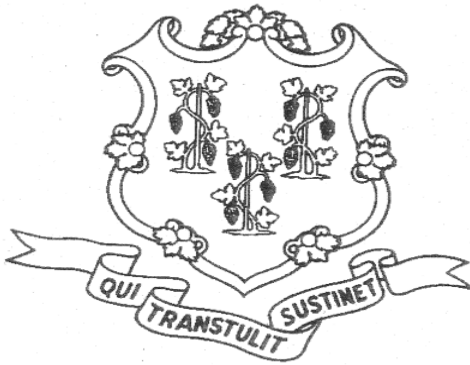


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Montowese Health and Rehabilitation Center, Inc.	
Address (No. & Street, City, State, Zip Code) 163 Quinnipiac Avenue, North Haven, CT 06473	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 1015C	RHNS	(Specify)	Medicare Provider 075017
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Medicaid Provider Numbers:	CCNH 000010157	RHNS	ICF-MR
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Montowese Health and Rehabilitation Center, Inc.	License No. 1015C	Report for Year Ended 9/30/2017	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Montowese Health and Rehabilitation Center, Inc. [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) Mark Panico (Assistant Administrator)			Printed Name (Owner) Farooq Khan		
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
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Montowese Health and Rehabilitation Center, Inc.		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 163 Quinnipiac Avenue, North Haven, CT 06473				
Report Prepared By Wonneberger & Morgan, LLC		Phone Number (860) 202-4980	Date 2/7/2018	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (203) 624-3303		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Montowese Health and Rehabilitation Center, Inc.		Address (No. & Street, City, State, Zip) 163 Quinnipiac Avenue, North Haven, CT 06473		
License Numbers:	CCNH 1015C	RHNS	(Specify)	Medicare Provider No. 075017
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Farooq Khan		Nursing Home Administrator's License No.:	00981	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Montowese Health and Rehabilitation Center	License No. 1015C	Report for Year Ended 9/30/2017	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Montowese Health and Rehabilitation Center, Inc.	163 Quinnipiac Avenue North Haven, CT 06473	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Farooq H. Khan		President	40%	
Eileen M. Khan		Treasurer / Secretary	30%	
Genine Tannoia			30%	
Names of Stockholders Owning at Least 10% of Shares				
Farooq H. Khan		President	40%	
Eileen M. Khan		Treasurer / Secretary	30%	
Genine Tannoia			30%	

**General Information and Questionnaire
Related Parties***

Name of Facility Montowese Health and Rehabilitation Center, Inc.	License No. 1015C	Report for Year Ended 9/30/2017	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	%**				
Faleena Realty, LLC	163 Quinnipiac Ave. North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Realty Company	Pg 22 Line 9	1,560,000	320,844
Khan, Panico, Tannoia FLP Khan, Tannoia FLP	163 Quinnipiac Ave. North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Garage Rentals - Disallowed	Pg 22 Line 9	36,912	36,912
282 Maple Avenue Associates, LLC	282 Maple Ave. North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Storage Rental - Disallowed	Pg 22 Line 9	6,912	6,912
Montowese Healthcare Management Co., Inc	163 Quinnipiac Ave. North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	Pg 16 Line m.12	4,400	4,400
Connecticut Handivan, Inc.	208 Quinnipiac Ave. North Haven, CT 06473	<input checked="" type="radio"/>	<input type="radio"/>	100%	Wheelchair Transportation	Page 20 Line C.5.d	2,382	2,382
EFK of Connecticut Inc. d/b/a Nelson Ambulance	208 Quinnipiac Ave. North Haven, CT 06473	<input checked="" type="radio"/>	<input type="radio"/>	100%	Ambulance Transportation	None - Disclosure Only		
SKMP Enterprises, Inc. d/b/a Access Ambulance	208 Quinnipiac Ave. North Haven, CT 06473	<input checked="" type="radio"/>	<input type="radio"/>	100%	Wheelchair Transportation	None - Disclosure Only		
Nelcon Service Center	302 Maple Ave. North Haven, CT 06473	<input checked="" type="radio"/>	<input type="radio"/>	100%	Equipment Repairs & Maintenance	Page 22, Line 6.a	7,190	7,190
208 Quinnipiac Ave LLC	208 Quinnipiac Ave. North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Rent Expense (Disallowed)	None - Disclosure Only		

* Use additional sheets if necessary.

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

**General Information and Questionnaire
 Related Parties***

Name of Facility Montowese Health and Rehabilitation Center, Inc.	License No. 1015C	Report for Year Ended 9/30/2017	Page 4A	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	%**				
Eileen Khan	Employee - See Page 11		✓		VP of Nursing	Pg 10 A.12.a	138,900	138,900
Saleem Khan	Employee - See Page 11		✓		Physical Plant Manager	Pg 10 A.7.b	53,920	53,920
Genine Tannoia	Employee - See Page 11		✓		Director of Nursing	Pg 10 A.12.a	138,900	138,900
Farooq Khan	Employee - See Page 12		✓		Administrator	Pg 10 A.2	322,800	322,800
Mark Panico	Employee - See Page 12		✓		Asst Administrator / Controller	Pg 10 A.3	135,320	135,320
Dominic Rivera	Employee - See Page 11	✓			Maintenance	Pg 10 A.7.b	162	162

* 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 Montowese Health and Rehabilitation Center, I	License No. 1015C	Report for Year Ended 9/30/2017	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.

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 Montowese Health and Rehabilitation Center, Inc.			License No. 1015C	Report for Year Ended 9/30/2017			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Great American Leasing	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Bizhub 284	08/01/15	48 Months	3,786	4,053	
Lease Direct	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Bizhub C364e	06/11/14	36 Months	4,815	3,612	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							Total ***	7,665

Yes No

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-7 Rev. 6/95
on and Questionnaire

Accounting Basis

Name of Facility Montowese Health and Rehabilitati	License No. 1015C	Report for Year Ended 9/30/2017	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 Wonneberger & Morgan, LLC 2 O'Conner & Davies 3 4	Address (No. & Street, City, State, Zip Code)
---	---

Services Provided by This Firm (*describe fully*)

1 Monthly Accounting, FS Review Preparation, Medicare and Medicaid Cost Report Preparation	\$ 41,075
2 Reviewed Financial Statements and Federal & State Tax Returns	\$ 19,100
3	\$
4	\$
	Charge for Services Provided
	\$ 60,175

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Murtha Cullina 2 Siegel, O'Connor, O'Donnell 3 4 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Refinancing of Debt	\$ 2,346
2 FMLA Questions	\$ 59
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 2,405

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

Schedule of Resident Statistics

Name of Facility Montowese Health and Rehabilitation Center, Inc.			License No. 1015C			Report for Year Ended 9/30/2017				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	120	120			120	120							
B. On last day of THIS report period	120	120							120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	97	97			97	97							
B. As of midnight of THIS report period	111	111							111	111			
3. Total Number of Days Care Provided During Period													
A. Medicare	17,180	17,180			12,569	12,569			4,611	4,611			
B. Medicaid (Conn.)	8,279	8,279			5,943	5,943			2,336	2,336			
C. Medicaid (other states)													
D. Private Pay	1,469	1,469			924	924			545	545			
E. State SSI for RCH													
F. Other (Specify)	10,192	10,192			8,082	8,082			2,110	2,110			
G. Total Care Days During Period (3A thru F)	37,120	37,120			27,518	27,518			9,602	9,602			
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)	37,120	37,120			27,518	27,518			9,602	9,602			

Schedule of Resident Statistics (Cont'd)

Name of Facility Montowese Health and Rehabilitation Center	License No. 1015C	Report for Year Ended 9/30/2017	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

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	44	30		37				
Per Diem Rate								
a. One bed rm.	RUX - \$919	241.21		490.00				
b. Two bed rms.	PA1 - \$230	241.21		440.00				
c. Three or more bed rms.	N/A	N/A		N/A				

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Out-Patient
A. Medicare - Part B	7,340	4,644		2,696
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	5,022	5,022		
C. Other	72,256	68,782		3,474
D. Total Physical Therapy Treatments	84,618	78,448		6,170
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	300	243		57
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	147	147		
C. Other	3,331	3,331		
D. Total Speech Therapy Treatments	3,778	3,721		57
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	4,611	4,600		11
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	4,555	4,555		
C. Other	66,347	66,277		70
D. Total Occupational Therapy Treatments	75,513	75,432		81

Report of Expenditures - Salaries & Wages

Name of Facility Montowese Health and Rehabilitation Center, Inc.	License No. 1015C	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	\$ 322,800	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	\$ 135,320	2,470				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	\$ 460,331	22,911				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	\$ 341,932	21,495				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	\$ 229,814	8,491				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
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	\$ 379,474	6,199				
b. RN						
1. Direct Care	\$ 1,378,812	35,046				
2. Administrative**	\$ 385,938	8,706				
c. LPN						
1. Direct Care	\$ 941,573	35,427				
2. Administrative**	\$ 126,779	3,994				
d. Aides and Attendants	\$ 1,684,392	108,997				
e. Physical Therapists	\$ 1,093,712	35,789				
f. Speech Therapists	\$ 99,082	2,387				
g. Occupational Therapists	\$ 966,270	27,281				
h. Recreation Workers	\$ 94,162	5,579				
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	\$ 66,448	3,164				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	\$ 8,706,839	330,016				

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

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

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Montowese Health and Rehabilitation Center, Inc.				1015C	9/30/2017			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										
Eileen Khan	138,900			Standard Benefits with Owner's Life Insurance	VP of Nursing	2,080	A.12.a			
Genine Tannoia	138,900			Standard Benefits Package	Director of Nursing	2,080	A.12.a			
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).										
Saleem Khan	53,920			Standard Benefits Package	Physical Plant Manager	1,040	A.7.b			
Dominic Rivera	162			Standard Benefits Package	Maintenance Staff	15	A.7.b			

* 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	
Montowese Health and Rehabilitation Center, Inc.				1015C	9/30/2017			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***										
Farooq Khan	322,800			Standard Benefits with Owner's Life Insurance	Adminstrator	2,080	A.2			
Section IV - Assistant Administrators										
Mark Panico	135,320			Standard Benefits Package	Asst Administrator	2,470	A.3			

*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		
Montowese Health and Rehabilitation Center, Inc.	1015C	9/30/2017	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						
3. Pharmacist	\$ 12,131	243				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	\$ 193,476	4,300				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	\$ 36,000	360				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)	\$ 1,950	13				
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	\$ 9,464	150				
b. Other						
10. Occupational Therapist						
a. Resident Care	\$ 118,109	1,575				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	\$ 3,785	315				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	\$ 374,915	6,956				

* 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 Montowese Health and Rehabilitation Center, Inc.		License No. 1015C		Report for Year Ended 9/30/2017		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship			
		Yes	No				
Omnicare	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>				
Foremost Rehab of CT	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>				
Dr. Bjorn Ringstad	Medical Director / Infection Control	<input type="radio"/>	<input checked="" type="radio"/>				
Dr. Xiaoming Hong	Medical Director / Infection Control	<input type="radio"/>	<input checked="" type="radio"/>				
Dr. Quiyam Muijtaba	Infection Control	<input type="radio"/>	<input checked="" type="radio"/>				
Dr. Walaliyadda	Infection Control	<input type="radio"/>	<input checked="" type="radio"/>				
Dr. Dharini Sun	Infection Control	<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"/>	<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"/>				

* 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
Montowese Health and Rehabilitation Center, Inc	1015C	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 145,416	145,416			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 96,378	96,378			
4. Social Security (F.I.C.A.)	\$ 584,464	584,464			
5. Health Insurance	\$ 734,847	734,847			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,687	7,687			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 76,429	76,429			
8. Uniform Allowance	\$ 1,553	1,553			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 6,923	6,923			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 199,757	199,757			
d. Accounting and Auditing	\$ 60,175	60,175			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 2,405	2,405			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ 5,996	5,996			
g. Office Supplies	\$ 124,035	124,035			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 13,460	13,460			
2. Cellular Phones	\$ 8,169	8,169			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$ 4,673	4,673			
3. Resident Day User Fee	\$ 294,681	294,681			
Subtotal	\$ 2,367,298	2,367,298			

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

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Physicals	1,569		
Employee Gym Memberships	1,350		
Lunch - Manager Meetings	4,004		
-	-		
Total	\$ 6,923	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales Tax	4,673		
Total	\$ 4,673	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Montowese Health and Rehabilitation Center, Inc.	1015C	9/30/2017	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	2,367,298	2,367,298		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 2,640	2,640		
3. Gifts to Staff and Residents	\$ 1,324	1,324		
4. Employee Travel	\$ 5,721	5,721		
5. Education Expenses Related to Seminars and Conventions	\$ 46,976	46,976		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 4,136	4,136		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 13,377	13,377		
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 5,479	5,479		
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)***	\$ 11,173	11,173		
7. Postage	\$ 8,754	8,754		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,934	8,934		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 150	150		
9. Subscriptions	\$ 8,919	8,919		
10. Contributions*** See Attached Schedule	\$ 1,790	1,790		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 148,626	148,626		
12. Administrative Management Services**	\$ 4,400	4,400		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 114,878	114,878		
C-14 Total Administrative & General Expenditures	\$ 2,754,575	2,754,575		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Promotional	4,963		
Promotional Entertainment	516		
Total Other Advertising	\$ 5,479	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	85		
CAHCF	8,539		
ACHCA	310		
-	-		
-	-		
Total Dues	\$ 8,934	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	1,790		
-	-		
Total Contributions	\$ 1,790	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	16,990		
Bank Fees - Credit Card	15,955		
Licenses	1,530		
A&G Minor Equipment	4,679		
EE Background Checks	4,124		
-	-		
Disallowed Expenses	-		
Disallowed Expenses	14,921		
CBIA Dues	2,499		
Fines and Penalties	4,406		
Patient Cable TV Expense	33,123		
Auto Lease - Owners	16,651		
-	-		
-	-		
-	-		
-	-		
Total Other Administrative and General	\$ 114,878	\$ -	\$ -

Schedule of Bank Fees

Description	CCNH	RHNS	(Specify)
Citizens Bank - Checking Fees			
October	1,134		
November	1,168		
December	1,154		
January	1,164		
February	1,373		
March	1,109		
April	1,398		
May	1,354		
June	1,362		
July	1,329		
August	1,369		
September	1,368		
Total Bank Fees	\$ 15,282	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Montowese Health and Rehabilitation Center	1015C	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 #
Montowese Healthcare Management Co.	4,400	Administrative, Property, In-Patient and Out-Patient Therapy	Pg 16 Line m.12

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

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

Name of Facility Montowese Health and Rehabilitation Center, Inc.		License No. 1015C	Report for Year Ended 9/30/2017	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	40,495	40,495		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	131,063	131,063		
c. Management Services**	\$				
d. Other (Specify)	\$				
3E. Total Laundry Expenditures (3a + b + c + d)	\$	171,558	171,558		
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
Montowese Health and Rehabilitation Center,		1015C	9/30/2017		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	68,926	68,926		
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. \$	408,571	408,571		
c.	Management Services*		\$			
d.	Other (<i>Specify</i>)		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 477,497	477,497		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	1,028,493	1,028,493		
b.	Medicine Cabinet Drugs	\$	125,411	125,411		
c.	Medical and Therapeutic Supplies	\$	469,901	469,901		
d.	Ambulance/Limousine***	\$	2,382	2,382		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	48,340	48,340		
f.	X-rays and Related Radiological Procedures***	\$	91,409	91,409		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	145,750	145,750		
i.	Recreation	\$	2,349	2,349		
j.	Other (Specify)***** See Attached Schedule	\$	241,097	241,097		
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 2,155,132	2,155,132		

* 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.

Resident Care - Medical and Therapeutic Supplies - Chargeable

Description	CCNH	RHNS	(Specify)
PT Supplies	23,706		
OT Supplies	4,448		
ST Supplies	58		
ACP - Equipment Rental	19,008		
Medical Supplies	122,933		
Specialized Equip Rental	45,737		
IV Drug Expense - Med A	131,596		
IV Drug Expense - Other	122,415		
-	-		
-	-		
Total Other Resident Care	\$ 469,901	\$ -	\$ -

Schedule of Other Resident Care

Description	CCNH	RHNS	-
Nursing Supplies - Nursing	203,247		
Nursing Supplies - Disposable Gloves	23,516		
Nursing - Minor Equipment	6,566		
PPS Expense APRN Visits	5,137		
PPS Expense Hosp ER/OR	55		
Patient Newspapers	1,420		
Miscellaneous Patient Expenses	1,156		
-	-		
Total Other Resident Care	\$ 241,097	\$ -	\$ -

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

Name of Facility Montowese Health and Rehabilitation Center, Inc.				License No. 1015C	Report for Year Ended 9/30/2017	Page of 21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Paychex		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	\$ 55,365			16	m.11
Harmony Healthcare Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Medicare Consulting	\$ 67,749			16	m.11
SigmaCare		<input type="radio"/>	<input checked="" type="radio"/>		HER Software Service	\$ 24,372			16	m.11
Advantage Maintenance		<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	\$ 47,628			18	2.b
Sodexo		<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	\$ 232,663			19	3.b
Advantage Maintenance		<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	\$ 131,063			20	4.b
Advantage Maintenance		<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	\$ 408,571			22	6.f
Kone Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	\$ 13,303			22	6.f
WJ Dornfield		<input type="radio"/>	<input checked="" type="radio"/>		Heating & Air Conditioning	\$ 9,920			22	6.f
AllWaste		<input type="radio"/>	<input checked="" type="radio"/>		Trash Services	\$ 32,850			22	6.f
Stericycle		<input type="radio"/>	<input checked="" type="radio"/>		Medical Waste Services	\$ 12,804			22	6.f
Supreme Copy		<input type="radio"/>	<input checked="" type="radio"/>		Copier Maintenance	\$ 12,749			22	6.f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Montowese Health and Rehabilitation Center,	1015C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 111,529	111,529				
b. Heat	\$ 62,980	62,980				
c. Light & Power	\$ 120,045	120,045				
d. Water	\$ 64,737	64,737				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 7,665	7,665				
f. Other (<i>itemize</i>)	\$ 192,899	192,899				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 559,855	559,855				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 31,554	31,554				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 31,554	31,554				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 161,952	161,952				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 161,952	161,952				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,603,824	1,603,824				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 134,830	134,830				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 13,174	13,174				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,945,334	1,945,334				

* 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)
Supplies - Maintenance	47,900		
Minor Equipment - TV	591		
Minor Furniture & Equipment	5,190		
Purchased Services Under \$10,000 Per Vendor	-		
Purchase Service - Maintenance	1,948		
Purch Serv - Meriden Fire & Safety	1,540		
Purch Serv - Fire Alarm Monitoring	5,443		
Purch Serv - Pittney Bowes	2,131		
Purch Serv - Kinsley Power	1,670		
Purch Serv - Pro Shred	1,595		
Purch Serv - Ejector Pit Pump Out	1,468		
Purch Serv - Simplex Grinnell	1,316		
Purch Serv - GDC Medical Electronics	7,501		
Purchased Serv - Verathon	860		
Purch Serv - Other	9,083		
Purch Serv - Hungerford Pump Service	3,297		
Purch Serv - Gavlak Contingency Water	2,100		
Purch Serv - Intertek	1,650		
Purch Serv - UTMC	5,500		
Purch Serv - Orkin Pest Control	1,953		
Purch Serv - JD Paving & Sealing	2,225		
Purch Serv - Life Systems	6,312		
-	-		
Purchased Services Over \$10,000 - Page 21	-		
Purch Serv - Elevator	13,303		
Purch Serv - WJ Dornfield	9,920		
Purch Serv - Trash Services	32,850		
Purch Serv - Medical Waste	12,804		
Purch Serv - Supreme Copy	12,749		
Total Other Repairs and Maintenance	\$ 192,899	\$ -	\$ -

Annual Report of Long-Term Care Facility

Depreciation Schedule

Name of Facility Montowese Health and Rehabilitation Center, Inc.			License No. 1015C			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			209,556		209,556							
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			7,043,342		7,043,342							
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
D-3. Subtotal												
E. Total Depreciation												

Montowese Health and Rehabilitation Center, Inc.
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

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
3/22/2017	Lobby Furniture	4,951	10	248
Total additions for Movable Equipment		\$ 4,951		\$ 248 *
Deletions:				
				-
Total deletions for Movable Equipment		\$ -		\$ - **

*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 Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Montowese Health and Rehabilitation Center, Inc.			License No. 1015C		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				2,222,300	1,299,706			161,952	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									161,952
D. Total Amortization									161,952

* 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 Montowese Health and Rehabilitation	License No. 1015C	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 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	1982			
2. Date Structure Completed	1990			
3. If NOT Original Owner, Date of Purchase	N/A			
4. Date of Initial Licensure	05/01/82			
5. Total Licensed Bed Capacity	120			
6. Square Footage	60,000			
7. Acquisition Cost				
a. Land	102,781			
b. Building	4,751,607			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	10/18/13			
c. Interest Rate for the Cost Year	4.10%			
d. Term of Mortgage (number of years)	10			
e. Amount of Principal Borrowed	3,000,000			
f. Principal balance outstanding as of 9/30/16	1,825,000			
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
Montowese Health and Rehabilitatio	1015C	9/30/2017	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				
00				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
00				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
00				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
00				
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	
Montowese Health and Rehabilitat		1015C		9/30/2017		27 37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
00							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
00							
B. Item		Rate	Amount				
Lender							
Address of Lender							
00							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	65,689	65,689	
See Attached Page 27A							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	65,689	65,689	
14. Insurance							
a. Insurance on Property (buildings only)				\$	20,810	20,810	
b. Insurance on Automobiles				\$	1,990	1,990	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	39,816	39,816	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	120,212	120,212	
See Attached Page 27A							
14d. Total Insurance Expenditures (14a + b + c)				\$	182,828	182,828	
15. Total All Expenditures (A-13 thru C-14)				\$	18,052,872	18,052,872	

Schedule of Other Interest Expense

Description	CCNH	RHNS	(Specify)
Interest Exp - Citizens \$1.5 M	40,664		
Interest Exp - Citizens \$1.0 M	15,862		
Interest Exp - Line of Credit	6,072		
Interest Expense - Vendor	3,091		
-	-		
-	-		
-	-		
-	-		
-	-		
-	-		
-	-		
-	-		
-	-		
-	-		
-	-		
-	-		
Total	\$ 65,689	\$ -	\$ -

Schedule of Other Insurance Expense

Description	CCNH	RHNS	(Specify)
General Liability Policy	116,385		
Pension Bond	876		
-	-		
Total	\$ 117,261	\$ -	\$ -

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Montowese Health and Rehabilitation Center, Inc.				1015C	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A.12.	Occupational Therapy	\$ 966,270	966,270		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B.8.e	Resident Care Physicians **	\$			
6.	13	B.10.	Occupational Therapy	\$ 118,109	118,109		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	C.1.c	Bad Debts	\$ 199,757	199,757		
10.			Accounting & Legal	\$			
11.	15	C.1.h	Telephone	\$ 13,460	13,460		
12.	15	C.1.h	Cellular Telephone	\$ 6,729	6,729		
13.	15	C.1.a	Life insurance premiums on the life of Owners, Partners, Operators	\$ 5,996	5,996		
14.			Gifts, flowers and coffee shops	\$			
15.	16	C.1.l.	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 41,177	41,177		
16.	16	C.1.l.	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	C.1.m	Automobile Expense (e.g. personal use)	\$ 16,651	16,651		
18.	16	C.1.n	Unallowable Advertising *	\$ 18,856	18,856		
19.	15	C.1.j	Income Tax / Corporate Business Tax	\$ 250	250		
20.	16	C.1.n	Fund Raising / Contributions	\$ 1,790	1,790		
21.			Unallowable Management Fees	\$ 4,400	4,400		
22.			Barber and Beauty	\$ 11,173	11,173		
23.			Other - See attached Schedule	\$ 63,050	63,050		
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)				\$ 1,467,668	1,467,668		

* 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)
0	0	-	-		
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13					
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m.8.a	Chamber of Commerce	-		
16	m.13	Disallowed Expenses	14,921		
16	m.13	CBIA Dues	2,499		
16	m.13	Fines and Penalties	4,406		
16	m.13	Patient Cable TV Expense	33,123		
16	m.13		-	-	
0	0	Medical Records Copies	8,101		
0	0		-	-	
Total Other A&G Adjustments			\$ 63,050	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Montowese Health and Rehabilitation Center, Inc.			1015C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,467,668	1,467,668		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 1,028,493	1,028,493		
28.			Ambulance/Limousine	\$ 2,382	2,382		
29.			X-rays, etc	\$ 91,409	91,409		
30.			Laboratory	\$ 145,750	145,750		
31.			Medical Supplies	\$ 122,933	122,933		
32.			Oxygen (non emergency)	\$ 48,340	48,340		
33.			Occupational Therapy	\$ 4,448	4,448		
34.			Other - See Attached Schedule	\$ 323,948	323,948		
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	\$ 1,298,426	1,298,426		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.	16	m.13	Radio and Television Revenue	\$ 33,123	33,123		
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	\$ 1,990	1,990		
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)			\$ 4,568,910	4,568,910		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	C.5.c	Specialized Equip Rental	45,737		
20	C.5.c	IV Drug Expense - Med A	131,596		
20	C.5.c	IV Drug Expense - Other	122,415		
20	C.5.c	ACP - Equipment Rental	19,008		
20	C.5.c	PPS Expense Hosp ER/OR	55		
20	C.5.j	PPS Expense APRN Visits	5,137		
Total Other Ancillary Costs			\$ 323,948	\$ -	\$ -

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)
22	C.8.a	Rent Expense	1,560,000		
22	C.8.a	Realty Company - Interest	(85,317)		
22	C.8.a	Realty Company - Depreciation	(235,527)		
-	-	Adjusts Rent to include only the Depr and Int Exp of Realty Co	-		
-	-		-		
22	C.8.a	Garage & Storage Rentals	43,824		
-	-		-		
22	C.6.a	Repairs & Maintenance - Equipment	11,385		
-	-		-		
-	-	Patient TV Purchases	-		
22	C.6.f	Minor Equipment - TV	591		
-	-		-		
22	C.6.a-f	Outpatient Allocation - Repairs and Maintenance	2,707		
22	C.10.a	Outpatient Allocation - Property Taxes	661		
27	C.14.a	Outpatient Allocation - Property Insurance	102		
Total Other Property Adjustments			\$ 1,298,426	\$ -	\$ -

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	C.14.b	Auto Insurance	1,990		
-	-		-		
Total Other Adjustments			\$ 1,990	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility		License No.		Report for Year Ended		Page	of
Montowese Health and Rehabilitation Ce		1015C		9/30/2017		30	37
Item				Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue							
1.	a.	Medicaid Residents (<i>CT only</i>)	\$	3,692,175	3,692,175		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(1,687,289)	(1,687,289)		
2.	a.	Medicaid (<i>All other states</i>)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (<i>all inclusive</i>)	\$	7,595,333	7,595,333		
	b.	Medicare Room and Board Contractual Allowance **	\$	3,033,329	3,033,329		
4.	a.	Private-Pay Residents and Other	\$	4,915,179	4,915,179		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(6,146)	(6,146)		
II. Other Resident Revenue							
1.	a.	Prescription Drugs - Medicare	\$	672,688	672,688		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$	(672,688)	(672,688)		
	c.	Prescription Drugs - Non-Medicare	\$	388,996	388,996		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(389,407)	(389,407)		
2.	a.	Medical Supplies - Medicare	\$	5,366	5,366		
	b.	Medical Supplies - Medicare Contractual Allowance **	\$	(5,366)	(5,366)		
	c.	Medical Supplies - Non-Medicare	\$	12,334	12,334		
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$	(12,330)	(12,330)		
3.	a.	Physical Therapy - Medicare	\$	2,642,906	2,642,906		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$	(2,472,896)	(2,472,896)		
	c.	Physical Therapy - Non-Medicare	\$	1,526,458	1,526,458		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$	(1,415,665)	(1,415,665)		
4.	a.	Speech Therapy - Medicare	\$	345,477	345,477		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$	(328,958)	(328,958)		
	c.	Speech Therapy - Non-Medicare	\$	132,127	132,127		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$	(124,423)	(124,423)		
5.	a.	Occupational Therapy - Medicare	\$	2,420,027	2,420,027		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$	(2,330,900)	(2,330,900)		
	c.	Occupational Therapy - Non-Medicare	\$	1,416,093	1,416,093		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(1,368,410)	(1,368,410)		
6.	a.	Other (<i>Specify</i>) - Medicare	\$	(24,367)	(24,367)		
	b.	Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)				\$	17,959,643	17,959,643	
IV. Other Revenue*							
1.	Meals sold to guests, employees & others		\$	771	771		
2.	Rental of rooms to non-residents		\$				
3.	Telephone		\$	14,049	14,049		
4.	Rental of Television and Cable Services		\$	34,573	34,573		
5.	Interest Income (<i>Specify</i>)		\$				
6.	Private Duty Nurses' Fees		\$				
7.	Barber, Coffee, Beauty and Gift shops		\$	13,830	13,830		
8.	Other (<i>Specify</i>)		\$	48,625	48,625		
V. Total Other Revenue (1 thru 8)				\$	111,848	111,848	
VI. Total All Revenue (III +V)				\$	18,071,491	18,071,491	

* 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)
20	Oxygen - MCR A	37,955		
20	Laboratory - MCR A	94,687		
20	X-Ray - MCR A	68,491		
20	IV Therapy - MCR A	123,797		
	-	-		
20	Contractual Adj - Ancill - MCR A	(324,930)		
20	Contractual Adj - Ancill - MCR B	-		
	-	-		
20	Rate Adjustments -MCR B	(19,885)		
20	2% Contractual Adj - Med B	(4,482)		
Total Other Resident Revenue - Medicare		\$ (24,367)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
20	Oxygen - MCD	25		
20	IV Therapy - MCD	5,744		
20	Laboratory - MCD	37		
20	Oxygen - INS	19,603		
20	Laboratory - INS	47,225		
20	IV Therapy - INS	115,536		
20	X-Ray - INS	16,800		
20	Oxygen - PVT	795		
20	-	-		
20	-	-		
20	Contractual Adj - Ancillaries - MCD	(6,657)		
20	Contractual Adj - Ancill - INS	(199,108)		
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
31	Interest Income	692,769	-		
	-				
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
16	Medical Records Copies	8,101		
	Vending Machine Revenue	1,426		
	Intererst Rate Swap Activity	38,971		
	Collections after Account Write Off	127		
Total Other Revenue		\$ 48,625	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Montowese Health and Rehabilitation C	1015C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	215,613
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,175,274
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	19,879
4 Inventories			\$	31,392
5. Prepaid Expenses			\$	35,863
a. Prepaid Insurance	35,863			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	3,478,021
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	209,556	\$	209,556
	Accum. Depreciation			Net
3. Buildings	*Historical Cost	7,043,342	\$	7,043,342
	Accum. Depreciation			Net
4. Leasehold Improvements	*Historical Cost	2,222,300	\$	760,642
	Accum. Depreciation	(1,461,658)		Net
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation			Net
6. Movable Equipment	*Historical Cost	794,535	\$	126,813
	Accum. Depreciation	(667,722)		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(1)
Rounding		(1)		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	8,140,352

* 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
Montowese Health and Rehabilitation C	1015C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	11,618,373
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	

7. Other Assets (<i>itemize</i>)			\$	406,540
Due From Khan Realty LLC		406,540		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	406,540
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	12,024,913

* 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 Montowese Health and Rehabilitation Cent	License No. 1015C	Report for Year Ended 9/30/2017	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,767,907	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$ 1,450,526
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>)				\$

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,450,526
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,218,433


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

Name of Facility	License No.	Report for Year Ended	Page	of	
Montowese Health and Rehabilitation	1015C	9/30/2017	35	37	
Account			Amount		
A. Reserves					
1. Reserve for value of leased land			\$	7,252,898	
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			\$	7,252,898	
B. Net Worth					
1. Owner's Capital			\$		
2. Capital Stock			\$	1,000	
3. Paid-in Surplus			\$		
4. Treasury Stock			\$		
5. Cumulated Earnings			\$	533,963	
6. Gain or Loss for Period					
	10/1/2016	thru	9/30/2017	\$	18,619
7. Total Net Worth			\$	553,582	
C. Total Reserves and Net Worth			\$	7,806,480	
D. Total Liabilities, Reserves, and Net Worth			\$	12,024,913	

H. Changes in Total Net Worth

Name of Facility Montowese Health and Rehabilitation Center	License No. 1015C	Report for Year Ended 9/30/2017	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	534,957
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	18,071,491
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	18,052,872
D. Net Income or Deficit			\$	18,619
E. Balance			\$	553,576
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>) Rounding 5				
F-3. Total Additions			\$	5
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
F Khan / E Khan / G Tannoia				
2. Other Withdrawals (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	553,581
				09/30/17

I. Preparer's/Reviewer's Certification

Name of Facility Montowese Health and Rehabilitation	License No. 1015C	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 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 LLC	Date Signed 2/7/2018		
Printed Name of Preparer Wonneberger & Morgan, LLC				
Address 1781 Highland Avenue, Suite 207, Cheshire, CT 06410		Phone Number (230) 250-2013		