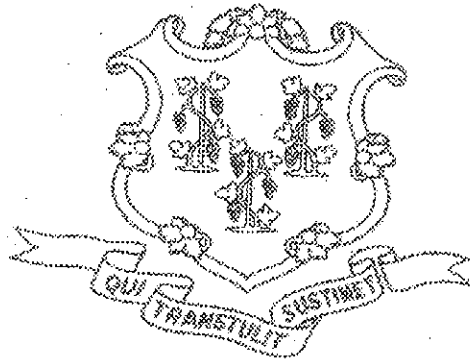


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Wintonbury Care Center LLC	
Address (No. & Street, City, State, Zip Code) 140 Park Avenue, Bloomfield, CT 06002	
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 checked="" type="checkbox"/> NurseFac-Aids	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2221-C	RHNS	NurseFac-Aids AIDS	Medicare Provider 07-5264
------------------	----------------	------	-----------------------	------------------------------

Medicaid Provider Numbers:	CCNH 10876	RHNS	ICF-IID
----------------------------	---------------	------	---------

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) Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2017	Page 1	of 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 Wintonbury Care Center LLC [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, 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) Jaime Faucher			Printed Name (Owner) Chris Wright		
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 Wintonbury Care Center LLC	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 140 Park Avenue, Bloomfield, CT 06002				
Report Prepared By iCare Management LLC	Phone Number 860-570-2140	Date 2/15/2017		
Item	Total	CCNH	RHNS	NurseFac-Aids
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 860-243-9591		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Wintonbury Care Center LLC		Address (No. & Street, City, State, Zip) 140 Park Avenue, Bloomfield, CT 06002		
License Numbers:	CCNH 2221-C	RHNS	NurseFac-Aids AIDS	Medicare Provider No. 07-5264
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 checked="" type="checkbox"/> NurseFac-Aids				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Jaime Faucher		Nursing Home Administrator's License No.:	1701	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Partners/Members**

Name of Facility Wintonbury Care Center LLC		License No. 2221-C	Report for Year Ended 9/30/2017	Page 3	of 37
Legal Name of Partnership/LLC Wintonbury Care Center LLC		Business Address 140 Park Avenue, Bloomfield, CT 06002		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title	% Owned		
V. Robert Salazar	2500 18th Street, Suite 200, Denver, CO 80211	Member	31.3		
David Sebbag	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member	21.4		
Ari Krausz	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member	21.3		
Solomon Melamed	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member	1		
Christopher Wright	341 Bidwell Street, Manchester, Ct 06040	Member	5		
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226	Member	10		
Global World Investors	245 S. Benton Street, Lakewood, CO 80226	Member	10		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

Related Parties*

Name of Facility Individual or Company	Business Address	License No.		Report for Year Ended	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		2221-C	9/3/2017				
Wintombury Care Center, LLC		Yes	No	2221-C	4		37
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040				-	(3,315)	3,315
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105				-	(5,922)	5,922
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088				19		-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088				-	(1,519)	1,519
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032				16		-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032				-	1,762	(1,762)
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088				19		-
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088				-	14,610	(14,610)
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450				-	(1,500)	1,500
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106				-	12,894	(12,894)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040				-	(4,100)	4,100
Wintombury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002				-		-
Secure Care Center, LLC	60 West Street, Rocky Hill, CT 06087				-	4,630	(4,630)
Touchpoints at Homecare LLC	1838 Silas Deane Hwy, Rocky Hill, CT 06067				-		-
Touchpoints therapy	171 Main St. East Windsor, CT 06088				13	688,986	(688,986)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040				22,22,27	657,443	(657,443)
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040				16, 15	17,374	(17,374)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040				-	141,911	(141,911)
					20	167,868	(167,868)
					20	22,732	(22,732)
					16	444,394	(444,394)
					-		-
					-		-
					-		-
					-		-
					-		-
					-		-
					-		-
All 9 Care Centers, mgmt co, realty cos							
Share Common 401k, Pension and Insurance plans, courier, legal and various other services							

* 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 Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2017	Page 5	of 37
--	-----------------------	------------------------------------	-----------	----------

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

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

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

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

**General Information and Questionnaire
 Leases (Excluding Real Property)**

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

Name of Facility		License No.	Report for Year Ended		Page	of	
Wintonbury Care Center LLC		2221-C	9/30/2017		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					
Accelerated Care Plus Corp. 4850 Joule Street, Suite A-1 Reno, NV ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	<input type="radio"/>	<input checked="" type="radio"/>	Omnisim Electrotherapy and Omnisound Therapeutic Ultrasound Equipment Time Clocks and Payroll Punch Equip	05/18/10	1 yr with automatic	20,789	20,789
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphia, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/04/14	48 months	10,138	10,138
Priney-Bowes P.O. Box 856390, Louisville, KY 40285-6390	<input type="radio"/>	<input checked="" type="radio"/>	Postage Rental	02/01/02	Month to month	1,521	1,521
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
					<input type="radio"/> Yes	<input type="radio"/> No	Total ***
							41,179

Is a Mileage Log Book Maintained for All Leased Vehicles ?

* 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 Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2017	Page 7	of 37
--	-----------------------	------------------------------------	-----------	----------

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 O'Connor, Davies LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109
--	---

Services Provided by This Firm (<i>describe fully</i>)	
1 Taxes, financial statements, accounting support	\$ 4,303
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 4,303

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 iCare Health Management, LLC 2 Starble and Harris 3 Durant Nichols / Robinson & Cole, LLP 4 Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis)) 5 Starble and Harris, iCare Health Management LLC	Telephone Number 860-570-2140 860-678-7775 860-275-8200 860-678-7775 & 860-570-2140
---	---

Address (<i>No. & Street, City, State, Zip Code</i>)	
1 341 Bidwell Street, Manchester CT	
2 32 Main Street, Avon, CT	
3 280 Trumbull St, Hartford, CT	
4	
5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT	

Services Provided by This Firm (<i>describe fully</i>)	
1 Lease and contract issues, general legal advice, Labor Law	\$ 10,434
2 Lease and contract issues, general legal advice, union funds advice	\$ 1,156
3 Employment law, arbitrations, contract negotiations	\$ 6,961
4 Employment Arbitrations, healthcare law	\$ 1,168
5 Conservatorships & Collections	\$ 6,436
	Charge for Services Provided
	\$ 26,155

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

Schedule of Resident Statistics

Name of Facility Wintonbury Care Center LLC		License No. 2221-C			Report for Year Ended 9/30/2017				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total NurseFac- Aids	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	NurseFac- Aids	Total	CCNH	RHNS	NurseFac- Aids	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	150	150			150	150			150	150			
B. On last day of THIS report period	150	150			150	150			150	150			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	144	144			144	144			147	147			
B. As of midnight of THIS report period	145	145			147	147			145	145			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,815	4,815			3,592	3,592			1,223	1,223			
B. Medicaid (Conn.)	46,880	46,880			34,985	34,985			11,895	11,895			
C. Medicaid (other states)													
D. Private Pay	410	410			306	306			104	104			
E. State SSI for RCH													
F. Other (Specify) Insurance	477	477			401	401			76	76			
G. Total Care Days During Period (3A thru F)	52,582	52,582			39,284	39,284			13,298	13,298			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	52,582	52,582			39,284	39,284			13,298	13,298			

Schedule of Resident Statistics (Cont'd)

Name of Facility Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2017	Page 9	of 37
--	-----------------------	------------------------------------	-----------	----------

4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	NurseFac-Aids	Lost			Gained			CCNH	RHNS	NurseFac-Aids	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	NurseFac-Aids
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	NurseFac-Aids	R.C.H.	ICF-MR
No. of Residents	12	129		4				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	438.00	240.00		338.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	NurseFac-Aids
A. Medicare - Part B	4,057	4,057		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	4,141	4,141		
C. Other	8,560	8,560		
D. Total Physical Therapy Treatments	16,758	16,758		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	NurseFac-Aids
A. Medicare - Part B	254	254		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	475	475		
C. Other	385	385		
D. Total Speech Therapy Treatments	1,114	1,114		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	NurseFac-Aids
A. Medicare - Part B	2,934	2,934		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	3,441	3,441		
C. Other	8,780	8,780		
D. Total Occupational Therapy Treatments	15,155	15,155		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Wintonbury Care Center LLC	2221-C	9/30/2017	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	NurseFac-Aids	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)	138,462	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	219,107	9,376				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	57,214	2,086				
c. Dietary Workers	474,197	26,233				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	320,787	18,668				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	75,315	2,022				
b. Other Maintenance Workers	33,571	2,247				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	44,154	2,180				
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	224,242	4,993				
b. RN						
1. Direct Care	559,222	15,131				
2. Administrative**	236,756	6,708				
c. LPN						
1. Direct Care	1,168,787	43,457				
2. Administrative**						
d. Aides and Attendants	2,229,596	118,131				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	133,699	6,362				
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	163,674	5,799				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	88,035	4,378				
<i>A-13. Total Salary Expenditures</i>	6,166,819	269,856				

* 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		NurseFac-Aids	
	\$	Hours	\$	Hours	\$	Hours
UNIT SECRETARIES SALARIES	\$ 31,339	1,996			\$ -	-
MEDICAL RECORDS SALARIES	\$ 35,940	1,782			\$ -	-
CENTRAL SUPPLY SALARIES	\$ -	-			\$ -	-
RESPIRATORY THERAPY SALARIES	\$ 20,756	600			\$ -	-
Total	\$ 88,035	4,378	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		NurseFac-Aids	
	\$	Hours	\$	Hours	\$	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$ 2,528	6			\$ -	-
ADMISSIONS C/S LABOR	\$ 47,642	897			\$ -	-
CENTRAL SUPPLY CONTRACT SERVICE	\$ 2,416	77			\$ -	-
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 71,632	2,253			\$ -	-
RESPIRATORY THERAPY CONTRACT SERVICES	\$ -	-			\$ -	-
PHYSICAL THERAPY C/S MEDICIAD	\$ 83,844	1,100				
SPEECH THERAPY C/S Medicaid	\$ 16,849	221				
OCCUPATIONAL THERAPY C/S MEDICIAD	\$ 69,030	906				
Total	\$ 293,940	5,460	\$ -	-	\$ -	-

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						
					9/30/2017	11	37			
Name	CCNH	RHNS	Nurse/Fac-Aids	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
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) Wintonbury Care Center LLC		License No. 2221-C		Report for Year Ended 9/30/2017		Page 12	of 37		
Name	Salary Paid			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	Nurse/Fac- Aids						
Section III - Administrators***									
Jaime Faucher	138,462			Administrator	2,086	A2			
				Administrator		A2			
				Administrator		A2			
Section IV - Assistant Administrators									

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Wintonbury Care Center LLC	2221-C	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	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	42,400	836				
2. Dentist						
3. Pharmacist	17,451	222				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	254,773	3,355				
b. Other						
6. Social Worker	6,695	321				
7. Recreation Worker	19,687	35+Cable				
8. Physicians						
a. Medical Director (entire facility)	60,400	591				
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) Physician Care Contract Services	6,960	69				
9. Speech Therapist						
a. Resident Care	32,383	399				
b. Other						
10. Occupational Therapist						
a. Resident Care	232,679	3,060				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	88,662	1,157				
2. Administrative***	39,990	820				
b. LPN						
1. Direct Care	49,867	1,139				
2. Administrative***						
c. Aides	(1,426)	(46)				
d. Other						
12. Other (Specify) See Attached Schedule	293,940	5,460				
B-13 Total Fees Paid in Lieu of Salaries	1,144,463	17,383				

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	NurseFac-Aids
I. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 549,236	549,236		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 510,548	510,548		
5. Health Insurance	\$ 1,132,275	1,132,275		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 332,228	332,228		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 30,781	30,781		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 186,036	186,036		
d. Accounting and Auditing	\$ 4,303	4,303		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 26,155	26,155		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 21,255	21,255		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 17,579	17,579		
2. Cellular Phones	\$ 2,188	2,188		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 2,084	2,084		
3. Resident Day User Fee	\$ 1,104,832	1,104,832		
Subtotal	\$ 3,919,501	3,919,501		

* 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**

Wintonbury Care Center LLC
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	NurseFac-Aids
UNION TRAINING	\$ 30,781		\$ -
Total	\$ 30,781	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	NurseFac-Aids
INTERNET EXPENSES	\$ 2,084		\$ -
Total	\$ 2,084	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Wintonbury Care Center LLC	2221-C	9/30/2017		16	37
Item	Total	CCNH	RHNS	NurseFac-Aids	
Subtotals Brought Forward:	3,919,501	3,919,501			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 32	32			
3. Gifts to Staff and Residents	\$ 196	196			
4. Employee Travel	\$ 2,435	2,435			
5. Education Expenses Related to Seminars and Conventions	\$ 3,535	3,535			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 983	983			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 940	940			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 5,527	5,527			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 21,261	21,261			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 2,536	2,536			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 10,174	10,174			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 250	250			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 133,338	133,338			
12. Administrative Management Services**	\$ 444,394	444,394			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 25,844	25,844			
C-14 Total Administrative & General Expenditures	\$ 4,570,945	4,570,945			

* 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	NurseFac-Aids
MEALS	\$ 940		\$ -
Total Other Travel and Entertainment	\$ 940	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	NurseFac-Aids
COMMUNICATIONS SPECIAL EVENTS	\$ 21,261		\$ -
Total Other Advertising	\$ 21,261	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	NurseFac-Aids
ALTCFM			
CAHCF Dues	\$ 10,014		\$ -
OTHER DUES	\$ 160		\$ -
Total Dues	\$ 10,174	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	NurseFac-Aids
CONTRIBUTIONS	\$ 250		\$ -
Total Contributions	\$ 250	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac-Aids
SOCIAL SERVICE SUPPLIES	\$ -		\$ -
SOC SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 573		\$ -
EMPLOYEE RELATIONS	\$ 9,264		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 613		\$ -
PERMITS & LICENSES	\$ 2,954		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 11,586		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ -		\$ -
LATE FEES	\$ 855		\$ -
Rounding	\$ (1)		\$ -
Total Other Administrative and General	\$ 25,844	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2017	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 #	
iCare Management, LLC/iCare Health Management, LLC	444,394	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12	
iCare Management, LLC/iCare Health Management, LLC	167,868	MANAGEMENT FEES- DIRECT CARE	Pg 20 j	
iCare Management, LLC/iCare Health Management, LLC	22,732	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j	

* 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 Wintonbury Care Center LLC		License No. 2221-C	Report for Year Ended 9/30/2017		Page 18	of 37
Item		Total	CCNH	RHNS	NurseFac-Aids	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 310,151	310,151			
2.	Non-Food Supplies	\$ 32,416	32,416			
3.	Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 31,186	31,186			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 929	929			
c. Management Services**		\$				
d. Other (Specify) _____ DIETARY MINOR EQUIPMENT		\$ 4,246	4,246			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 378,927	378,927			
2F. Dietary Questionnaire		Total	CCNH	RHNS	NurseFac-Aids	
G. Resident Meals: Total no. of meals served per day:*		432	432			
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC		2221-C	9/30/2017	19	37
Item		Total	CCNH	RHNS	NurseFac-Aids
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. \$	497	497	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	230,084	230,084	
c. Management Services**		\$			
d. Other (Specify) LAUNDRY MINOR EQUIPMENT		\$	4,420	4,420	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	235,001	235,001	
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
Wintonbury Care Center LLC		2221-C	9/30/2017		20	37
Item			Total	CCNH	RHNS	NurseFac-Aids
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	25,520	25,520		
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. \$	42,364	42,364		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>) HOUSEKEEPING MINOR EQUIPMENT	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	67,884	67,884		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from OMNICARE PHARMACY	\$	215,350	215,350		
b.	Medicine Cabinet Drugs	\$	23,122	23,122		
c.	Medical and Therapeutic Supplies	\$	92,394	92,394		
d.	Ambulance/Limousine***	\$	433	433		
e.	Oxygen					
1.	For Emergency Use	\$	4,696	4,696		
2.	Other***	\$				
f.	X-rays and Related Radiological Procedures***	\$	7,887	7,887		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	21,476	21,476		
i.	Recreation	\$				
j.	Other (Specify)**** See Attached Schedule	\$	399,531	399,531		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	764,889	764,889		

* 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	NurseFac-Aids
NURSING ADMIN SUPPLIES	\$ 506		\$ -
NURSING MINOR EQUIP	\$ 9,135		\$ -
MEDICAL RECORDS SUPPLIES	\$ -		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 167,868		\$ -
NON-COVERED PPS DR. VISITS	\$ 1,599		\$ -
RESIDENT CARE SUPPLIES	\$ 128		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 11,931		\$ -
PERSONAL CARE SUPPLIES	\$ 12,300		\$ -
INCONTINENCY SUPPLIES	\$ 30,345		\$ -
VACCINE RESIDENTS	\$ 6,867		\$ -
PATIENT SPECIAL NEEDS	\$ 868		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 55,813		\$ -
EQUIPMENT RENTAL AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 8,929		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ 5,407		\$ -
IV THERAPY SUPPLIES	\$ 55,105		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 2,820		\$ -
ACTIVITIES SUPPLIES	\$ 5,929		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 22,732		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$ -
STRIKE COSTS NON REIMBURSABLE	\$ 1,250		\$ -
Total Other Resident Care	\$ 399,531	\$ -	\$ -

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

Name of Facility Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2017	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	Total Cost/Page Ref.***				Page 21	of 37	
			Yes	No		CCNH	RHNS	NurseFac- Aids	Pg			Line
Name of Individual or Company	Address											
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020		<input type="radio"/>	<input checked="" type="radio"/>	Housekeeping Services	42,364					20	4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020		<input type="radio"/>	<input checked="" type="radio"/>	Laundry Services	233,800					19	3b
Eagle Elevator			<input type="radio"/>	<input checked="" type="radio"/>	Elevator Contract						22	6F
Bioserve, Inc.			<input type="radio"/>	<input checked="" type="radio"/>	Medical Waste	2,820					22	6F
Brightview Landscapes/Gileaus Lawn Service			<input type="radio"/>	<input checked="" type="radio"/>	Snow Removal/Landscaping	25,504					22	6F
CWPM			<input type="radio"/>	<input checked="" type="radio"/>	Trash removal	24,277					22	6F
American HealthTech			<input type="radio"/>	<input checked="" type="radio"/>	Software Maintenance Contract	17,735					16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290		<input type="radio"/>	<input checked="" type="radio"/>	Payroll Services	48,289					16	M11
National Datacare Corp			<input type="radio"/>	<input checked="" type="radio"/>	Resident Trust Software	4,185					16	M11
Prime Care Technology services			<input type="radio"/>	<input checked="" type="radio"/>	Computer Consulting Services	32,767					16	M11
Priority Express			<input type="radio"/>	<input checked="" type="radio"/>	Courier Services	5,171					16	M11
Point Right Inc			<input type="radio"/>	<input checked="" type="radio"/>	Nursing Software	4,680					16	M11
			<input type="radio"/>	<input checked="" type="radio"/>							18	2b
			<input type="radio"/>	<input checked="" type="radio"/>							22a	

* 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 Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2017			Page 22	of 37
Item		Total	CCNH	RHNS	NurseFac-Aids	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	21,631	21,631			
b. Heat	\$	36,181	36,181			
c. Light & Power	\$	90,915	90,915			
d. Water	\$	41,725	41,725			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	41,179	41,179			
f. Other (<i>itemize</i>)	\$	85,027	85,027			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	316,656	316,656			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	23,396	23,396			
c. Non-Movable Equipment	\$	429	429			
d. Movable Equipment	\$	51,103	51,103			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	74,928	74,928			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	124,317	124,317			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	124,317	124,317			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	600,003	600,003			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	106,121	106,121			
c. Personal property taxes	\$	19,194	19,194			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	924,562	924,562			

* 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	NurseFac-Aids
PLANT SUPPLIES	\$ 11,619		\$ -
PLANT CONTRACT SERVICE LABOR	\$ -		\$ -
ELEVATOR CONTRACT SERVICE	\$ -		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 6,928		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 12,124		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 12,860		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 24,277		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 6,891		\$ -
PLANT MINOR EQUIPMENT	\$ 10,328		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ -		\$ -
RENT OTHER	\$ -		\$ -
Total Other Repairs and Maintenance	\$ 85,027	\$ -	\$ -

Depreciation Schedule

Name of Facility Wintonbury Care Center LLC				License No. 2221-C			Report for Year Ended 9/30/2017			Page 23	of 37		
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period				153,552		153,552	14,077			23,396			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal											23,396		
C. Non-Movable Equipment													
1. Acquired prior to this report period				12,259		12,259	11,830			429			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal											429		
		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. 1995 Dodge Van				X		10	2002	14,156	14,156	14,156			
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period								852,701	852,701	620,605		49,503	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)								23,918				1,600	
D-3. Subtotal													51,103
E. Total Depreciation													74,928

Wintonbury Care Center LLC
9/30/2017

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			License No.		Report for Year Ended			Page	of
Wintonbury Care Center LLC			2221-C		9/30/2017			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.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				1,860,167	1,017,067			123,458	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				20,856				858	
C-4. Subtotal									124,317
D. Total Amortization									124,317

* 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 Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2017	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*				
		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	04/01/99			
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	04/01/99			
4. Date of Initial Licensure	04/01/99			
5. Total Licensed Bed Capacity	150			
6. Square Footage	60,838			
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	FIXED HUD			
b. Date Mortgage Obtained	05/30/13			
c. Interest Rate for the Cost Year	3.25%			
d. Term of Mortgage (number of years)	24			
e. Amount of Principal Borrowed	3,622,200			
f. Principal balance outstanding as of 9/30/2017				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)	Sale of Real Estate			
h. Date of Refinancing	08/09/17			
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
Summit Bloomfield, LLC	140 Park Avenue, Bloomfield, CT	08/09/17	15 years with 2-5 year extension	\$585,000 yr 1

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
Wintonbury Care Center LLC		2221-C	9/30/2017			26	37
Item			Total	CCNH	RHNS	NurseFac-Aids	
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
Wintonbury Care Center LLC		2221-C		9/30/2017		27	37
Item				Total	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) INTEREST				\$ 80,343	80,343		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 80,343	80,343		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 11,423	11,423		
b. Insurance on Automobiles				\$ 2,681	2,681		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 51,551	51,551		
2. Fire and Extended Coverage				\$			
3. Other (Specify) Other insurance, crime				\$ 3,598	3,598		
14d. Total Insurance Expenditures (14a + b + c)				\$ 69,253	69,253		
15. Total All Expenditures (A-13 thru C-14)				\$ 14,719,742	14,719,742		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Wintonbury Care Center LLC			2221-C	9/30/2017	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$	186,036	186,036	
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$	21,261	21,261	
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$	103,537	103,537	
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$	310,834	310,834	

* 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	NurseFac-Aids
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16a		PENALTIES	\$ -		\$ -
16a		LATE FEES	\$ 855		\$ -
16a		PRIOR PERIOD EXPENSES			
		rounding	\$ (1)		
		Provider User Fee for Medicare days	\$ 102,683		\$ -
Total Other A&G Adjustments			\$ 103,537	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Wintonbury Care Center LLC			2221-C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward				\$ 310,834	310,834		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 433	433		
29.			X-rays, etc	\$ 7,887	7,887		
30.			Laboratory	\$ 21,476	21,476		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 1,706	1,706		
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	\$ 0	0		
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)				\$ 342,337	342,337		

*** 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.

Wintonbury Care Center LLC
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	5J		1,598.64		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	36		
13	B9A	ST-Resident Care (for outpatient therapy - see schedule)	36		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	36		
Total Other Ancillary Costs			\$ 1,706	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ 0		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ 0		
22	6B	Heat (for outpatient Therapy see schedule)	\$ 0		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ 0		
22	6D	water (for outpatient therapy see schedule)	\$ 0		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ 0		
Total Other Adjustments			\$ 0	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Wintonbury Care Center LLC	2221-C	9/30/2017			30	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 11,289,546	11,289,546				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 2,153,647	2,153,647				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 287,162	287,162				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 180,093	180,093				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (180,093)	(180,093)				
c. Prescription Drugs - Non-Medicare	\$ 25,146	25,146				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (25,146)	(25,146)				
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	\$ 409,299	409,299				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (290,533)	(290,533)				
c. Physical Therapy - Non-Medicare	\$ 169,652	169,652				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (169,652)	(169,652)				
4. a. Speech Therapy - Medicare	\$ 48,838	48,838				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (29,374)	(29,374)				
c. Speech Therapy - Non-Medicare	\$ 32,815	32,815				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (32,815)	(32,815)				
5. a. Occupational Therapy - Medicare	\$ 406,389	406,389				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (315,058)	(315,058)				
c. Occupational Therapy - Non-Medicare	\$ 152,627	152,627				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (148,934)	(148,934)				
6. a. Other (Specify) - Medicare	\$ 3,781	3,781				
b. Other (Specify) - Non-Medicare	\$ 13,418	13,418				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,980,808	13,980,808				
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 (Specify)	\$ 11	11				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 64,421	64,421				
V. Total Other Revenue (1 thru 8)	\$ 64,432	64,432				
VI. Total All Revenue (III + V)	\$ 14,045,240	14,045,240				

* 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	NurseFac-Alds
	Lab Medicare	\$ 95,029		
	Lab Medicare CA	\$ (95,029)		
	Oxygen Medicare	\$		
	Oxygen Medicare CA	\$		
	Equipment rental	\$ 7,143		
	Equipment rental CA	\$ (7,143)		
	Pen Therapy	\$		
	Pen Therapy CA	\$		
	Therapy Beds Medicare	\$		
	Therapy Beds Medicare CA	\$		
	Radiology Medicare	\$ 7,571		
	Radiology Medicare CA	\$ (7,571)		
	IV Therapy	\$ 36,963		
	IV Therapy CA	\$ (36,963)		
	Medical Transportation	\$		
	Medical Transportation CA	\$		
	Glucose testing	\$		
	Glucose testing CA	\$		
	Outpatient therapy Medicare	\$ 3,781		
	Total Other Resident Revenue - Medicare	\$ 3,781	\$	\$

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	NurseFac-Alds
	Lab	9,105.00		
	Lab CA	(9,105.00)		
	Oxygen	\$		\$
	Oxygen CA	\$		\$
	Equipment rental	\$ 24,929		
	Equipment rental CA	\$ (24,929)		
	Pen Therapy	\$		
	Pen Therapy CA	\$		
	Therapy Beds	\$		
	Therapy Beds CA	\$		
	Radiology	\$ 200		
	Radiology CA	\$ (200)		
	Medical Transportation	\$		
	Medical Transportation CA	\$		
	Glucose Testing	\$		
	Glucose Testing CA	\$		
	IV therapy	\$ 40,329		\$
	IV therapy CA	\$ (40,329)		\$
	Flu shot revenue	\$ 151		
	Outpatient therapy	\$		
	prior period revenue	\$ 13,267		
	rounding	\$		
	Total Other Resident Revenue	\$ 13,418	\$	\$

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	NurseFac-Alds
	INTEREST INCOME		\$ 11		
	Total Interest Income		\$ 11	\$	\$

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	NurseFac-Alds
	MEALS	\$		
	TELEVISION INCOME	\$ 9,850		
	CONCESSIONS / VENDING INCOME	\$		
	RESIDENT LATE FEE REVENUE	\$		
	RESIDENT ATTORNEY FEE REVENUE	\$		
	TELEPHONE INCOME	\$		
	OTHER INCOME	\$ 54,891		
	OPTUM DIVIDENDS REVENUE	\$		
	Total Other Revenue	\$ 64,421	\$	\$

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(170,518)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,864,500
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	19,383
5. Prepaid Expenses			\$	946,579
a. Prepaid Insurance	899,596			
b. Prepaid Property Taxes	43,405			
c. Prepaid Expenses Other	3,578			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(1,053,854)
Due From (to) Related Parties	(360,047)			
Other Owners reserves	(693,807)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,606,088
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	153,552	\$	116,079
	Accum. Depreciation	37,473 Net		
4. Leasehold Improvements	*Historical Cost	1,881,023	\$	739,639
	Accum. Depreciation	1,141,384 Net		
5. Non-Movable Equipment	*Historical Cost	12,259	\$	0
	Accum. Depreciation	12,259 Net		
6. Movable Equipment	*Historical Cost	876,618	\$	204,911
	Accum. Depreciation	671,707 Net		
7. Motor Vehicles	*Historical Cost	14,156	\$	
	Accum. Depreciation	14,156 Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	2,446
Construction in Progress	2,446			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,063,075

* 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
Wintonbury Care Center LLC	2221-C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	3,669,163
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			\$	208,897
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	39,982
Patient Trust Funds				39,982
Long Term Deposit - primicare				
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	248,880
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,918,043

* 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
Wintonbury Care Center LLC	2221-C	9/30/2017	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	616,304
2. Notes Payable (<i>itemize</i>)			\$	1,465,731
Working Capital Line of Credit				1,465,731

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>)			\$	211,946
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	
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>)			\$	3,822,241
Related Party Payables				2,701,057
Accrued Expenses				86,338
Accrued Resident User Fees				253,712
Accrued Workers Comp Expense				781,134
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	6,116,222

* 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 Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account			Amount	
Total Brought Forward:			6,116,222	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
Patient Trust Funds		39,982	39,982	
Long Term Note Securecare Realty				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 39,982
C. Total All Liabilities (Lines A-13 + B-5)				\$ 6,156,204

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2017	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			\$	1,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,564,660)
6. Gain or Loss for Period			\$	(674,502)
				10/1/2016 thru 9/30/2017
7. Total Net Worth			\$	(2,238,161)
C. Total Reserves and Net Worth			\$	(2,238,161)
D. Total Liabilities, Reserves, and Net Worth			\$	3,918,043

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC		2221-C	9/30/2017	36	37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2016			\$	
B.	Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,045,240
C.	Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,719,742
D.	Net Income or Deficit			\$	(674,502)
E.	Balance			\$	(674,502)
F.	Additions				
	1. Additional Capital Contributed <i>(itemize)</i>				
	2. Other <i>(itemize)</i>				
F-3.	Total Additions			\$	
G.	Deductions				
	1. Drawings of Owners/Operators/Partners <i>(Specify)</i>				
	Name and Address <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		09/30/17	\$	(674,502)

I. Preparer's/Reviewer's Certification

Name of Facility Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2017	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 checked="" type="checkbox"/> NurseFac-Aids		
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				
iCare Management LLC				
Address			Phone Number	
341 Bidwell Street, Manchester, CT 06040			860-570-2140	