

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing Center	
Address (No. & Street, City, State, Zip Code) 26 Shenipsit Lake Road, Tolland, CT 06084	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2099C	RHNS	(Specify)	Medicare Provider 07-5382
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Medicaid Provider Numbers:	CCNH 20991	RHNS	ICF-IID
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For Department Use Only

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

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)	License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tol	2099C	9/30/2016	1	37

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 ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing Center [facility name], for the cost report period beginning October 1, 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 the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Paul Golino, Assistant Vice President, Financial Svcs			Printed Name (Owner)		
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 ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing Center		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 26 Shenipsit Lake Road, Tolland, CT 06084				
Report Prepared By Christopher Pelletier, ECHN ElderCare Services, Inc.		Phone Number (860) 646-1222 ext. 22	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. 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) 872-2999		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Re		Address (No. & Street, City, State, Zip) 26 Shenipsit Lake Road, Tolland, CT 06084		
License Numbers:	CCNH 2099C	RHNS	(Specify)	Medicare Provider No. 07-5382
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 type="radio"/> Profit Corp. <input checked="" 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 checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," explain fully.				
The facility was purchased by Prospect Medical Holdings effective 10/1/2016.				
Administrator				
Name of Administrator Kathy Hawley		Nursing Home Administrator's License No.:	001751	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility ECHN ElderCare Services, Inc. d/b/a Woodlake at Toll	License No. 2099C	Report for Year Ended 9/30/2016	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	%**				
Eastern CT Medical Professional Foundation, Inc	71 Haynes Street, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Medical Director	13/B8a	57,000	57,000
Eastern CT Health Network	71 Haynes Street, Manchester, CT 06040	<input type="radio"/>	<input checked="" type="radio"/>		Legal, Financial, HR, and Administration (d	16/m12	364,565	364,565
ECHN Community HealthCare Foundation, Inc.	71 Haynes Street, Manchester, CT 06040	<input type="radio"/>	<input checked="" type="radio"/>		Fundraising administration (disallowed on p	16/m4	3,359	3,359
Rockville General Hospital	31 Union Street, Vernon, CT 06066	<input checked="" type="radio"/>	<input type="radio"/>	99%	Laboratory (disallowed on p. 29)	20/5H	50,932	50,932
CorpCare Occupational Health	71 Haynes Street, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Employee physicals	15/1A9	30,828	30,828
Rockville General Hospital	31 Union Street, Vernon, CT 06066	<input checked="" type="radio"/>	<input type="radio"/>	99%	Building maintenance management	22/6f	139,548	139,548
Ambulance Service of Manchester	PO Box 300, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Ambulance Services (disallowed on p.28)	20/5d	15,673	15,673
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility ECHN ElderCare Services, Inc. d/b/a Woodlake	License No. 2099C	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.

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

ECHN is the parent company of Woodlake. Revenues and expenses of ECHN were allocated to Woodlake based on a fixed percentage. The percentage was determined based on the percentage of Woodlake revenue to the total revenues of the system. ECHN Community HealthCare Foundation, Inc. is an affiliated company which operates exclusively for charitable and educational purposes and supervises the development activities of ECHN. Revenues and expenses were allocated to Woodlake based on Woodlake's beneficial interest in the Foundation. These expenses were disallowed on page 28.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of	
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland			2099C	9/30/2016			6	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							
Pitney Bowes Credit Corporation, 27 Waterview Drive, Shelton, CT 06484-4361	<input type="radio"/>	<input checked="" type="radio"/>	Digital mail machine, postage meter	10/22/13	10/22/13 - 10/22/18	2,436		2,436	
	<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 ***	2,436

* 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 ECHN ElderCare Services, Inc. d/b	License No. 2099C	Report for Year Ended 9/30/2016	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 Whittlesey & Hadley 2 Crowe Horwath LLP 3 4	Address (No. & Street, City, State, Zip Code) 147 Charter Oak Ave., Hartford, CT 06106 175 Powder Forest Drive, Simsbury, CT 06089
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Services Provided by This Firm (*describe fully*)

1 Pension plans preparation and filings	\$ 700
2 Financial statement audit, IRS 990 tax return preparation	\$ 26,886
3	\$
4	\$
	Charge for Services Provided
	\$ 27,586

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

- Yes No 15/1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Murtha Cullina 2 3 4 5	Telephone Number 860-240-6000
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Address (*No. & Street, City, State, Zip Code*)

1 185 Asylum Street, Hartford, CT
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 Financing, debt related issues, resident issues	\$ 400
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 400

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

- Yes No 15/1e

Schedule of Resident Statistics

Name of Facility ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitatio			License No. 2099C		Report for Year Ended 9/30/2016				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	130	130			130	130			130	130		
B. On last day of THIS report period	130	130			130	130			130	130		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	127	127			127	127			123	123		
B. As of midnight of THIS report period	123	123			123	123			123	123		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,787	7,787			5,953	5,953			1,834	1,834		
B. Medicaid (Conn.)	27,249	27,249			20,157	20,157			7,092	7,092		
C. Medicaid (other states)												
D. Private Pay	7,091	7,091			5,413	5,413			1,678	1,678		
E. State SSI for RCH												
F. Other (Specify)	2,955	2,955			2,159	2,159			796	796		
G. Total Care Days During Period (3A thru F)	45,082	45,082			33,682	33,682			11,400	11,400		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	7	7			4	4			3	3		
B. Other Bed Reserve Days	53	53			45	45			8	8		
5. Total Resident Days (3G + 4A + 4B)	45,142	45,142			33,731	33,731			11,411	11,411		

Schedule of Resident Statistics (Cont'd)

Name of Facility ECHN ElderCare Services, Inc. d/b/a Woodla	License No. 2099C	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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	25	75		23				
Per Diem Rate								
a. One bed rm.	544.33	240.75		472.00				
b. Two bed rms.				429.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	4,392	4,392		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	154	154		
C. Other	31,826	31,826		
D. Total Physical Therapy Treatments	36,372	36,372		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	699	699		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	2,155	2,155		
D. Total Speech Therapy Treatments	2,854	2,854		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	1,803	1,803		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	104	104		
C. Other	25,386	25,386		
D. Total Occupational Therapy Treatments	27,293	27,293		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rel	2099C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	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)	166,856	1,961				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	267,383	14,944				
5. Dietary Service						
a. Head Dietitian	74,648	3,104				
b. Food Service Supervisor	114,520	3,920				
c. Dietary Workers	380,973	25,664				
6. Housekeeping Service						
a. Head Housekeeper	24,406	984				
b. Other Housekeeping Workers	235,517	17,921				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor	24,406	984				
b. Other Laundry Workers	10,179	598				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	94,322	3,196				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	204,698	3,919				
b. RN						
1. Direct Care	1,926,314	54,875				
2. Administrative**	328,902	8,140				
c. LPN						
1. Direct Care	515,968	18,843				
2. Administrative**						
d. Aides and Attendants	2,071,657	130,345				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	120,865	6,207				
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	185,965	6,641				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,747,579	302,246				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapy Services	\$ 53,600	975				
Northeast Pulmonary	\$ 25,800	flat monthly fee				
Total	\$ 79,400	975	\$ -	-	\$ -	-

**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		
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabil			2099C	9/30/2016			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	
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitat				2099C	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***										
Katherine (Mon) Hawley	166,856				Administrator	1,961	10 / A2	none		
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		
ECHN ElderCare Services, Inc. d/b/a Woodlake at T	2099C	9/30/2016	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	13,608	flat fee contr				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	627,975	9,069				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	57,000	456				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	84,563	1,194				
b. Other						
10. Occupational Therapist						
a. Resident Care	470,237	6,912				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	79,400	975				
B-13 Total Fees Paid in Lieu of Salaries	1,332,783	18,606				

* 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 ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolla		License No. 2099C	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Eastern CT Medical Professional Foundation, Inc., 71 Haynes Street, Manchester, CT 06040	Medical Director Services - Faria Mahmood	<input checked="" type="radio"/>	<input type="radio"/>	Employee of affiliated company.	
Genesis ElderCare Rehabilitation, PO Box 7247-6524, Philadelphia, PA 19170	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Dental Group, 85 Barnes Road, Suite 206, Wallingford, CT 06492	Dental care for residents	<input type="radio"/>	<input checked="" type="radio"/>		
Pro-Caire, PO Box 801, Tolland, CT 06084	Respiratory Therapy Services	<input type="radio"/>	<input checked="" type="radio"/>		
Northeast Pulmonary, 27 Naek Road, Vernon CT 06066	Pulmonary therapy services	<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"/>		
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		<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
ECHN ElderCare Services, Inc. d/b/a Woodlake	2099C	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 34,322	34,322			
2. Disability Insurance	\$ 46,307	46,307			
3. Unemployment Insurance	\$ 89,406	89,406			
4. Social Security (F.I.C.A.)	\$ 486,777	486,777			
5. Health Insurance	\$ 1,033,597	1,033,597			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,122	7,122			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ (11,440)	(11,440)			
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$ 37,620	37,620			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 130,222	130,222			
d. Accounting and Auditing	\$ 27,586	27,586			
e. Legal (Services should be fully described on Page 7)	\$ 400	400			
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$ 12,856	12,856			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 57,005	57,005			
2. Cellular Phones	\$				
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 735,218	735,218			
Subtotal	\$ 2,686,998	2,686,998			

* 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**

ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursi Attachment Page 15
9/30/2016

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
02-9305-75970 Pre-employment physicals (CorpCare)	\$ 30,828		
02-9305-75775 FMLA base (Absence Management)	\$ 3,923		
02-9305-75761 EES Criminal/references check	\$ 2,869		
Total	\$ 37,620	\$ -	\$ -

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	
ECHN ElderCare Services, Inc. d/b/a Woodlake at Td	2099C	9/30/2016	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,686,998	2,686,998		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	505	505		
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	1,013	1,013		
5. Education Expenses Related to Seminars and Conventions	\$	20,858	20,858		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>)	\$	2,399	2,399		
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$				
See Attached Schedule					
4. Fund-Raising***	\$	3,359	3,359		
5. Medical Records	\$	16,599	16,599		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	4,878	4,878		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	11,076	11,076		
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**	\$	364,565	364,565		
13. Other (<i>Specify</i>)	\$	78,788	78,788		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	3,191,038	3,191,038		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
02-5900-72440 Nurses Week	\$ 1,550		
02-9305-75525 Employee Recognition	\$ -		
02-9010-71051 Employee Recognition-Employee of month; Attendance awards	\$ 849		
Total Other Travel and Entertainment	\$ 2,399	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
02-9010-74160 Administration - advertising	\$ -		
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
02-9010-73380 Dues - Leading Age	\$ 10,646		
02-9010-73380 Dues - Association of LTC Financial Managers	\$ 80		
02-9010-73380 Dues - CT Association of Healthcare Facilities	\$ 350		
Total Dues	\$ 11,076	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
02-9010-73410 - Donations -	\$ -		
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
02-9010-73488 EES Administration Medicare Compliance Audit	\$ 3,051		
02-5900-74665 EES Nursing-Professional Credentialing	\$ 3,829		
02-6155-71230 EES Financing fees Service Fees - CHEFA	\$ 11,851		
02-9010-71033 EES Administration Penalties Citations and CMP's	\$ 8,090		
02-9010-71033 EES Administration Reimbursement of Resident Trust	\$ 8,380		
02-9010-71049 EES Administration Bank Fees	\$ 6,741		
02-9010-71140 EES Administration Purchased Svc-patient surveys	\$ 1,003		
02-9010-74155 EES Administration - patient surveys	\$ 3,010		
02-9010-71140 EES Administration Purchased Svc-VoiceFriend	\$ 3,380		
02-9010-71140 EES Administration Purchased Svc-Compliance preparedness	\$ 3,000		
02-9010-71140 EES Administration Purchased Svc-Leading Age survey	\$ 250		
02-9010-73480 EES Administration Maintenance Contracts-MatrixCare	\$ 16,272		
02-9010-73480 EES Administration Maintenance Contracts-Infoshred	\$ 2,711		
02-9010-73480 EES Administration Maintenance Contracts-Medicare eligibility c	\$ 1,464		
02-9010-73480 EES Administration Maintenance Contracts-N.E. Mechanical	\$ 1,415		
02-9010-74320 EES Administration License/Registration-State license	\$ 545		
02-9010-76159 EES Administration Investment Management fees	\$ 1,328		
02-9010-76161 EES Administration Investment custody/bank fees	\$ 2,115		
02-9270-71018 EES Social Services Food	\$ 216		
02-9305-71010 EES Employee Benefits taxes	\$ 137		
Total Other Administrative and General	\$ 78,788	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
ECHN ElderCare Services, Inc. d/b/a Wood	2099C	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 #
ECHN, 71 Haynes Street, Manchester, CT 06040	364,565	Accounting, human resources, legal, computer network, insurance and management	16/m12
ECHN Community HealthCare Foundation, Inc., 71 Haynes Street, Manchester, CT	3,359	Fundraising services	16/m4
Rockville General Hospital, 31 Union Street, Vernon, CT 06066	139,548	Building maintenance	22/6f

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tol		2099C	9/30/2016	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 340,792	340,792			
2. Non-Food Supplies	\$ 36,388	36,388			
3. Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,516	1,516			
c. Management Services**	\$ _____				
d. Other (Specify) _____ Uniforms Food license	\$ 1,252	1,252			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 379,948	379,948			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
I. Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$1,341
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					30/iv1
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		\$671
L. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$1,341
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					30/iv1
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		License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolla		2099C	9/30/2016	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	1,776	1,776		
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. \$	444	444		
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	1,066	1,066		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	95,896	95,896		
c. Management Services**	\$				
d. Other (Specify)	\$				
3E. Total Laundry Expenditures (3a + b + c + d)	\$	99,182	99,182		
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	
ECHN ElderCare Services, Inc. d/b/a Woodlak	2099C	9/30/2016	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	64,800	64,800		
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	44,579	44,579		
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)	\$	44,579	44,579		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from OmniCare	\$	521,906	521,906		
b. Medicine Cabinet Drugs	\$	2,693	2,693		
c. Medical and Therapeutic Supplies	\$	263,890	263,890		
d. Ambulance/Limousine****	\$	15,673	15,673		
e. Oxygen					
1. For Emergency Use	\$				
2. Other****	\$	47,869	47,869		
f. X-rays and Related Radiological Procedures****	\$	36,044	36,044		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory****	\$	50,932	50,932		
i. Recreation	\$	28,483	28,483		
j. Other (Specify)***** See Attached Schedule	\$	56,959	56,959		
5K. Total Resident Care Expenditures (5a - 5j)	\$	1,024,449	1,024,449		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
02-9010-71033 Admin - conservator fees, state marshall	\$ 355		
02-9010-74320 Admin - conservator fees, state marshall	\$ 275		
02-5900-71074 Nursing - Outside medical services (consolidated billing)	\$ 51,535		
02-5900-71018 Nursing - food	\$ 117		
02-6045-72200 Physical Therapy - supplies	\$ 3,331		
02-6056-72200 Speech Therapy - supplies	\$ 654		
02-6057-72200 Occupational Therapy - supplies	\$ 541		
02-9270-71140 Social Services - conservator fees, state marshall	\$ 150		
Total Other Resident Care	\$ 56,959	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page of					
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation at			2099C	9/30/2016	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
Rockville General Hospital	31 Union Street, Rockville, CT	<input checked="" type="radio"/>	<input type="radio"/>	Affiliated Corporation	Laboratory services	50,932			20	5h
CWPM	25 Norton Place, PO Box 415, Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Waste Removal	18,742			22	6f
Rockville General Hospital	31 Union Street, Rockville, CT	<input checked="" type="radio"/>	<input type="radio"/>	Affiliated Corporation	Building maintenance services	139,548			22	6f
Lighthouse Irrigation	7 Grant Street, Vernon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Grounds maintenance, lawn, snow removal	38,574			22	6a
Rinaldi Linen	47 Commons Court, Waterbury CT	<input type="radio"/>	<input checked="" type="radio"/>		Laundry services	95,896			19	3b
New England Mechanical	166 Tunnel Road, Vernon, CT	<input type="radio"/>	<input checked="" type="radio"/>		HVAC maintenance	16,984			22	6a
Matrixcare	Minneapolis, MN 55480-1414	<input type="radio"/>	<input checked="" type="radio"/>		Billing software maintenance	16,272			16	m13
		<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	License No.	Report for Year Ended			Page	of
ECHN ElderCare Services, Inc. d/b/a Woodla	2099C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 113,722	113,722				
b. Heat	\$ 43,373	43,373				
c. Light & Power	\$ 201,796	201,796				
d. Water	\$ 31,867	31,867				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 2,436	2,436				
f. Other (<i>itemize</i>)	\$ 301,133	301,133				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 694,327	694,327				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 3,708	3,708				
b. Building & Building Improvements	\$ 372,167	372,167				
c. Non-Movable Equipment	\$ 43,775	43,775				
d. Movable Equipment	\$ 52,295	52,295				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 471,945	471,945				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 22,591	22,591				
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$ 29,326	29,326				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 51,917	51,917				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 523,862	523,862				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
02-9360-73488 Plant Operations - Rockville General Hospital Mgmt Svcs	\$ 139,548		
02-9360-73488 Plant Operations - Contracted Services Other (Fire Protection Testing)	\$ 13,629		
02-9360-73488 Plant Operations - Contracted Services Other (HVAC r&m)	\$ 29,423		
02-9360-73488 Plant Operations - Contracted Services Other (Elevator r&m)	\$ 6,793		
02-9360-73488 Plant Operations - Contracted Services Other (Elevator maintenance)	\$ 591		
02-9360-73488 Plant Operations - Contracted Services Other (Other r&m)	\$ 24,051		
02-9360-71040 Waste Removal - CWPM	\$ 18,742		
02-9360-71040 Waste Removal - Other vendors	\$ 4,345		
02-9360-71050 Plant Operations Elevator r&m	\$ 5,516		
02-9360-71050 Plant Operations Elevator Maintenance contract	\$ 6,242		
02-9360-71530 Sewer	\$ 52,003		
02-9360-74320 EES Plant Operation registration	\$ 250		
Total Other Repairs and Maintenance	\$ 301,133	\$ -	\$ -

Depreciation Schedule

Name of Facility		License No.			Report for Year Ended			Page	of				
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation		2099C			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		49,441		49,441	22,717	S/L half year	See attached	3,343					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		10,938						365					
A-4. Subtotal									3,708				
B. Building and Building Improvements													
1. Acquired prior to this report period		11,912,335		11,912,335	6,451,789	S/L half year	See attached	369,896					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		45,395						2,271					
B-4. Subtotal									372,167				
C. Non-Movable Equipment													
1. Acquired prior to this report period		744,435		744,435	343,222	S/L half year	See attached	43,205					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		17,060						570					
C-4. Subtotal									43,775				
		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. 1998 Ford E350 Minivan 13 passenger		Yes		11	2003	15,625		15,625	15,625	S/L half year	See attached		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,405,535		1,405,535	1,165,455	S/L half year	See attached	50,296	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						35,551						1,999	
D-3. Subtotal												52,295	
E. Total Depreciation												471,945	

ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing Center
9/30/2016

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
6/20/2016	Sidewalk repairs	\$ 10,938	15	\$ 365
Total additions for Land Improvement		\$ 10,938		\$ 365 *
Deletions:				
Total deletions for Land Improvement		\$ -		\$ - **

*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:				
11/16/2015	Vinyl flooring for 2nd floor-nurses station and hallway off elevators, west hall	\$ 34,710	10	\$ 1,736
10/9/2015	Library flooring	\$ 6,150	10	\$ 308
1/13/2016	Flashing for rake edge of roof and base of chimney	\$ 4,535	10	\$ 227
Total additions for Building Improvement		\$ 45,395		\$ 2,271 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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:				
3/18/2016	New dampers for ductwork on barrier wall	\$ 4,800	20	\$ 120
4/14/2016	New condensing unit	\$ 9,790	15	\$ 326
6/1/2016	Door security alarm	\$ 2,470	10	\$ 124
Total additions for Non-Movable Equipment		\$ 17,060		\$ 570 *
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:				
11/12/2015	Storage shed - light gray duratemp	\$ 2,419	20	\$ 60
3/11/2016	Ice machine #1-535 lbs	\$ 5,675	10	\$ 284
3/23/2016	Ice machine #2-535 lbs	\$ 5,693	10	\$ 285
5/10/2016	Freezer for kitchen	\$ 4,100	10	\$ 205
5/12/2016	Patio furniture	\$ 4,552	10	\$ 228
8/18/2016	Bladder Scanner	\$ 13,112	7	\$ 937
Total additions for Movable Equipmen		\$ 35,551		\$ 1,999 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*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:				
Total additions for Leasehold Improvermer		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvermer		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland R			2099C		9/30/2016			24	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. Deferred Financing fees - Series A	2	2000	21 years	283,355	210,300	S/L, B		73,055	
2. Deferred Financing fees - Series D	5	2009	30 years	272,730	57,955	S/L, B		214,775	
3.									
B-4. Subtotal									287,830
C. Leasehold Improvements and Other									
1. Acquired prior to this report period		98/09	25/30 years	818,684	327,852	S/L, B		29,326	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									29,326
D. Total Amortization									317,156

* 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 ECHN ElderCare Services, Inc. d/b/a	License No. 2099C	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="radio"/> Yes	<input 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		12/18/91			
2. Date Structure Completed		2/18/93			
3. If NOT Original Owner, Date of Purchase		n/a			
4. Date of Initial Licensure		02/01/93			
5. Total Licensed Bed Capacity		130			
6. Square Footage		64,800			
7. Acquisition Cost					
a. Land		720,000			
b. Building		7,013,083			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Fixed	Variable as of M		
b. Date Mortgage Obtained		02/24/00	05/14/09		
c. Interest Rate for the Cost Year		6.38%	2.07%		
d. Term of Mortgage (number of years)		21	30		
e. Amount of Principal Borrowed		9,015,000	4,667,000		
f. Principal balance outstanding as of <u>9/30/16</u>					
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		License No.	Report for Year Ended		Page	of
ECHN ElderCare Services, Inc. d/b/a		2099C	9/30/2016		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			\$ 13,682,000			
2. Loan Origination Date			2/00 & 5/09			
3. Interest Rate %			1.89-6.375%			
4. Term			21 & 30			
5. CHEFA Interest Expense			299,941	299,941		
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 299,941	299,941		

(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
ECHN ElderCare Services, Inc. d/b/a		2099C		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				299,941	299,941		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$ 6,400	6,400		
A. Item		Rate	Amount				
Boiler		6.10%	53,559				
Lender							
First Independence Bank							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 6,400	6,400		
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 306,341	306,341		
14. Insurance							
a. Insurance on Property (buildings only)				\$			
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)				\$			
15. Total All Expenditures (A-13 thru C-14)				\$ 14,344,088	14,344,088		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Reh				2099C	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.	13	B10	Occupational Therapy	\$ 470,237	470,237		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1C	Bad Debts	\$ 130,222	130,222		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L7	Gifts, flowers and coffee shops	\$ 2,399	2,399		
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 6,925	6,925		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	M3	Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.	16	M4	Fund Raising / Contributions	\$ 3,359	3,359		
21.	16	M12	Unallowable Management Fees	\$ 364,565	364,565		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 1,341	1,341		
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)				\$ 979,048	979,048		

* 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)
Total Other A&G Adjustments			\$ -	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland R				2099C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 979,048	979,048		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 521,906	521,906		
28.	20	5d	Ambulance/Limousine	\$ 15,673	15,673		
29.	20	5f	X-rays, etc	\$ 36,044	36,044		
30.	20	5h	Laboratory	\$ 50,932	50,932		
31.			Medical Supplies	\$			
32.	20	5 e2	Oxygen (non emergency)	\$ 47,869	47,869		
33.	20	5j	Occupational Therapy	\$ 541	541		
34.			Other - See Attached Schedule	\$ 55,637	55,637		
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.			Vending Machine Revenue	\$			
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.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
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)			\$ 1,707,650	1,707,650		

*** 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.

ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing Center
 9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	02-5900-71018 Nursing - Food	\$ 117		
20	5j	02-5900-71074 Nursing - Outside medical services (consolidated billing)	\$ 51,535		
20	5j	02-6045-72200 Physical therapy supplies	\$ 3,331		
20	5j	02-6056-72200 Speech therapy supplies	\$ 654		
20	5j	02-5915-72200 Other rehab supplies	\$ -		
		Occupational supplies are disallowed on page 29 line 33.			
Total Other Ancillary Costs			\$ 55,637	\$ -	\$ -

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)
Total Other Adjustments			\$ -	\$ -	\$ -

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
ECHN ElderCare Services, Inc. d/b/a Woo	2099C	9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 11,706,469	11,706,469				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,138,253)	(5,138,253)				
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(all inclusive)	\$ 4,422,611	4,422,611				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 4,269,482	4,269,482				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 378,963	378,963				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (378,963)	(378,963)				
c. Prescription Drugs - Non-Medicare	\$ 180,124	180,124				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (178,592)	(178,592)				
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	\$ 957,917	957,917				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (851,905)	(851,905)				
c. Physical Therapy - Non-Medicare	\$ 270,052	270,052				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (267,604)	(267,604)				
4. a. Speech Therapy - Medicare	\$ 132,427	132,427				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (100,999)	(100,999)				
c. Speech Therapy - Non-Medicare	\$ 32,638	32,638				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (32,266)	(32,266)				
5. a. Occupational Therapy - Medicare	\$ 762,184	762,184				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (712,982)	(712,982)				
c. Occupational Therapy - Non-Medicare	\$ 244,134	244,134				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (242,415)	(242,415)				
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,453,022	15,453,022				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 2,682	2,682				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 15,213	15,213				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 39,309	39,309				
V. Total Other Revenue (1 thru 8)	\$ 57,204	57,204				
VI. Total All Revenue (III + V)	\$ 15,510,226	15,510,226				

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II 6A	02-5090-30203 IV Therapy - Medicare A	\$ 82,410		
30/II 6A	02-5100-30203 Lab - Medicare A	\$ 317,016		
30/II 6A	02-5215-30203 Radiology Diag - Medicare A	\$ 29,592		
30/II 6A	02-5900-50203 IV Therapy - Medicare A allowances	\$ (82,410)		
30/II 6A	02-5900-50203 Lab - Medicare A allowances	\$ (317,016)		
30/II 6A	02-5900-50203 Radiology Diag - Medicare A allowances	\$ (29,592)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II 6B	02-5090-30204 IV Therapy - Medicaid	\$ 141		
30/II 6B	02-5100-30204 Lab Ipt Med Medicaid	\$ 1,099		
30/II 6B	02-5900-50204 Nursing Allowances - Medicaid			
30/II 6B	02-5090-30209 IV Therapy - HMO	\$ 18,126		
30/II 6B	02-5100-30209 Lab Ipt Med HMO	\$ (66)		
30/II 6B	02-5215-30209 Radiology Diag - HMO	\$ 15,617		
30/II 6B	02-5900-50209 Nursing Allowances - HMO	\$ (33,677)		
30/II 6B	02-5900-50204 Nursing Allowances - Medicaid	\$ (1,240)		
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	CHEFA investments were \$0 at 9/30/16. Balances reported are for 8/31/16,				
p. 32 D7	02-9010-39600 Interest Income - investments	3,735,397	\$ 12,400		
p. 32 D7	02-9205-39663 Debt Service Reserve Fund Interest CHEFA (p.32 D7)	784,730	\$ 1,274		
p. 32 D7	02-9205-39663 Interest Account CHEFA (p.31 A8)	53,469	\$ 119		
p. 32 D7	02-9205-39663 Principal Account CHEFA (p.31 A8)	92,958	\$ 500		
n/a	02-6941-39799/9010-39583 Allocation of income from Foundation	n/a	\$ 596		
n/a	02-6915-39801/10 Allocation of income from ECHN	n/a	\$ 324		
Total Interest Income			\$ 15,213	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	02-9010-39585 Public support - unrestricted donations	\$ 825		
n/a	02-6915-39805 ECHN affiliation charge - unrestricted donations	\$ 2,992		
n/a	02-9010-39025 Miscellaneous income - medical records and misc.	\$ 283		
n/a	02-6915-39800 ECHN affiliation charge - other operating revenue	\$ 18,083		
n/a	02-9010-39710 ECHN affiliation charge - Joint Venture income	\$ 12,464		
n/a	02-6915-39806 ECHN affiliation charge - net assets released from restrictions	\$ 477		
n/a	02-6941-39808 Foundation affiliation charge - net assets released from restrictions	\$ 1,285		
20/5c	02-5900-72200 Privacy curtains	\$ 913		
20/5i	02-9350-72200 Recreation supplies	\$ 392		
20/6a	02-9360-71060 Rest room and meeting room repairs	\$ 1,595		
Total Other Revenue		\$ 39,309	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a W	2099C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	182,134
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,706,218
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	35,571
5. Prepaid Expenses			\$	23,440
a. Dues and Fees	2,983			
b. Maintenance contracts	1,569			
c. Lease payment	291			
d. Fee from user fee audit	18,597			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	580,107
Due from affiliates	580,107			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,527,470
B. Fixed Assets				
1. Land			\$	720,000
2. Land Improvements	*Historical Cost	60,379	\$	33,954
	Accum. Depreciation	26,425	Net	
3. Buildings	*Historical Cost	11,957,730	\$	5,133,774
	Accum. Depreciation	6,823,956	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	761,495	\$	374,498
	Accum. Depreciation	386,997	Net	
6. Movable Equipment	*Historical Cost	1,441,086	\$	223,336
	Accum. Depreciation	1,217,750	Net	
7. Motor Vehicles	*Historical Cost	15,625	\$	
	Accum. Depreciation	15,625	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	10,302
Adjustment to agree to f/s		10,302		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	6,495,864

* 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 ECHN ElderCare Services, Inc. d/b/a W	License No. 2099C	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 9,023,334	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
	*Historical Cost	_____	Net	
	Accum. Depreciation	_____	Net	\$
3. Buildings			\$	
	*Historical Cost	_____	Net	
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment			\$	
	*Historical Cost	_____	Net	
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment			\$	
	*Historical Cost	_____	Net	
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles			\$	
	*Historical Cost	_____	Net	
	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	_____	Net	
	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>)			\$ 600,763	
	Investments	1,805		
	Reinsurance recoverable	137,454		
	License Enhancements	461,504		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 600,763	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 9,624,097	

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a Woodlawn	2099C	9/30/2016	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	37,919
2. Notes Payable (<i>itemize</i>)			\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	42,518
Name of Lender	Purpose	Amount	Date Due	
First Independence Bank	Capital lease-boiler	42,518	09/30/17	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	114,938
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	32,826
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>)			\$	7,817,679
Accrued employee withholdings	8,475	Due to affiliates	6,708,036	
Resident day user fee payable	188,781	Deferred income	130,784	
Other accrued expenses	307,098	Estimated self-insurance	55,200	
Due to third party payers	379,273	Resident trust funds	40,032	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	8,045,880

* 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 ECHN ElderCare Services, Inc. d/b/a Woodl		License No. 2099C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				8,045,880	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	11,041
Name of Lender	Purpose	Amount	Date Due		
First Independence Bank	Capital lease-boiler	11,041	1/31/18		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	374,176
Estimated self-insurance liabilities, net of current		374,176			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	385,217
C. Total All Liabilities (Lines A-13 + B-5)				\$	8,431,097

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

Name of Facility	License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a V	2099C	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			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	5,923,972
6. Gain or Loss for Period	10/1/2015	thru 9/30/2016	\$	(4,730,971)
7. Total Net Worth			\$	1,193,001
C. Total Reserves and Net Worth			\$	1,193,001
D. Total Liabilities, Reserves, and Net Worth			\$	9,624,098

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a W	2099C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	5,923,972
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	15,510,226
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,344,088
D. Net Income or Deficit			\$	1,166,138
E. Balance			\$	7,090,110
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
Nonoperating income, net of expenses			(34,481)	
Loss on bond defeasance			(286,648)	
Net transfers from affiliates			(5,575,620)	
Net change in interest in Foundation			(359)	
F-3. Total Additions			\$	(5,897,108)
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. <i>Balance at End of Period</i>		09/30/16	\$	1,193,002

I. Preparer's/Reviewer's Certification

Name of Facility ECHN ElderCare Services, Inc. d/b/a	License No. 2099C	Report for Year Ended 9/30/2016	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				
Christopher M. Pelletier				
Address Address			Phone Number	
71 Haynes Street, Manchester, CT 06040			(860) 646-1222 ext. 2233	