

General Information

Name of Facility (as licensed) LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	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 LiveWell Alliance, Inc. [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, 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) Patricia Bowen			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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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 LiveWell Alliance, Inc.	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 1261 South Main Street, Plantsville, CT 06479				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 1/16/2020		
Item	Total	CCNH	RHNS	Other
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 860-628-9000		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) LiveWell Alliance, Inc.		Address (No. & Street, City, State, Zip) 1261 South Main Street, Plantsville, CT 06479		
License Numbers:	CCNH 002-09-33	RHNS	Other	Medicare Provider No. 07-5378
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"/> Other				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Patricia Bowen		Nursing Home Administrator's License No.:	00-2069	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

LiveWell -Board of Directors FY 2019

PRESIDENT:

Waldo Klein, MSW, Ph.D.

SECRETARY:

Julie Robison, Ph.D.

TREASURER:

Michael Lenkiewicz

Members:

Elizabeth Reese

Sara Tinnesz, MSW

General Information and Questionnaire Individual Proprietorship

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	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 %**				
The Rideshare Company	1404 Blue Hills Ave., Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>	Van Rental	Pg 16 Line L6	67,255	67,255
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	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.

All costs have been allocated between the Skilled Nursing Facility and the Assisted Living Unit as required except for housekeeping and maintenance, which have been allocated based upon hours of service. Other costs have been directly allocated if sufficient information was available (same methodology as prior reporting periods).

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.

LiveWell Alliance, Inc.									
ALLOCATION SECTION									
Cost Year 2019									
ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT	ALLOCATION BASIS	Skilled Nursing Facility	Unit	TOTAL			
30 11A.10	Medicaid R&B SNF Only	(7,412,655)	Nursing home	(7,412,655)	-	(7,412,655)			
30 11A.22	Medicaid R&B A/L Only	-	Nursing home	-	-	-			
30 13A.10	Medicare R&B - SNF Only	(202,069)	Nursing home	(202,069)	-	(202,069)			
30 13A.22	Medicare R&B - A/L Only	-	Nursing home	-	-	-			
30 14A.10	Private pay R&B - SNF Only	(8,309,709)	Nursing home	(8,309,709)	-	(8,309,709)			
30 14A.22	Private pay R&B - A/L Only	-	Nursing home	-	-	-			
30 11A.10	Prescription Drugs Medicare - Patient Days	(4,817)	Nursing home	(4,817)	-	(4,817)			
30 11C.10	Prescription drugs - Patient Days	(12,714)	Nursing home	(12,714)	-	(12,714)			
30 112A.22	Medical Supplies Medicare Non Reimbursable	-	Nursing home	-	-	-			
30 113AM.07	PT Medicare PT Treatments	-	Nursing home	-	-	-			
30 113A.10	PT Medicare PT Treatments	(157,771)	Nursing home	(157,771)	-	(157,771)			
30 113CO.07	PT Other - PT Treatments	-	Nursing home	-	-	-			
30 113C.10	PT Other - PT Treatments	(6,407)	Nursing home	(6,407)	-	(6,407)			
30 114AM.08	ST Medicare - ST Treatments	-	Nursing home	-	-	-			
30 114A.10	ST Medicare - ST Treatments	(55,952)	Nursing home	(55,952)	-	(55,952)			
30 114CO.08	ST Other - ST Treatments	-	Nursing home	-	-	-			
30 114C.10	ST Other - ST Treatments	(10,797)	Nursing home	(10,797)	-	(10,797)			
30 115A.10	OT Medicare - OT Treatments	(211,690)	Nursing home	(211,690)	-	(211,690)			
30 115C.10	OT - OT Treatments	(76,005)	Nursing home	(76,005)	-	(76,005)			
30 116A.10	Other Medicare - Patient Days	299,588	Nursing home	299,588	-	299,588			
30 116B.10	Other - Patient Days	(822)	Nursing home	(822)	-	(822)			
30 11V5.22	Interest - Patient Days	-	Nursing home	-	-	-			
30 11V7.22	Barber, coffee, etc - Non Reimbursable	-	Nursing home	-	-	-			
30 11V8.25	Other - Transportation Services	-	Accum Costs	-	-	-			
30 11V8.45	Other - Total Expenses Page 27	-	Accum Costs	-	-	-			
30 11V8.10	Other - SNF	-	Nursing home	-	-	-			
30 11V8.42	Other - Accum Costs	(517,900)	Accum Costs	(485,458)	(32,442)	(517,900)			
30 11V8.41	Other - Non Salary Expenses	-	Payroll	-	-	-			
30 11V8.33	Other - Resident Capacity	-	Capacity	-	-	-			
30 11V8.07	Other - PT Treatments	-	PT Treat	-	-	-			
30 11V8.22	Other - Non Reimbursable	(1,717,886)	A/L	-	(1,717,886)	(1,717,886)			
30 11V8.10	Other - Patient Days	(25,451)	Nursing home	(25,451)	-	(25,451)			
	Total Revenue	(18,423,057.00)		(16,672,729)	(1,750,328)	(18,423,057)			

LiveWell Alliance, Inc.									
ALLOCATION SECTION									
Cost Year 2019									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Skilled Nursing Facility	A/L Unit	ALLOCATED AMOUNTS		TOTAL	
						AMOUNT	TOTAL		
10-A 2.43	Administrators	120,834	Nursing Home	120,834	-			120,834	
10-A 3.15	Assistant Administrator	129,244	Accum Costs	121,148	8,096			129,244	
10-A 4.19	Other Admin - Salary %	1,230,871	Accum Costs	1,153,767	77,104			1,230,871	
10-A 5C.5	Dietary Workers - Meals	684,197	Meals	613,847	70,350			684,197	
10-A 6B.2	Other Housekeeping Workers - Sqft	423,235	Direct	416,110	7,125			423,235	
10-A 7A..2	Other Maintenance Workers - SQFT	221,091	Direct	208,159	12,932			221,091	
10-A 12A.10	Director of Nurses/Assistant Director	173,718	Nursing Home	173,718	-			173,718	
10-A 12B1.10	RNs - Direct Care	1,521,547	Direct	1,450,127	71,420			1,521,547	
10-A 12B2.10	RNs - Administrative	73,787	Direct	73,787	-			73,787	
10-A 12C1.10	LPNs - Direct Care	606,780	Direct	606,780	-			606,780	
10-A 12D.10	Aides and Attendants	3,430,697	Direct	3,066,521	364,176			3,430,697	
10-A 12E	Physical Therapists	235,663	PT Treat	235,663	-			235,663	
10-A 12G	Occupational Therapists	-	OT Treat	-	-			-	
10-A 12H.10	Recreation Workers	185,567	Nursing Home	185,567	-			185,567	
10-A 12M.33	Social Workers/Case Management - Direct	515,151	Nursing Home	515,151	-			515,151	
10-A 12O.34	Other - Accum Costs	320,480	Accum Costs	300,404	20,076			320,480	
13-B 2.22	Dentist	13,300	Nursing Home	13,300	-			13,300	
13-B 5A.07	PT - Resident Care - PT	102,505	PT Treat	102,505	-			102,505	
13-B 8A.10	Medical Director - Direct	7,920	Nursing Home	7,920	-			7,920	
13-B 8E	Other	25,341	Nursing Home	25,341	-			25,341	
13-B 9A.08	ST - Resident Care - ST	14,742	ST Treat	14,742	-			14,742	
13-B 10B.10	OT - Other	67,673	OT Treat	67,673	-			67,673	
15 1A1.15	Workmen's Compensation - Salary%	339,142	Payroll	315,328	23,814			339,142	
15 1A2.15	Disability Insurance - Salary %	49,135	Payroll	45,685	3,450			49,135	
15 1A3.15	Unemployment Insurance - Nursing Home	26,665	Nursing Home	26,665	-			26,665	
15 1A4.15	Social Security (FICA) - Salary %	709,047	Payroll	659,260	49,787			709,047	
15 1A5.15	Health Insurance - Salary %	1,271,581	Payroll	1,182,294	89,287			1,271,581	
15 1A6.15	Life Insurance - Salary %	44,317	Payroll	41,205	3,112			44,317	
15 1A7.15	Pensions - Salary %	349,000	Payroll	324,494	24,506			349,000	
15 1A8.15	Uniform Allowance - Salary %	16,130	Payroll	14,997	1,133			16,130	
15 1A9.15	Other - Salary %	41,751	Payroll	38,819	2,932			41,751	
15 1C.42	Bad Debts	366,790	Nursing Home	366,790	-			366,790	
15 1D.42	Accounting and Auditing	51,409	Accum Costs	48,189	3,220			51,409	
15 1E.42	Legal - Expenses	35,540	Nursing Home	35,540	-			35,540	

LiveWell Alliance, Inc.								
ALLOCATION SECTION								
Cost Year 2019								
ACCOUNT NUMBER	ACCOUNT NAME	INPUT		ALLOCATION BASIS	Skilled Nursing Facility	A/L Unit	TOTAL	
		Total AMOUNT	AMOUNT				Facility	Unit
15 1G.10	Office Supplies - SNF Only	26,621		Nursing Home	26,621	-		26,621
15 1G.42	Office Supplies - Accum Costs	12,341		Accum Costs	11,568	773		12,341
15 1H1.42	Telephone and Telegraph - Accum Costs	29,127		Accum Costs	27,302	1,825		29,127
15 1H2.30	Cellular Phones and Beepers - Accum Costs	14,959		Accum Costs	14,022	937		14,959
15 1I	Appraisal	-		Accum Costs	-	-		-
15 1J	Corporation Business Taxes	-		Accum Costs	-	-		-
15 1K1.45	Other Taxes - Income - Expenses	-		Accum Costs	-	-		-
15 1K2	Other	-		Accum Costs	-	-		-
15 1K3.03	Resident Day User Fee	873,329		Nursing Home	873,329	-		873,329
16 1.10	Resident Travel and Entertainment	11,616		Accum Costs	10,888	728		11,616
16 2	Holiday Parties for Staff	10,542		Accum Costs	9,882	660		10,542
16 3	Gifts to Staff and Residents	18,627		Accum Costs	17,460	1,167		18,627
16 4.42	Employee Travel - Accum Costs	56,174		Accum Costs	52,655	3,519		56,174
16 5.10	Education Expense - SNF Only	64,323		Nursing Home	64,323	-		64,323
16 5.34	Education Expense - Accum Costs	17,355		Accum Costs	16,268	1,087		17,355
16 6.10	Automobile Expense - SNF Only	813		Nursing Home	813	-		813
16 6.25	Automobile Expense - Accum Costs	67,255		Accum Costs	63,042	4,213		67,255
16 7	Other	7,650		Accum Costs	7,171	479		7,650
16 M1.19	Advertising Help Wanted - Nursing Home	17,292		Nursing Home	17,292	-		17,292
16 M3.42	Advertising Other	1,603		Accum Costs	1,503	100		1,603
16 M7.42	Postage	7,257		Accum Costs	6,802	455		7,257
16 M8.34	Dues and Membership Fees to Professional Associations - Cap	-		Accum Costs	-	-		-
16 M8A	Dues to Chamber of Commerce	-		Capacity	-	-		-
16 M9.42	Subscriptions - Accum Costs	16,872		Accum Costs	15,815	1,057		16,872
16 M11.42	Services Provided by Contract - Accum Costs	477,246		Accum Costs	447,350	29,896		477,246
16 M12.02	Administrative Management Services - Patient days	-		Patient days	-	-		-
16 M13.10	Other - SNF Only	2,936		Nursing Home	2,936	-		2,936
16 M13.34	Other - Accum Costs	223,956		Accum Costs	209,927	14,029		223,956
18 2A1.03	Raw Food - Meals	537,845		Meals	482,543	55,302		537,845
18 2A2.03	Non-Food Supplies - Meals	45,793		Meals	41,085	4,708		45,793
18 2B.03	Purchased Services - Meals	1,216		Meals	1,091	125		1,216
18 2D.03	Other - Meals	25,980		Meals	23,309	2,671		25,980
19 3A1.05	Bed Linens, etc...washed, ironed..	12,812		Laundry	12,812	-		12,812
19 3B.05	Purchased Services - Pounds of Laundry	180,510		Laundry	180,510	-		180,510
20 4A1.33	In-House Care Supplies - Sqft	81,777		Sqft	70,620	11,157		81,777

LiveWell Alliance, Inc.									
ALLOCATION SECTION									
Cost Year 2019									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Skilled Nursing Facility	A/L Unit	TOTAL		TOTAL	TOTAL
						ALLOCATION BASIS	Skilled Nursing Facility		
20 4B.33	Purchased Services - Sqft	21,561	Sqft	18,619	2,942			21,561	
20 5A.10	Purchased From - Pharmacy - SNF Only	80,643	Nursing Home	80,643	-			80,643	
20 5A.22	Purchased From - Pharmacy - A/L Only	1,830	A/L	-	1,830			1,830	
20 5B.10	Medicine Cabinet Drugs	45,279	Nursing Home	45,279	-			45,279	
20 5C.10	Medical and Therapeutic Supplies	373,807	Nursing Home	373,807	-			373,807	
20 5E2.10	Oxygen - Other - SNF Only	2,635	Nursing Home	2,635	-			2,635	
20 5F.22	X-Rays and related radiological - SNF Only	-	Nursing Home	-	-			-	
20 5I.10	Recreation - SNF Only	54,235	Nursing Home	54,235	-			54,235	
20 5J.03	Other - SNF	10,152	Nursing Home	10,152	-			10,152	
20 5J.22	Other - A/L	1,520	A/L	-	1,520			1,520	
20 5J.33	Other - Accum Costs	10,479	Accum Costs	9,823	656			10,479	
22 6A.02	Repairs and Maintenance - Sqft	26,794	Sqft	23,138	3,656			26,794	
22 6A.10	Repairs and Maintenance - SNF Only	12,845	Nursing Home	12,845	-			12,845	
22 6A.22	Repairs and Maintenance - A/L Only	617	A/L	-	617			617	
22 6B.33	Heat - Sqft	46,587	Sqft	40,231	6,356			46,587	
22 6C.33	Light & Power - Sqft	195,653	Sqft	168,960	26,693			195,653	
22 6D.33	Water	26,332	Sqft	22,739	3,593			26,332	
22 6E.33	Equipment Lease - Sqft	3,710	Sqft	3,204	506			3,710	
22 6F.02	Other - Sqft	283,574	Sqft	244,885	38,689			283,574	
22 7A.10	Land Improvements - Sqft	10,880	Sqft	9,396	1,484			10,880	
22 7B.10	Building & Building Improvements - SNF Only	302,169	Nursing Home	302,169	-			302,169	
22 7B.22	Building & Building Improvements - Non Reimb	49,746	A/L	-	49,746			49,746	
22 7D.10	Movable Equipment - Sqft	118,349	Sqft	102,202	16,147			118,349	
22 7D.22	Movable Equipment - Non Reim	3,581	A/L	-	3,581			3,581	
22 8B.33	Mortgage Expense - Sqft	55,339	Sqft	47,792	7,550			55,342	
22 10B	Real estate taxes paid by lessor - Sqft	77,428	Sqft	66,864	10,564			77,428	
22 10C	Personal property taxes - Sqft	17,918	Sqft	15,473	2,445			17,918	
26 12A1	First Mortgage	275,778	Nursing Home	275,778	-			275,778	
27 14A	Insurance on Property - Sqft	113,794	Sqft	98,269	15,525			113,794	
27 414B	Insurance of Automobiles	3,380	Sqft	2,919	461			3,380	
		18,475,517		17,313,549	1,161,968			18,475,517	

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 LiveWell Alliance, Inc.		License No. 002-09-33		Report for Year Ended 9/30/2019		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					
Neopost Leasing	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	Monthly	Open Ended	1,612	1,612
Krystal Kleer	<input type="radio"/>	<input checked="" type="radio"/>	Water Cooler	Monthly	Open Ended	2,098	2,098
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***						3,710	

* 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.

Schedule of Resident Statistics

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019						Page 8	of 37
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Total	Other		
		Total CCNH Level	Total RHNS Level	Total CCNH	Total RHNS				
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	120	120	120		120	120			
B. On last day of THIS report period	120	120	120		120	120			
2. Number of Residents									
A. As of midnight of PREVIOUS report period	120	120	120		120	120			
B. As of midnight of THIS report period	114	114	114		120	114			
3. Total Number of Days Care Provided During Period									
A. Medicare	674	674	674		551	123			
B. Medicaid (Conn.)	26,578	26,578	26,578		20,105	6,473			
C. Medicaid (other states)									
D. Private Pay	14,149	14,149	14,149		10,184	3,965			
E. State SSI for RCH									
F. Other (Specify)	424	424	424		340	84			
G. Total Care Days During Period (3A thru F)	41,825	41,825	41,825		31,180	10,645			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds									
A. Medicaid Bed Reserve Days	41	41	41			41			
B. Other Bed Reserve Days	427	427	427		354	73			
5. Total Resident Days (3G + 4A + 4B)	42,293	42,293	42,293		31,534	10,759			

Schedule of Resident Statistics (Cont'd)

Name of Facility LiveWell Alliance, Inc.			License No. 002-09-33			Report for Year Ended 9/30/2019			Page 9	of 37			
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(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	Other			
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	Other	R.C.H.	ICF-MR					
No. of Residents		70		44									
Per Diem Rate													
a. One bed rm.	Various	269.88		575.00									
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Other		
A. Medicare - Part B								2,040	2,040				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								2,358	2,358				
D. Total Physical Therapy Treatments								4,398	4,398				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								598	598				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								293	293				
D. Total Speech Therapy Treatments								891	891				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								4,630	4,630				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								3,602	3,602				
D. Total Occupational Therapy Treatments								8,232	8,232				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
LiveWell Alliance, Inc.	002-09-33	9/30/2019	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	Other	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)	120,834	2,348				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	1,274,915	31,107			85,200	2,079
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	613,847	31,688			70,350	3,632
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	416,110	24,831			7,125	416
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	208,159	6,987			12,932	416
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	173,718	2,376				
b. RN						
1. Direct Care	1,450,127	38,551			71,420	1,666
2. Administrative**	73,787	1,736				
c. LPN						
1. Direct Care	606,780	21,507				
2. Administrative**						
d. Aides and Attendants	3,066,521	166,309			364,176	18,146
e. Physical Therapists	235,663	5,515				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	185,567	7,144				
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	515,151	13,419				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	300,404	13,265			20,076	887
<i>A-13. Total Salary Expenditures</i>	9,241,583	366,784			631,279	27,241

* 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.

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

Name of Facility LiveWell Alliance, Inc.		License No. 002-09-33		Report for Year Ended 9/30/2019		Page 11	of 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	Other							
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) LiveWell Alliance, Inc.		License No. 002-09-33	Report for Year Ended 9/30/2019		Page 12	of 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							
Section III - Administrators***									
Patricia Bowen	120,834		Standard Benefits	Administrator & COO	2,080	A2	N/A	N/A	N/A
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		
LiveWell Alliance, Inc.	002-09-33	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	13,300	Contract				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	102,505	1,412				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	7,920	175				
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) Medical Staff Fees	25,341	188				
9. Speech Therapist						
a. Resident Care	14,742	203				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other	67,673	932				
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	231,481	2,910				

* 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
LiveWell Alliance, Inc.	002-09-33	9/30/2019		15	37
Item	Total	CCNH	RHNS	Other	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 339,142	315,328			23,814
2. Disability Insurance	\$ 49,135	45,685			3,450
3. Unemployment Insurance	\$ 26,665	26,665			
4. Social Security (F.I.C.A.)	\$ 709,047	659,260			49,787
5. Health Insurance	\$ 1,271,581	1,182,294			89,287
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 44,317	41,205			3,112
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 349,000	324,494			24,506
8. Uniform Allowance	\$ 16,130	14,997			1,133
9. Other (<i>Specify</i>) See Attached Schedule	\$ 41,751	38,819			2,932
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 366,790	366,790			
d. Accounting and Auditing	\$ 51,409	48,189			3,220
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 35,540	35,540			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 38,962	38,189			773
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 29,127	27,302			1,825
2. Cellular Phones	\$ 14,959	14,022			937
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 873,329	873,329			
Subtotal	\$ 4,256,884	4,052,108			204,776

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
LiveWell Alliance, Inc.	002-09-33	9/30/2019		16	37
Item	Total	CCNH	RHNS	Other	
Subtotals Brought Forward:	4,256,884	4,052,108		204,776	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 11,616	10,888		728	
2. Holiday Parties for Staff	\$ 10,542	9,882		660	
3. Gifts to Staff and Residents	\$ 18,627	17,460		1,167	
4. Employee Travel	\$ 56,174	52,655		3,519	
5. Education Expenses Related to Seminars and Conventions	\$ 81,678	80,591		1,087	
6. Automobile Expense (not purchase or depreciation)	\$ 68,068	63,855		4,213	
7. Other (Specify) See Attached Schedule	\$ 7,650	7,171		479	
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$ 17,292	17,292			
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)*** See Attached Schedule	\$ 1,603	1,503		100	
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	\$ 7,257	6,802		455	
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 16,872	15,815		1,057	
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 477,246	447,350		29,896	
12. Administrative Management Services**	\$				
13. Other (Specify) See Attached Schedule	\$ 226,892	212,863		14,029	
C-14 Total Administrative & General Expenditures	\$ 5,258,401	4,996,235		262,166	

* 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	Other
	0		0
Travel - Meals	\$ 7,171		\$ 479
Total Other Travel and Entertainment	\$ 7,171	\$ -	\$ 479

Schedule of Other Advertising

Description	CCNH	RHNS	Other
	0		0
Business Development	\$ 1,503		\$ 100
Total Other Advertising	\$ 1,503	\$ -	\$ 100

Schedule of Dues

Description	CCNH	RHNS	Other
	0		0
Total Dues	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
	0		0
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
	0		0
Nursing Admin Licenses (Disallowed)	\$ 2,936		
ADC Supplies (Disallowed)	\$ 13,429		\$ 897
Grant Expense (Disallowed)	\$ 1,485		\$ 99
Greeting Cards (Disallowed)	\$ 255		\$ 17
Dietary License	\$ 98		\$ 7
Flowers (Disallowed)	\$ 2,715		\$ 181
Professional Fees (Open Item)	\$ 103,224		\$ 6,898
Software/Computer Supplies	\$ 30,360		\$ 2,029
Equipment Rental - Admin	\$ 232		\$ 16
Small Equipment Purchases - Admin	\$ 1,633		\$ 109
Training Supplies	\$ 1,304		\$ 87
Other Licenses	\$ 558		\$ 37
Donations (Disallowed)	\$ 11,709		\$ 782
Bank Charges - Routine	\$ 35,148		\$ 2,349
Fines and Penalties (Disallowed)	\$ 37		\$ 2
Supplies - Non Medical	\$ 7,742		\$ 517
Total Other Administrative and General	\$ 212,863	\$ -	\$ 14,029

Schedule C-1 - Management Services*

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

* 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 LiveWell Alliance, Inc.		License No. 002-09-33	Report for Year Ended 9/30/2019	Page 18	of 37
Item		Total	CCNH	RHNS	Other
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	537,845	482,543		55,302
2. Non-Food Supplies	\$	45,793	41,085		4,708
3. Other (<i>Specify</i>) _____ Other Dietary Supplies	\$	25,980	23,309		2,671
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
	\$	1,216	1,091		125
c. Other (<i>Specify</i>) _____					
	\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$	610,834	548,028	62,806
2E. Dietary Questionnaire		Total	CCNH	RHNS	Other
F. Resident Meals: Total no. of meals served per day:*					
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No					
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 meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
K. Is any revenue collected 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)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
O. 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.

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

Name of Facility LiveWell Alliance, Inc.		License No. 002-09-33	Report for Year Ended 9/30/2019	Page 19	of 37
Item		Total	CCNH	RHNS	Other
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. \$	12,812	12,812	
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)		\$	180,510	180,510	
c. Other (Specify) Chemicals		\$	226	226	
3D. Total Laundry Expenditures (3a + b + c)		\$	193,548	193,548	
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. 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 3D.

*** 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
LiveWell Alliance, Inc.		002-09-33	9/30/2019		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	81,777	70,620		11,157
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. \$	21,561	18,619		2,942
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	103,338	89,239		14,099
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Pharmacy	\$	82,473	80,643		1,830
b.	Medicine Cabinet Drugs	\$	45,279	45,279		
c.	Medical and Therapeutic Supplies	\$	373,807	373,807		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	2,635	2,635		
f.	X-rays and Related Radiological Procedures***	\$				
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$				
i.	Recreation	\$	54,235	54,235		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	22,151	19,975		2,176
5M.	Total Resident Care Expenditures (5a - 5j)	\$	580,580	576,574		4,006

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

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

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

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

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

Name of Facility LiveWell Alliance, Inc.		License No. 002-09-33	Report for Year Ended 9/30/2019	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	Other	Pg	Line		
H&H Linen		<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	180,510					19	3b
Decian, Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Computer Consultant	64,026		4,279			16	m11
US Security Associates		<input type="radio"/>	<input checked="" type="radio"/>		Security	43,751		6,912			22	6f
Paychex		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	62,216		4,158			16	m11
Executive Landscaping		<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	29,664		4,686			22	6f
Matrix		<input type="radio"/>	<input checked="" type="radio"/>		General Ledger Software	53,437		3,571			16	m11
D. Landino Landscaping		<input type="radio"/>	<input checked="" type="radio"/>		Snow Plowing	22,332		3,528			22	6f
CWPM		<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	15,512		2,451			22	6f
Baystate Elevator		<input type="radio"/>	<input checked="" type="radio"/>		Elevator Service	8,947		1,414			22	6f
Connecticut Computer Service		<input type="radio"/>	<input checked="" type="radio"/>		Computer Consultant	30,159		2,016			16	m11
		<input type="radio"/>	<input checked="" type="radio"/>									
		<input type="radio"/>	<input checked="" type="radio"/>									
		<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
LiveWell Alliance, Inc.	002-09-33	9/30/2019			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 40,256	35,983		4,273		
b. Heat	\$ 46,587	40,231		6,356		
c. Light & Power	\$ 195,653	168,960		26,693		
d. Water	\$ 26,332	22,739		3,593		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 3,710	3,204		506		
f. Other (<i>itemize</i>)	\$ 283,574	244,885		38,689		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 596,112	516,002		80,110		
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 10,880	9,396		1,484		
b. Building & Building Improvements	\$ 351,915	302,169		49,746		
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 121,930	102,202		19,728		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 484,725	413,767		70,958		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 55,342	47,792		7,550		
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 55,342	47,792		7,550		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ (5)	(8)		3		
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 77,428	66,864		10,564		
c. Personal property taxes	\$ 17,918	15,473		2,445		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 635,408	543,888		91,520		

* 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	Other
	0		0
Grounds Landscaping	\$ 15,512		\$ 2,451
Farmington Ave R&M Expenses (Disallowed)	\$ 46,414		\$ 7,333
Snow Plowing	\$ 3,860		\$ 610
Exterminator Expense	\$ 3,497		\$ 553
Service Contracts	\$ 3,776		\$ 597
Supplies	\$ 32,097		\$ 5,071
Inspections	\$ 4,251		\$ 672
Grounds Maintenance	\$ 4,702		\$ 743
Equipment Rental	\$ 4,852		\$ 766
Small Equipment Purchase	\$ 1,942		\$ 307
P/S - Groundskeeping	\$ 29,664		\$ 4,686
P/S - Indoor Plants	\$ 6,294		\$ 994
P/S - Snow Plowing	\$ 22,332		\$ 3,528
P/S - Elevator Service	\$ 8,947		\$ 1,414
P/S - Fire Protection	\$ 5,632		\$ 890
P/S - Security	\$ 43,751		\$ 6,912
Storage Rental	\$ 7,361		\$ 1,163
Total Other Repairs and Maintenance	\$ 244,885	\$ -	\$ 38,689

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/1/2019	Commercial Asphalt Maintenance	\$ 7,459	10	\$ 746
Total additions for Land Improvements		\$ 7,459		\$ 746 *
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:				
Various	Please see attached schedule	\$ 74,242	Various	\$ 3,650
Total additions for Building Improvements		\$ 74,242		\$ 3,650 *
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:				
Various	Please see attached schedule	\$ 183,154	Various	\$ 29,275
Total additions for Movable Equipment		\$ 183,154		\$ 29,275 *
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

<u>Description</u>	<u>Useful Life</u>	<u>Acquisition Date</u>	<u>Cost</u>	<u>Cost To Be Depreciated</u>	<u>Method</u>	<u>2018 Accum Depreciation</u>	<u>2019* Depreciation</u>	<u>2019 Accum Depreciation</u>
Land Improvements								
Prior Period Acq. (Per 9/30/2017 Cost Report)	Various	Various	856,805	856,805	S/L	814,342	10,134	824,476
9/30/2019 Asset Additions								
Commercial Asphalt Maintenance	10	9/1/2019	7,459	7,459	S/L	-	746	746
Total Land Improvements			864,264	864,264		814,342	10,880	825,222

<u>Description</u>	<u>Useful Life</u>	<u>Acquisition Date</u>	<u>Cost</u>	<u>Cost To Be Depreciated</u>	<u>Method</u>	<u>2018 Accum Depreciation</u>	<u>2019* Depreciation</u>	<u>2019 Accum Depreciation</u>
Building Improvements								
Prior Period Acq. (Per 9/30/2017 Cost Report)	Various	Various	13,950,180	13,856,893	S/L	11,171,647	341,037	11,512,684
9/30/2018 Asset Transfers								
Land/Farmington Ave Asset Transfer	30	10/1/2017	(382,287)	(289,000)				
9/30/2018 Asset Additions								
RLPS Architects	30	6/1/2018	8,021	8,021	S/L	267	267	534
RLPS Architects	30	7/1/2018	4,468	4,468	S/L	149	149	298
Automatic Door Systems	10	10/1/2017	1,298	1,298	S/L	65	130	195
EMCOR Services	10	10/1/2017	831	831	S/L	42	83	125
Kinsley Power	10	11/1/2017	698	698	S/L	35	70	105
Bay State Elevator	10	12/1/2017	3,337	3,337	S/L	167	334	501
Rewire 2A	10	12/1/2017	516	516	S/L	26	52	77
Labeling of 8 Doors - Molding	10	12/1/2017	2,175	2,175	S/L	109	218	326
Reliable Refrigerators	10	1/1/2018	2,329	2,329	S/L	116	233	349
Innovative Building & Renovations	10	2/1/2018	5,970	5,970	S/L	299	597	896
Automatic Door Systems	10	3/1/2018	1,189	1,189	S/L	59	119	178
EMCOR Services	10	3/1/2018	600	600	S/L	30	60	90
Kinsley Power	10	3/1/2018	667	667	S/L	33	67	100
Reliable Refrigerators	10	3/1/2018	854	854	S/L	43	85	128
Reliable Refrigerators	10	4/1/2018	900	900	S/L	45	90	135
Reliable Refrigerators	10	4/1/2018	752	752	S/L	38	75	113
Wiremen	10	4/1/2018	1,212	1,212	S/L	61	121	182
Saucier Mechanical Services	10	6/1/2018	3,465	3,465	S/L	173	347	520
EMCOR Services	10	7/1/2018	700	700	S/L	35	70	105
James Brandanini	10	7/1/2018	625	625	S/L	31	63	94
Automated Building Services	10	8/1/2018	699	699	S/L	35	70	105
EMCOR Services	10	8/1/2018	1,821	1,821	S/L	91	182	273
Amex	10	8/1/2018	960	960	S/L	48	96	144
Innovative Building & Renovations	10	9/1/2018	20,774	20,774	S/L	1,039	2,077	3,116
Stanley Access Tech	10	9/1/2018	1,644	1,644	S/L	82	164	247
Tao Water Art Gallery	10	9/1/2018	5,800	5,800	S/L	290	580	870
A-Tech (Dietary)	10	9/1/2018	1,332	1,332	S/L	67	133	200
Arjo, Inc (Motor Gear Box)	10	9/1/2018	1,121	1,121	S/L	56	112	168
Emcor (HRU & Exhaust Fan Repair)	10	9/1/2018	3,166	3,166	S/L	158	317	475
MJ Daily LLC (Sprinkler Removed)	10	9/1/2018	1,031	1,031	S/L	52	103	155

Positano Plumbing	10	9/1/2018	851	851	851	S/L	-	85
Baystate Elevator	10	9/1/2018	793	793	793	S/L	-	79
9/30/2019 Asset Additions								
Richter & Cegan, Inc - Plans	30	3/31/2019	3,695	3,695	3,695	S/L	-	123
James Bradanini	10	10/1/2018	650	650	650	S/L	-	33
Superior Fence	10	12/18/2018	2,875	2,875	2,875	S/L	-	144
Emcore (HRU & Heating Repair)	10	1/19/2019	3,038	3,038	3,038	S/L	-	152
Superior Fence	10	3/19/2019	835	835	835	S/L	-	42
Emcore	10	3/19/2019	2,323	2,323	2,323	S/L	-	116
Automated Building Systems	10	3/19/2019	2,524	2,524	2,524	S/L	-	126
Innovative Building Renovations	10	4/19/2019	1,690	1,690	1,690	S/L	-	85
Superior Fence	10	4/19/2019	2,325	2,325	2,325	S/L	-	116
Raintech	10	4/19/2019	2,445	2,445	2,445	S/L	-	122
Emcore Services	10	4/19/2019	2,113	2,113	2,113	S/L	-	106
James Bradanini	10	5/19/2019	625	625	625	S/L	-	31
Emcore Services	10	5/19/2019	853	853	853	S/L	-	43
Innovative Building Renovations	10	6/19/2019	27,200	27,200	27,200	S/L	-	1,360
Proline -(Kitchen Repairs)	10	6/19/2019	1,627	1,627	1,627	S/L	-	81
Automated Building Systems	10	6/19/2019	675	675	675	S/L	-	34
Emcor Services	10	6/19/2019	611	611	611	S/L	-	31
Emcor Services	10	6/19/2019	2,612	2,612	2,612	S/L	-	131
Proline -(Kitchen Repairs)	10	6/19/2019	642	642	642	S/L	-	32
Proline -(Kitchen Repairs)- Freezer Doors	10	7/1/2019	5,741	5,741	5,741	S/L	-	287
Raintech - Door Repair	10	7/1/2019	1,528	1,528	1,528	S/L	-	76
Emcore	10	7/1/2019	1,968	1,968	1,968	S/L	-	98
Wiremen, Inc	10	8/19/2019	868	868	868	S/L	-	43
Innovative Building Renovations-Desk Stations & Med Saf	10	9/19/2019	4,780	4,780	4,780	S/L	-	239
Total Building Improvements			13,722,734	13,722,734	13,722,734		11,175,386	11,527,301

<u>Description</u>	<u>Useful Life</u>	<u>Acquisition Date</u>	<u>Cost</u>	<u>Cost To Be Depreciated</u>	<u>Method</u>	<u>2018 Accum Depreciation</u>	<u>2019* Depreciation</u>	<u>2019 Accum Depreciation</u>
Motor Vehicles								
Prior Period Acq. (Per 9/30/2017 Cost Report)	Various	Various	94,912	94,912	S/L	94,912	-	94,912
Total Motor Vehicles			94,912	94,912		94,912	-	94,912

<u>Description</u>	<u>Useful Life</u>	<u>Acquisition Date</u>	<u>Cost</u>	<u>Cost To Be Depreciated</u>	<u>Method</u>	<u>2018 Accum Depreciation</u>	<u>2019* Depreciation</u>	<u>2019 Accum Depreciation</u>
Movable Equipment								
Prior Period Acq. (Per 9/30/2017 Cost Report)	Various	Various	2,615,398	2,615,398	S/L	2,447,774	50,562	2,498,336

9/30/2018 Asset Additions								
Ice Machine Repair	5	11/1/2017	581	581	581	S/L	58	174
American Express	5	1/1/2018	3,157	3,157	3,157	S/L	316	947
American Express	5	12/1/2017	4,166	4,166	4,166	S/L	417	1,250
Sheets & Pillow Cases	5	2/1/2018	1,754	1,754	1,754	S/L	293	644
2 Beds	5	3/1/2018	4,684	4,684	4,684	S/L	468	1,405
Refrigerator	5	6/1/2018	1,199	1,199	1,199	S/L	120	360

Refrigerator	5	6/1/2018	1,439	1,439	S/L	144	288	432
Carpet Tiles	5	7/1/2018	913	913	S/L	91	183	274
Arjo, Inc.	5	8/1/2018	9,339	9,339	S/L	934	1,868	2,802
Decian	3	10/1/2017	1,495	1,495	S/L	249	498	747
Decian	3	10/1/2017	2,336	2,336	S/L	389	779	1,168
American Express	3	10/1/2017	1,469	1,469	S/L	245	490	735
Copier XC702	3	11/1/2017	6,061	6,061	S/L	1,010	2,020	3,030
Decian	3	12/1/2017	6,432	6,432	S/L	1,072	2,144	3,216
American Express - PC Mail	3	12/1/2017	3,125	3,125	S/L	521	1,042	1,563
Best Buy PC Accessories	3	12/1/2017	952	952	S/L	159	317	476
Microsoft Software	3	12/1/2017	2,269	2,269	S/L	378	756	1,134
Copier XC702	3	12/1/2017	101	101	S/L	17	34	51
2 Computer 1 Phone	3	1/1/2018	3,361	3,361	S/L	560	1,120	1,680
Copier XC702	3	1/1/2018	2,482	2,482	S/L	414	827	1,241
Copier XC702	3	2/1/2018	3,087	3,087	S/L	515	1,029	1,544
Copier XC702	3	3/1/2018	3,635	3,635	S/L	606	1,212	1,818
Copier XC702	3	4/1/2018	3,087	3,087	S/L	515	1,029	1,544
Laptops	3	4/1/2018	12,909	12,909	S/L	2,152	4,303	6,455
Microsoft Software	3	4/1/2018	1,236	1,236	S/L	206	412	618
Copier XC702	3	5/1/2018	3,361	3,361	S/L	560	1,120	1,680
Amex - PC Mail Computers	3	6/1/2018	1,469	1,469	S/L	245	490	735
Copier XC702	3	6/1/2018	3,361	3,361	S/L	560	1,120	1,680
Computer Equipment	3	6/1/2018	890	890	S/L	148	297	445
Computer Equipment	3	6/1/2018	4,040	4,040	S/L	673	1,347	2,020
Automated Building Systems	3	7/1/2018	500	500	S/L	83	167	250
Copier XC702	3	7/1/2018	4,420	4,420	S/L	737	1,473	2,210
Computers	3	7/1/2018	1,688	1,688	S/L	281	563	844
Copier XC702	3	8/1/2018	3,087	3,087	S/L	515	1,029	1,544
Service Software	3	8/1/2018	850	850	S/L	142	283	425
Computers	3	8/1/2018	905	905	S/L	151	302	453
Software	3	8/1/2018	1,299	1,299	S/L	217	433	650
Sharepoint Software & Licensing	3	8/1/2018	4,923	4,923	S/L	821	1,641	2,462
Decian	3	8/1/2018	808	808	S/L	135	269	404
Copier XC702	3	9/1/2018	3,087	3,087	S/L	515	1,029	1,544
Strategic Furniture	3	1/1/2018	16,480	16,480	S/L	2,747	5,493	8,240
Refrigerator	3	4/1/2018	1,168	1,168	S/L	195	389	584
Photo Equipment	3	9/1/2018	3,340	3,340	S/L	557	1,113	1,670
Martin Cabinet	5	9/1/2018	378	378	S/L	38	76	113
9/30/2019 Asset Additions								
US Bank Equipment -	3	10/10/2018	3,087	3,087	S/L	-	515	515
Matrix Care - EMR Software	3	10/10/2018	9,717	9,717	S/L	-	1,620	1,620
Apple - Amex	3	10/10/2018	636	636	S/L	-	106	106
PCM- Amex - Laptop & Desktop mini	3	10/18/2018	1,882	1,882	S/L	-	314	314
US Bank Equipment	3	11/1/2018	3,167	3,167	S/L	-	528	528
PCM - HP EliteBook-Amex-T. Bowen	3	12/13/2018	2,123	2,123	S/L	-	354	354
PCM-Lenovo - Amex-Defrancesa,Rabinoff	3	12/13/2018	1,972	1,972	S/L	-	329	329
US Bank Equipment	3	12/13/2018	3,167	3,167	S/L	-	528	528
US Bank Equipment	3	1/1/2019	3,448	3,448	S/L	-	575	575
US Bank Equipment	3	2/1/2019	3,448	3,448	S/L	-	575	575
Matrix Care - EMR Software	3	2/19/2019	6,323	6,323	S/L	-	1,054	1,054
Automated Building Systems	3	3/19/2019	2,209	2,209	S/L	-	368	368
US Bank Equipment	3	4/19/2019	3,167	3,167	S/L	-	528	528

PCM- Amex lan Laptop & Screen	3	4/19/2019	1,015	1,015	S/L	169
PCM- Shazia Laptop	3	4/19/2019	785	785	S/L	131
PCM- 2 Laptops	3	4/19/2019	1,711	1,711	S/L	285
US Bank Equipment	3	3/19/2019	3,448	3,448	S/L	575
Conn Computer Services - Laptops	3	5/19/2019	10,134	10,134	S/L	1,689
US Bank Equipment	3	6/19/2019	6,334	6,334	S/L	1,056
Conn Computer Services - Transition Services	3	6/19/2019	49,411	49,411	S/L	8,235
Laptop (American Express -PCM - Anya)	3	6/19/2019	985	985	S/L	164
Mercury Security	3	7/1/2019	3,572	3,572	S/L	595
Conn Computer Services - Transition Services	3	7/1/2019	21,968	21,968	S/L	3,661
US Bank Equipment	3	8/19/2019	7,125	7,125	S/L	1,188
Conn Computer Services - 3 Laptops	3	8/19/2019	5,342	5,342	S/L	890
Costco - 2 Apple MACS	3	9/19/2019	5,105	5,105	S/L	851
US Bank Equipment	3	9/19/2019	3,105	3,105	S/L	518
Treadmills	5	11/18/2018	1,800	1,800	S/L	180
Home Depot - Refrigerator - Amex - 1A	5	12/1/2018	1,519	1,519	S/L	152
Chairs - Costco -Michael S	5	2/19/2019	1,361	1,361	S/L	136
Joerns Healthcare	5	4/19/2019	2,411	2,411	S/L	241
Restaurant Equipment -Stove	5	4/19/2019	8,740	8,740	S/L	874
Joerns Healthcare- Kit Control Box & Assist	5	5/19/2019	610	610	S/L	61
Warehouse Store Fixture	5	6/19/2019	964	964	S/L	96
Joerns Healthcare - Bed Kit	5	7/1/2019	615	615	S/L	62
American Express - Television for ADC	5	8/19/2019	748	748	S/L	75

Total Movable Equipment 2,935,875 2,935,875 121,930 2,468,942 2,590,872

Total **17,617,785** **17,617,785** **484,725** **14,553,582** **15,038,307**

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility LiveWell Alliance, Inc.	Date of Acquisition		Length of Amortization	License No. 002-09-33	Report for Year Ended 9/30/2019	Basis for Computing Amortization**	Rate %	Page 24	of 37
	Month	Year							
A. Organization Expense					Accumulated Amort. to Beginning of Year's Operations				
1.									
2. us									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Deferred Financing Fees	12	2015	20 Years	295,705	36,368	Life of Mortgage			
2. Capitalized Interest	10	1992	30 Years	1,397,365	1,155,920	Life of Mortgage			
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* 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 LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total				
1. Date Land Purchased					
2. Date Structure Completed	10/26/92				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	120				
6. Square Footage	48,603				
7. Acquisition Cost					
a. Land	1,400,000				
b. Building	11,896,448				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable			
b. Date Mortgage Obtained	12/18/15			
c. Interest Rate for the Cost Year	2.47%			
d. Term of Mortgage (number of years)	10			
e. Amount of Principal Borrowed	12,480,000			
f. Principal balance outstanding as of 9/30/2019	10,101,257			

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
LiveWell Alliance, Inc.		002-09-33	9/30/2019		26	37
Item			Total	CCNH	RHNS	Other
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 275,778	275,778		
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)			\$ 275,778	275,778		

(Carry Subtotals forward to next page)

Annual Report of Long-Term Care Facility

CSP-27 Rev. 6/95

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

Name of Facility		License No.		Report for Year Ended			Page of	
LiveWell Alliance, Inc.		002-09-33		9/30/2019			27 37	
Item				Total	CCNH	RHNS	Other	
Subtotals Brought Forward:				275,778	275,778			
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)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 275,778	275,778			
14. Insurance								
a. Insurance on Property (buildings only)				\$ 114,256	98,270		15,986	
b. Insurance on Automobiles				\$ 2,919	2,919			
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$ 117,175	101,189		15,986	
15. Total All Expenditures (A-13 thru C-14)				\$ 18,475,517	17,313,545		1,161,972	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
LiveWell Alliance, Inc.			002-09-33	9/30/2019	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 765,306	765,306		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 366,790	366,790		
10.			Accounting	\$			
10a.			Legal	\$ 7,014	7,014		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 1,503	1,503		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 298,039	298,039		
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)				\$ 1,438,652	1,438,652		

* 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	Other
10	A12m	Community Services Wages	\$ 464,902		
10	A12o	Adult Day Health Salaries	\$ 300,404		
Total Other Salaries Adjustment			\$ 765,306	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Various	Various	Community Services Fringes	\$ 133,057		
Various	Various	Adult Day Health Benefits	\$ 85,977		
16	Various	Community Services Expenses (See attached)	\$ 44,249		
16	Various	729 Farmington Avenue Expenses (See attached)	\$ 3,677		
16	M13	Nursing Admin Licenses (Disallowed)	\$ 2,936		
16	M13	Grant Expense (Disallowed)	\$ 13,429		
16	M13	Greeting Cards (Disallowed)	\$ 255		
16	M13	Flowers (Disallowed)	\$ 2,715		
16	M13	Donations (Disallowed)	\$ 11,709		
16	M13	Fines and Penalties (Disallowed)	\$ 37		
Total Other A&G Adjustments			\$ 298,039	\$ -	\$ -

LiveWell
 729 Farmington Avenue Disallowance
 9/30/2019

Note: Included in the trial balance are expenses associated with a separate location where a home service agency is run. Therefore, this work paper will identify the accounts associated with this property and self disallow the expenses accordingly.

<u>Account Number</u>	<u>Account Name</u>	<u>Dollar Amount</u>	<u>Disallowance Reference</u>		<u>SNF PORTION</u>
			<u>Page</u>	<u>Line</u>	
680500	Telephone	824	28	23	773
680510	Oil	9,895	29	39	8,545
680520	Electricity	1,958	29	39	1,691
680530	Water & Sewer	315	29	39	272
680531	Property Taxes	17,918	29	37	15,473
680540	ARCOC Trash Removal	0	29	39	-
680550	ARCOC Service Contracts	0	29	39	-
680551	Cable	152	29	34	143
680660	Building Repair & Maintenance	0	29	39	-
680681	Internet	3,216	28	23	2,777
680690	Grounds Landscaping	15,997	29	39	13,814
680730	ARCOC Repairs & Maintenance	1,116	29	39	964
680850	Depreciation Expense	53,747	29	39	46,414
680852	Professional Fees - 729 Farmington	0	28	23	-
680900	Supplies	147	28	23	127
	Total	105,285			90,994

Summary	3,677	28	23
	143	29	34
	15,473	29	37
	<u>71,700</u>	29	39
Total	90,994		

LiveWell
 Community Services Disallowance
 9/30/2019

Note: Included in the trial balance are expenses associated with community services which is not reimbursed through the Medicaid SNF program. Therefore, this work paper will identify the accounts associated with these services and self disallow the expenses accordingly.

<u>Account Number</u>	<u>Account Name</u>	<u>Dollar Amount</u>	<u>Disallowance Reference</u> <u>Page</u>	<u>Line</u>	<u>SNF PORTION</u>
650100	Wages - Community Services	464,902	28	4	464,902
Plus Fringes		133,057	28	23	133,057
650510	Advertisement	7	Already Disallowed		-
650600	Supplies	4,610	28	23	4,325
650610	Computer Software	5,190	28	23	4,870
650810	Dues & Subscriptions	3,523	N/A		
650820	Travel & Seminars	6,266	28	23	6,266
650821	Travel - Meals	3,120	28	23	2,927
650822	Business Meals	1,091	28	23	1,024
650823	Travel - Transportation	6,799	28	23	6,379
650830	Education	1,659	28	23	1,659
650840	Mileage Reimbursement	1,836	28	23	1,723
650900	Travel - Lodging	13,055	28	23	12,249
650901	Grant Expenses	-	28	23	-
650902	Community Events	1,469	28	23	1,378
650903	Dementia Friends Southington Grant	1,544	28	23	1,449
	Total	648,128			
Summary		464,902	28	4	
		177,306	28	23	
Total		642,208			

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

Name of Facility				License No.	Report for Year Ended	Page	of
LiveWell Alliance, Inc.				002-09-33	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 1,438,652	1,438,652		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 80,643	80,643		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 2,635	2,635		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 678	678		
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	\$ 15,473	15,473		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 119,492	119,492		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 19,615	19,615		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,677,188	1,677,188		

*** 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.

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

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV 8	Community Services (Disallowed)	\$ 497		
30	IV 8	Consulting Income (Disallowed)	\$ 8,208		
30	IV 8	Vending Machine Income (Disallowed)	\$ 145		
30	IV 8	Misc. Income (Disallowed)	\$ 1,737		
30	IV 8	Discounts Earned (Disallowed)	\$ 9,028		
Total Other Adjustments			\$ 19,615	\$ -	\$ -

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

Schedule of Unallowable Building Interest

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

LiveWell
Disallowance Schedule for Cable TV
9/30/2019

Total Cable TV Expense	<u>Amount</u> 4,135 TB Linked
------------------------	----------------------------------

Monthly Allowable amount	\$ 300
Months in Cost Report Year	<u>12</u>
Total Allowable Cost	\$ 3,600

Disallowed Cable TV	<u>\$ 535</u>
----------------------------	----------------------

Allocation Between Levels of Care

	Percent	Amount
SNF	100%	\$ 535
Assisted Living	0%	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
LiveWell Alliance, Inc.	002-09-33	9/30/2019			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 7,412,655	7,412,655				
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)	\$ 202,069	202,069				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 8,309,709	8,309,709				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 4,817	4,817				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 12,714	12,714				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
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	\$ 157,771	157,771				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 6,407	6,407				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 55,952	55,952				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 10,797	10,797				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 211,690	211,690				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 76,005	76,005				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$ (299,588)	(299,588)				
b. Other (Specify) - Non-Medicare	\$ 822	822				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 16,161,820	16,161,820				
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)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 2,261,237	510,909		1,750,328		
V. Total Other Revenue (1 thru 8)	\$ 2,261,237	510,909		1,750,328		
VI. Total All Revenue (III +V)	\$ 18,423,057	16,672,729		1,750,328		

* 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	Other
		0		0
30 II 6a	Xray	\$ (7,828)		
30 II 6a	Ambulance	\$ (1,996)		
30 II 6a	Lab	\$ (11,589)		
30 II 6a	Contractual Allowance	\$ (278,175)		
Total Other Resident Revenue - Medicare		\$ (299,588)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
		0		0
30 II 6b	Lab	\$ 822		
Total Other Resident Revenue		\$ 822	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
			0		0
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
		0		0
30 IV 8	Community Services (Disallowed)	\$ 497		\$ 33
30 IV 8	Adult Daycare (Expenses Already Disallowed)	\$ 274,273		\$ 18,329
30 IV 8	Barber/Beauty (Expenses Already Disallowed)	\$ 6,701		\$ 448
30 IV 8	Consulting Income (Disallowed)	\$ 8,208		\$ 549
30 IV 8	Vending Machine Income (Disallowed)	\$ 145		\$ 10
30 IV 8	Charitable Donations (No Associated Expenses)	\$ 53,313		\$ 3,563
30 IV 8	Misc. Income (Disallowed)	\$ 1,737		\$ 116
30 IV 8	Discounts Earned (Disallowed)	\$ 9,028		\$ 603
30 IV 8	Interest & Dividend Income (No Associated Expense)	\$ 130,462		\$ 8,718
30 IV 8	AR Transfer / Suspense (No Associated Expense)	\$ 1,094		\$ 73
30 IV 8	Assisted Living R&B (No Expense Claimed for Reimbursement)			\$ 1,717,886
30 IV 8	Non Operating Revenue Change in FV of Charitable (No Associated Expense)	\$ (47,536)		
30 IV 8	Change in Value of Swap (No Associated Expense)	\$ (597,306)		
30 IV 8	Grant Income (No Associated Expense)	\$ 550,653		
30 IV 8	Unrealized Gain/Loss on Investment (No Associated Expense)	\$ (198,579)		
30 IV 8	Realized Gain/Loss (No Associated Expense)	\$ 318,219		
Total Other Revenue		\$ 510,909	\$ -	\$ 1,750,328

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
LiveWell Alliance, Inc.	002-09-33	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	2,112,390
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	880,177
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	47,910
a. Prepaid Expenses	18,783			
b. Prepaid Insurance	24,127			
c. Prepaid Other	5,000			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	287,517
A/R Employee Loans	8,351			
A/R Other	118,299			
Due from Reilient Living, P.C.	160,867			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,327,994
B. Fixed Assets				
1. Land			\$	1,645,529
2. Land Improvements	*Historical Cost	864,264	\$	39,042
	Accum. Depreciation	825,222		
	Net			
3. Buildings	*Historical Cost	13,722,734	\$	2,195,433
	Accum. Depreciation	11,527,301		
	Net			
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation			Net
6. Movable Equipment	*Historical Cost	2,935,875	\$	345,003
	Accum. Depreciation	2,590,872		
	Net			
7. Motor Vehicles	*Historical Cost	94,912	\$	
	Accum. Depreciation	94,912		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	263,610
Farmington Ave Assets (Net)	104,733			
See Schedule	158,877			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	4,488,617

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

Schedule of Other Current Assets (Itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
31	B9	Capitalized Interest	\$ 1,397,365
31	B9	Capitalized Interest Accum. Amort.	\$ (1,251,841)
31	B9	CR vs FS Difference in NBV	\$ 13,353
Total Other Other Fixed Assets (Itemize)			\$ 158,877

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Investments	\$ 4,788,414
32	D7	Charitable Remainder Unitrust	\$ 581,310
Total Other Assets			\$ 5,369,724

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
LiveWell Alliance, Inc.		002-09-33	9/30/2019	32	37
Account				Amount	
Total Brought Forward:				\$	7,816,611
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>)				\$	5,479,154
Deferred Income			(31,646)		
Finance, Discount, Issue Exp (Net)			141,076		
See Schedule			5,369,724		
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$	5,479,154
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	13,295,765

* 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
LiveWell Alliance, Inc.		002-09-33	9/30/2019	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	430,226
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
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>)				\$	810,251
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>)				\$	1,758,252
Accrued AP		142,423 Resident Trust	188,633		
Accrued Professional Fees		41,510 Deferred Revenue	497,418		
Due to Medicaid		221,981 Swap Liability & Bond P	736,311		
Resident Refunds		(70,024) See Schedule			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,998,729

* 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 LiveWell Alliance, Inc.		License No. 002-09-33	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,998,729	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender		Purpose	Amount	Date Due	
2. Mortgages Payable					\$ 10,101,257
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>)					\$ (4)
Rounding (4)					
_____ _____ See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 10,101,253
C. Total All Liabilities (Lines A-13 + B-5)					\$ 13,099,982

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

Name of Facility	License No.	Report for Year Ended	Page	of
LiveWell Alliance, Inc.	002-09-33	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	248,243
6. Gain or Loss for Period			\$	(52,460)
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	195,783
C. Total Reserves and Net Worth			\$	195,783
D. Total Liabilities, Reserves, and Net Worth			\$	13,295,765

Annual Report of Long-Term Care Facility

CSP-36 Rev. 6/95

H. Changes in Total Net Worth

Name of Facility LiveWell Alliance, Inc.		License No. 002-09-33	Report for Year Ended 9/30/2019	Page 36	of 37
Account				Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018				\$	248,243
B. Total Revenue (From Statement of Revenue Page 30)				\$	18,423,057
C. Total Expenditures (From Statement of Expenditures Page 27)				\$	18,475,517
D. Net Income or Deficit				\$	(52,460)
E. Balance				\$	195,783
F. Additions					
1. Additional Capital Contributed (itemize)					
2. Other (itemize)					
F-3. Total Additions				\$	
G. Deductions					
1. Drawings of Owners/Operators/Partners (Specify)					
Name and Address (No., City, State, Zip)		Title	Amount		
2. Other Withdrawings (Specify)				\$	
Purpose		Amount			
3. Total Deductions				\$	
H. Balance at End of Period		09/30/19		\$	195,783

I. Preparer's/Reviewer's Certification

Name of Facility LiveWell Alliance, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2019	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"/> Other		
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 <i>Matthew S Bavalack</i>	Title Principal	Date Signed 02/15/2020		
Printed Name of Preparer Matthew S. Bavalack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		
Contacted Person Regarding Additional Information Needed Regarding This Report Adrienne Sanders		Phone Number 860-628-3017		
Contact Email Address Asanders@livewell.org				

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for LiveWell Alliance, Inc. for the year ended 9/30/2019, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of LiveWell Alliance, Inc. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This amended report is intended solely for the information and use of the management of LiveWell Alliance, Inc. and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT
February 10, 2020

Annual Report of Long-Term Care Facility Cost Year 2019 Checklist

This checklist is not required to be submitted with the Annual Report

Facility Name LiveWell Alliance, Inc.

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

Yes No

2. Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.

Explanation: _____

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: _____

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation:

Yes No

6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation:

Not Applicable

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation:

Not Applicable

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation:

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation:

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation:

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation:

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation:

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?

Explanation:

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation:

Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: _____

Yes No

18. Were all discrepancies on the Error Page addressed?

Explanation: _____

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: _____

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation: _____

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation: _____

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: _____
