other (<i>Specify</i>) - Non-Medicare.....	\$ 2,698	2,698				
III Total Resident Revenue (Section I.thru Section II.).....	\$ 11,180,071	11,180,071				
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>)	\$ 26,651	26,651				
6. Private Duty Nurses' Fees.....	\$					
7. Barber, Coffee, Beauty and Gift shops.....	\$					
8. Other (<i>Specify</i>).....	\$ 234	234				
V. Total Other Revenue (1 thru 8).....	\$ 26,885	26,885				
VI. Total All Revenue (III + V).....	\$ 11,206,956	11,206,956				

* 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)
N/A	Retroactives	\$ 2,698		
Total Other Resident Revenue		\$ 2,698	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 31, L A2	Interest on A/R	N/A	\$ 1		
pg 32, L6	Interest on Related Party Note	\$ 733,279	\$ 26,650		
Total Interest Income			\$ 26,651	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
15,1g	Medical record copying fee	\$ 62		
18,2a1	Vending Machine	\$ 172		
Total Other Revenue		\$ 234	\$ -	\$ -

G. Balance Sheet

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2016	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>).....			\$	38,616
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	845,564
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4 Inventories.....			\$	29,670
5. Prepaid Expenses.....			\$	139,215
a. Prepaid Insurance	139,215			
b. _____				
c. _____				
d. _____				
6. Interest Receivable.....			\$	31,146
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets (<i>itemize</i>).....			\$	173,746
A/R Related Parties	170,562			
A/R Non Related Parties	482			
A/R Medicaid Wage Enhancement	2,702			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,257,957
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.....	1,583,208	\$	507,150
	Accum. Depreciation	(1,076,058) Net.....		
5. Non-Movable Equipment	*Historical Cost.....	498,482	\$	134,330
	Accum. Depreciation	(364,152) Net.....		
6. Movable Equipment	*Historical Cost.....	1,144,989	\$	257,941
	Accum. Depreciation	(887,048) Net.....		
7. Motor Vehicles	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets (<i>itemize</i>).....			\$	13,753
Moveable Equip Carry Forward Adj	13,753			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	913,174

* 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
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$ 2,171,131	
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).....			\$ 26,836	
5. Investments Related to Resident Care (<i>itemize</i>).....			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$ 725,871	
Name and Address		Amount	Loan Date	
Related Party Note		725,871	3/29/2012	
7. Other Assets (<i>itemize</i>).....			\$ 33,098	
Deposit IRS			8,776	
Project Development			24,322	
D-8. Total Investments and Other Assets (Lines D1 thru 7).....			\$ 785,805	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....			\$ 2,956,936	

* 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 Wadsworth Glen Health Care and Rehabilitation Center, Inc		License No. 2025C	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable.....				\$	892,470
2. Notes Payable (<i>itemize</i>).....				\$	499,000
Loans					499,000
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>).....				\$	292,854
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....				\$	
6. Accrued Payroll Taxes Payable.....				\$	12,780
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>).....				\$	1,038
11. Accrued Income Taxes*.....				\$	
12. Other Current Liabilities (<i>itemize</i>).....				\$	223,231
Acc'd Operating Expenses					71,348
Acc'd Expense - CT Sales Tax					2,179
Provider Taxes Due					149,704
A-13. Total Current Liabilities (Lines A1 thru 12).....				\$	1,921,373

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

(Carry Total forward to next page)

** Interest Bearing - Do Not Include in Return on Equity Calculation.

**WADSWORTH GLEN
ACCRUED EXPENSES-OPERATIONS
September 30, 2016**

ACCT. # 2170

Management Fee true up	(\$12,251.37)
9/30/16 Audit Fee (DHLS)	\$14,000.00
Health Insurance IBRN 9/30/16	(\$5,396.06)
Food Rebate (Received 10/31/15)	(\$1,221.86)
GGW correction of Sept invoices	(\$3,257.79)
ProCare Sept	\$22,483.45
ProCaire Sept	\$3,952.62
Wage Enhancement Pension	\$7,000.00
NaviHealth Sept	\$1,010.00
Peterson - entertainment Sept	\$70.00
Eversource - Jan - Aug back billing	\$3,968.75
Triple A Sept	\$409.02
Direct Energy Jan16-Sept16	\$32,422.43
Dietician Sept Estimate	\$3,000.00
Medical Director Estimate Sept	\$2,000.00
Dental Consultant Estimate Sept	\$969.00
BioCaire Sept	\$2,189.75
	<hr/>
Balance 9/30/16	<u><u>\$71,347.94</u></u>

G. Balance Sheet (cont'd)

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2016	Page 34	of 37
Account			Amount	
			Total Brought Forward:	
			1,921,373	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>).....				\$ 136,297
Name of Lender	Purpose	Amount	Date Due	
Graybar Capital Lease - Boiler		136,297		
2. Mortgages Payable.....				\$
3. Loans from Owners or Related Parties (<i>itemize</i>).....				\$ 1,253,008
Name and Address of Lender	Amount	Loan Date		
Due to Partnership	1,253,008			
4. Other Long-Term Liabilities (<i>itemize</i>).....				\$ 238,212
Key Bank Term Loan		236,546		
Swap-Valuation		1,666		
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....				\$ 1,627,517
C. Total All Liabilities (Lines A-13 + B-5).....				\$ 3,548,890

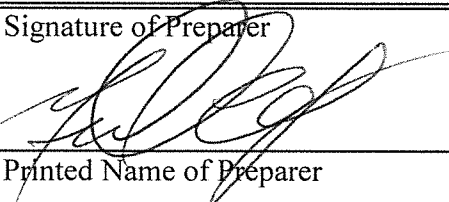
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land.....			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>) ..			\$	
4. Reserve for leasehold real properties on which fair rental value is based.....			\$	
5. Reserve for funds set aside as donor restricted.....			\$	
6. Total Reserves.....			\$	
B. Net Worth				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	
3. Paid-in Surplus.....			\$	(1,666)
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	73,352
6. Gain or Loss for Period			\$	(663,640)
	10/1/2015	thru 9/30/2016		
7. Total Net Worth.....			\$	(591,954)
C. Total Reserves and Net Worth			\$	(591,954)
D. Total Liabilities, Reserves, and Net Worth			\$	2,956,936

H. Changes in Total Net Worth

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	118,886
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	11,206,956
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,870,596
D. Net Income or Deficit.....			\$	(663,640)
E. Balance.....			\$	(544,754)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
		(58,017)		
	Change in Swap	5,336		
	Correct Prior Year AP Void Error	5,483		
	Rounding	(2)		
2. Other (<i>itemize</i>)				
F-3. Total Additions.....			\$	(47,200)
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>).....			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>).....			\$	
Purpose		Amount		
3. Total Deductions.....			\$	
H. Balance at End of Period			\$	(591,954)
	09/30/16			

I. Preparer's/Reviewer's Certification

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
CCNH	RHNS	Other (<i>Specify</i>)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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 CFO	Date Signed 2/15/17		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		

Cost report forms generated by Athena Health Care Associates, Inc as approved in letter dated 12/11/2013.

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2198-C/2198-C	Report for Year Ended 9/30/2016	Page ERROR REPORT
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INCOME/EXPENSE STATEMENT

ERROR CHECK LIST

*****RED CELLS INDICATE POSSIBLE ERROR*****

***** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS *****

RECONCILIATION OF COST REPORT PAGES TO INTERFACE:

(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)

	TOTAL	CCNH	RHNS	OTHER: (Specify)
PG 1A PER INTERFACE				
PG 1A PER COST REPORT				
DIFFERENCE				
PG 10 PER INTERFACE	5,816,616	5,816,616		
PG 10 PER COST REPORT	5,816,616	5,816,616		
DIFFERENCE				
PG 1A PER COST REPORT				
PG 10 PER COST REPORT				
DIFFERENCE				
PG 13 PER INTERFACE	228,629	228,629		
PG 13 PER COST REPORT	228,629	228,629		
DIFFERENCE				
PG 15 & 16 PER INTERFACE	3,059,041	3,059,041		
PG 15 & 16 PER COST REPORT	3,059,041	3,059,041		
DIFFERENCE				
PG 18 PER INTERFACE	326,108	326,108		
PG 18 PER COST REPORT	326,108	326,108		
DIFFERENCE				
PG 19 PER INTERFACE	19,453	19,453		
PG 19 PER COST REPORT	19,453	19,453		
DIFFERENCE				
PG 20 PER INTERFACE	1,067,164	1,067,164		
PG 20 PER COST REPORT	1,067,164	1,067,164		
DIFFERENCE				
PG 22 PER INTERFACE	1,236,451	1,236,451		
PG 22 PER COST REPORT	1,236,451	1,236,451		
DIFFERENCE				
PG 26 & 27 PER INTERFACE	117,134	117,134		
PG 26 & 27 PER COST REPORT	117,134	117,134		
DIFFERENCE				
TOTAL EXPENSES PER INTERFACE	11,870,596	11,870,596		
TOTAL EXPENSES PER COST REPORT	11,870,596	11,870,596		
DIFFERENCE				
TOTAL REVENUES PER INTERFACE	11,206,956	11,206,956		
TOTAL REVENUES PER COST REPORT	11,206,956	11,206,956		
DIFFERENCE				
EQUIPMENT LEASES PER PAGE 6	28,759			
EQUIPMENT LEASES PER PAGE 22,LINE 6e	28,759			
DIFFERENCE				

Name of Facility	License No.	Report for Year Ended	Page
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2198-C/2198-C	9/30/2016	ERROR REPORT

BALANCE SHEET ERROR CHECK LIST

*** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS ***

**RECONCILIATION OF COST REPORT PAGES TO INTERFACE:
(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)**

TOTAL

RED CELLS INDICATE POSSIBLE ERROR

PG 31 CURRENT ASSETS PER INTERFACE	1,257,957
PG 31 CURRENT ASSETS PER COST REPORT	1,257,957
DIFFERENCE	<u>1,257,957</u>
PG 31 FIXED ASSETS PER INTERFACE	913,174
PG 31 FIXED ASSETS PER COST REPORT	913,174
DIFFERENCE	<u>913,174</u>
PG 32 LEASED ASSETS PER INTERFACE	
PG 32 LEASED ASSETS PER COST REPORT	
DIFFERENCE	<u> </u>
PG 32 OTHER ASSETS PER INTERFACE	785,805
PG 32 OTHER ASSETS PER COST REPORT	785,805
DIFFERENCE	<u>785,805</u>
PG 32 TOTAL ASSETS PER INTERFACE	2,956,936
PG 32 TOTAL ASSETS PER COST REPORT	2,956,936
DIFFERENCE	<u>2,956,936</u>
PG 33 CURRENT LIABS PER INTERFACE	1,921,373
PG 33 CURRENT LIABS PER COST REPORT	1,921,373
DIFFERENCE	<u>1,921,373</u>
PG 34 LONG TERM LIABS PER INTERFACE	1,627,517
PG 34 LONG TERM LIABS PER COST REPORT	1,627,517
DIFFERENCE	<u>1,627,517</u>
PG 34 TOTAL LIABS PER INTERFACE	3,548,890
PG 34 TOTAL LIABS PER COST REPORT	3,548,890
DIFFERENCE	<u>3,548,890</u>
PG 35 RESERVES PER INTERFACE	
PG 35 RESERVES PER COST REPORT	
DIFFERENCE	<u> </u>
PG 35 NET WORTH PER INTERFACE	(591,954)
PG 35 NET WORTH PER COST REPORT	(591,954)
DIFFERENCE	<u>(591,954)</u>
PG 35 TOTAL LIAB & WORTH PER INTERFACE	2,956,936
PG 35 TOTAL LIAB & WORTH PER COST REPORT	2,956,936
DIFFERENCE	<u>2,956,936</u>
PG 32 TOTAL ASSETS PER COST REPORT	2,956,936
PG 35 TOTAL LIAB & WORTH PER COST REPORT	2,956,936
DIFFERENCE	<u>2,956,936</u>
NET INCOME PER BALANCE SHEET	(663,640)
NET INCOME PER INCOME STATEMENT	(663,640)
DIFFERENCE	<u>(663,640)</u>
PG 35 NET WORTH PER COST REPORT	(591,954)
TOTAL NET WORTH PER PG 36	(591,954)
DIFFERENCE	<u>(591,954)</u>

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2198-C/2198-C	Report for Year Ended 9/30/2016	Page ERROR REPORT
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**INFORMATIONAL PAGES
ERROR CHECK LIST**

*****RED CELLS INDICATE POSSIBLE ERROR*****

*** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS ***

**RECONCILIATION OF COST REPORT PAGES TO INTERFACE INPUT:
(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)**

	TOTAL	CCNH	RHNS	OTHER: (Specify)
PG 7 TOTAL LEGAL FEES DETAIL	17,921	NOT APPLICABLE		
PG 15, LINE 1e LEGAL FEES PER COST REPORT	17,921	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
PG 7 TOTAL ACCOUNTING FEES DETAIL	16,837	NOT APPLICABLE		
PG 15, LINE 1d ACCOUNTING FEES PER C/RPT	16,837	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
PG 11 OWNER'S SALARY PER COST REPORT	-			
PG 10 OWNER'S SALARY PER COST REPORT	-			
DIFFERENCE				
PG 12 ADMINISTRATOR'S SALARY PER C/RPT	141,293	141,293		
PG 10 ADMINISTRATOR'S SALARY PER C/RPT	119,480	119,480		
DIFFERENCE				
PG 12 ASST ADMIN'S SALARY PER COST REPORT	-			
PG 10 ASST ADMIN'S SALARY PER COST REPORT	-			
DIFFERENCE				
PT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	24,803	NOT APPLICABLE		
HORIZONTAL TOTALS	24,803	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
ST TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	2,947	NOT APPLICABLE		
HORIZONTAL TOTALS	2,947	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
OT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	27,168	NOT APPLICABLE		
HORIZONTAL TOTALS	27,168	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
NO. OF CERTIFIED BEDS RECONCILIATION:				
NUMBER OF BEDS-BEG OF REPORT PERIOD(PG 8)	102	102		
ADDITIONS/DELETIONS DURING PERIOD(PG 9)	-			
CALCULATED CERT. BEDS AT END OF PERIOD	102	102		
ACTUAL CERT. BEDS END OF PERIOD(PG 8)	102	102		
DIFFERENCE				

COMPARISON OF ACTUAL PATIENT DAYS TO MAXIMUM POSSIBLE PATIENT DAYS:

AVERAGE CERTIFIED BEDS	102.00000	102.00000
MAXIMUM PATIENT DAYS	37,332	37,332
ACTUAL PATIENT DAYS	34,655	34,655
PERCENT OCCUPIED(NOT TO EXCEED 100%)	92.8292%	92.8292%

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2198-C/2198-C	Report for Year Ended 9/30/2016	Page ERROR REPORT
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DEPRECIATION TIE-IN
ERROR CHECK LIST

RED CELLS INDICATE POSSIBLE ERROR

*** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS ***

RECONCILIATION OF COST REPORT BALANCE SHEET TO DEPRECIATION PAGES:
(BOOK VALUE NUMBERS FROM EACH COLUMN BELOW MUST EQUAL)

FIXED ASSET CATEGORY	BOOK VALUE PG 23 OR 24	BOOK VALUE PG 31 OR 32	Difference
LAND IMPROVEMENTS	-	-	-
BUILDING AND BUILDING IMPROVEMENTS	-	-	-
LEASEHOLD IMPROVEMENTS	507,150	507,150	-
NON-MOVEABLE EQUIPMENT	134,330	134,330	-
MOTOR VEHICLES	-	-	-
MOVEABLE EQUIPMNT(NET OF LEASED EQUIP)	271,694	257,941	
LEASED MOVEABLE EQUIPMENT	-	-	-
ORGANIZATION/START-UP	-	-	-
OTHER-PG 24	26,836	N/A **	

FIXED ASSET CATEGORY	EXPENSE PG 23 OR 24	EXPENSE PG 22	Difference
LAND IMPROVEMENTS	-	-	-
BUILDING AND BUILDING IMPROVEMENTS	-	-	-
NON-MOVEABLE EQUIPMENT	28,067	28,066	
MOVEABLE EQUIPMENT(NET OF LEASED EQUIP) & MOTOR VEHICLES	64,273	64,273	-
LEASED MOVEABLE EQUIPMENT	-	N/A *	
ORGANIZATION/START-UP	-	-	-
FINANCE FEES	-	-	-
LEASEHOLD IMPROVES	96,058	96,058	-
OTHER AMORTIZATION	-	-	-

* NOT APPLICABLE BECAUSE THERE IS NO CORRESPONDING LINE ON PAGE 22.

**NOT APPLICABLE BECAUSE THERE IS NO CORRESPONDING LINE ON PAGES 31 OR 32.

FIXED ASSET CATEGORY		PG 23a/24a	PG 23/24	Difference
COMPARE DETAIL ADDITIONS TO PAGES 23 & 24				
LAND IMPROVEMENTS	ADDITIONS	-	-	-
	DEPREC	-	-	-
BUILDING IMPROVEMENTS	ADDITIONS	-	-	-
	DEPREC	-	-	-
NON-MOVEABLE EQUIPMENT	ADDITIONS	-	-	-
	DEPREC	-	-	-
MOVE EQUIP(NET OF LEASED EQUIP&VEHICLES	ADDITIONS	17,603	17,604	
	DEPREC	1,270	1,270	
LEASEHOLD IMPROVES	ADDITIONS	46,561	46,561	
	DEPREC	2,512	2,512	