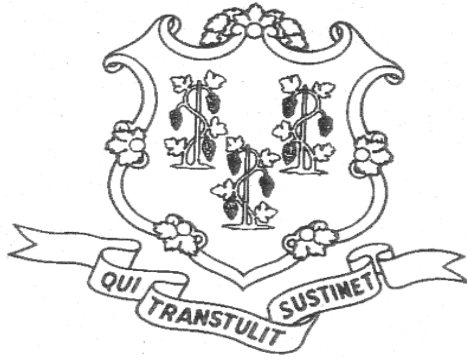


# State of Connecticut



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

Name of Facility (as licensed) Colonial Health and Rehab Center of Plainfield, LLC	
Address (No. & Street, City, State, Zip Code) 16 Windsor Ave Plainfield, CT 06374	
Type of Facility Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH)    (RHNS)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2387	RHNS	(Specify)	Medicare Provider 2387
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Medicaid Provider Numbers:	CCNH 07-5310	RHNS	ICF-IID
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**For Department Use Only**

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

# Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

**General Information**

Name of Facility (as licensed) Colonial Health and Rehab Center of Plainfield, LLC	License No. 2387	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 Colonial Health and Rehab Center of Plainfield, LLC [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) Curtis Rodowicz			Printed Name (Owner) Colonial Heath & Rehab LLC		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Colonial Health and Rehab Center of Plainfield, LLC		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 16 Windsor Ave Plainfield, CT 06374				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date 2/13/2020	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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		Report for Year Ended		Page	of
860-564-4081		9/30/2019		2	37
Name of Facility (as shown on license)			Address (No. & Street, City, State, Zip)		
Colonial Health and Rehab Center of Plainfield, LLC			16 Windsor Ave Plainfield, CT 06374		
License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.	
	2387			2387	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?					
		<input type="radio"/> Yes		<input checked="" type="radio"/> No	
If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator			Nursing Home Administrator's License No.:		
Curtis Rodowicz					1775
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		











## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Colonial Health and Rehab Center of Plainfield	License No. 2387	Report for Year Ended 9/30/2019	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain fully why such allocation was not made.				

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

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

Name of Facility			License No.	Report for Year Ended			Page	of
Colonial Health and Rehab Center of Plainfield, LLC			2387	9/30/2019			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Ricoh USA Inc. 70 Valley Stream Parkway, Malvern, Pa 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/29/18	3 years	4,221	4,221	
	<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"/>						
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>							4,221	

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Colonial Health and Rehab Center	License No. 2387	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

Is the accounting basis for this period the same as for the previous period?     Yes     No    If "No," explain.

**Independent Accounting Firm**

Name of Accounting Firm 1 CJLC LLC 2 Marcum LLP 3 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin Street, East Hartford, Ct 06108 9 Parkway North, Suite 200 Deerfield IL 60015
---	--

Services Provided by This Firm (*describe fully*)

1 Medicaid and Medicare Cost Report, Audited Financial Statements, and Tax Services	\$ 14,646
2 Sales & Use Tax Audit	\$ 1,873
3	\$
4	\$
	Charge for Services Provided \$ 16,519

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Michelson, Kane, Royster & Barger 2 Murtha Cullina LLP 3 CNH Finance Funs I 4 American Arbitration Association 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)  
 1 Ten Columbus Blvd, Hartford, CT  
 2 PO Box 101001, Hartford CT  
 3 Two Greenwich Plaza, Greenwich, CT  
 4 1301 Atwood Ave, Suite 211N Johnston RI  
 5

Services Provided by This Firm (*describe fully*)

1 Interpleader Colonial VS Village Manor - Disallowed	\$ 61,709
2 DNR Policy, FMLA Review, Employment Policies, IDR	\$ 14,135
3 Legal Fees associated with AR LOC - Disallowed	\$ 2,556
4 Interpleader Colonial VS Village Manor - Disallowed	\$ 5,045
5	\$
	Charge for Services Provided \$ 83,445

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

### Schedule of Resident Statistics

Name of Facility Colonial Health and Rehab Center of Plainfield, LLC			License No. 2387		Report for Year Ended 9/30/2019				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	90	90			90	90			90	90		
B. On last day of THIS report period	90	90			90	90			90	90		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	86	86			86	86			86	86		
B. As of midnight of THIS report period	85	85			86	86			85	85		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,384	4,384			3,376	3,376			1,008	1,008		
B. Medicaid (Conn.)	19,493	19,493			14,887	14,887			4,606	4,606		
C. Medicaid (other states)												
D. Private Pay	6,827	6,827			4,918	4,918			1,909	1,909		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	30,704	30,704			23,181	23,181			7,523	7,523		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	30,704	30,704			23,181	23,181			7,523	7,523		

### Schedule of Resident Statistics (Cont'd)

Name of Facility Colonial Health and Rehab Center of Plainfield			License No. 2387			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	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(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	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	15	54		10									
Per Diem Rate													
a. One bed rm.	RUGS	237.76		390.00									
b. Two bed rms.		237.76		370.00									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									8,070	8,070			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									32	32			
C. Other									6,761	6,761			
D. <b>Total Physical Therapy Treatments</b>									14,863	14,863			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									445	445			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									330	330			
D. <b>Total Speech Therapy Treatments</b>									775	775			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									5,895	5,895			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									31	31			
C. Other									6,922	6,922			
D. <b>Total Occupational Therapy Treatments</b>									12,848	12,848			

**Annual Report of Long-Term Care Facility**

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
Colonial Health and Rehab Center of Plainfield, LLC	2387	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	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	118,120	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	190,243	10,098				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	280,585	20,390				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	179,997	10,455				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	56,109	2,738				
b. Other Maintenance Workers	12,017	646				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	37,422	4,613				
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	117,231	3,458				
b. RN						
1. Direct Care	460,236	14,257				
2. Administrative**	316,635	8,029				
c. LPN						
1. Direct Care	773,401	28,078				
2. Administrative**						
d. Aides and Attendants	1,321,617	77,635				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	108,846	5,749				
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	48,192	2,192				
n. Marketing						
o. Other (Specify) See Attached Schedule	64,073	2,700				
<i>A-13. Total Salary Expenditures</i>	4,084,724	193,117				

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

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

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





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

Name of Facility			License No.	Report for Year Ended			Page	of		
Colonial Health and Rehab Center of Plainfield, LLC			2387	9/30/2019			11	37		
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										
Amber Darigan	87,200			Standard	Business Office Manager	2,080	A4			
Deborah Rodawicz	46,458			Collective Bargaining	CNA	1,929	A12d			

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Colonial Health and Rehab Center of Plainfield, LLC				2387	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Curtis Rodawicz	118,120			Standard	Administrator	2,080	A2			
<b>Section IV - Assistant Administrators</b>										

\*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		
Colonial Health and Rehab Center of Plainfield, LL	2387	9/30/2019	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	9,356	Contract				
3. Pharmacist	8,875	220				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	520,719	8,028				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,731	215				
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	6,731	15				
9. Speech Therapist						
a. Resident Care	64,126	1,177				
b. Other						
10. Occupational Therapist						
a. Resident Care	452,991	7,694				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	2,360	44				
2. Administrative***						
b. LPN						
1. Direct Care	703	68				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,102,590</b>	<b>17,460</b>				

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Colonial Health and Rehab Center of Plainfield, LLC		2387	9/30/2019		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
HealthPro Therapy Service, LLC 10600 York Road, Suite 105, Cockeysville, MD	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>			
Healthdrive 88 Worcester St, Wellesley, MA 02482	Dental Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Pro Health Pysicians P.O. Box 150483, Hartford, CT 06115	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Pro Health Pysicians P.O. Box 150483, Hartford, CT 06115	Physician Fees	<input type="radio"/>	<input checked="" type="radio"/>			
Partners Pharmacy of CT PO Box 9689, Uniondale, NY 11555	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
Nursing Strong, LLC Woodstock, CT	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Favorite Healthcare Staffing, Inc. 7 S Maint Street, West Hartford, CT 06107	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Ready Nurse 360 Bloomfield Ave, Windsor, CT 06095	Nursing Pool	<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"/>			
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		<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.  
 \*\* Refer to Page 4 for definition of related.

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
Colonial Health and Rehab Center of Plainfield,	2387	9/30/2019		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 179,915	179,915			
2. Disability Insurance	\$ 19,851	19,851			
3. Unemployment Insurance	\$ 59,968	59,968			
4. Social Security (F.I.C.A.)	\$ 310,212	310,212			
5. Health Insurance	\$ 648,713	648,713			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 242,018	242,018			
8. Uniform Allowance	\$ 7,861	7,861			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 40,000	40,000			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 49,180	49,180			
d. Accounting and Auditing	\$ 16,519	16,519			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 83,445	83,445			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$ 11,996	11,996			
g. Office Supplies	\$ 26,994	26,994			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 6,625	6,625			
2. Cellular Phones	\$				
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 53,188	53,188			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 6,050	6,050			
3. Resident Day User Fee	\$ 520,013	520,013			
<b>Subtotal</b>	\$ 2,282,548	2,282,548			

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

(Carry Subtotals forward to next page)

**\*\*\* DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Colonial Health and Rehab Center of Plainfield, LLC  
9/30/2019

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Retirement	\$ 40,000		
<b>Total</b>	\$ 40,000	\$ -	\$ -

-----  
**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Sales & Use Tax	\$ 6,050		
<b>Total</b>	\$ 6,050	\$ -	\$ -

-----

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

Name of Facility	License No.	Report for Year Ended		Page	of
Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,282,548	2,282,548			
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 5,173	5,173			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 1,351	1,351			
5. Education Expenses Related to Seminars and Conventions	\$ 3,248	3,248			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$ 4,571	4,571			
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 22,879	22,879			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$ 2,440	2,440			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 27,516	27,516			
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	\$ 5,723	5,723			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 10,896	10,896			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 650	650			
9. Subscriptions	\$ 3,306	3,306			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 11,801	11,801			
12. Administrative Management Services**	\$ 546,644	546,644			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 88,533	88,533			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,017,279	3,017,279			

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

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
A & G Meal & Entertainment	\$ 4,571		
<b>Total Other Travel and Entertainment</b>	\$ 4,571	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Community Awarness	\$ 27,516		
<b>Total Other Advertising</b>	\$ 27,516	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 10,586		
ACHA	\$ 310		
<b>Total Dues</b>	\$ 10,896	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
<b>Total Contributions</b>	\$ -	\$ -	\$ -

**Schedule of Other Administrative and Genera**

Description	CCNH	RHNS	(Specify)
A & G Background checks	\$ 4,879		
License & Permit fees	\$ 1,327		
Bank fees	\$ 9,038		
Software Maintenance	\$ 73,288		
<b>Total Other Administrative and General</b>	\$ 88,533	\$ -	\$ -



**Schedule C-1 - Management Services\***

Name of Facility Colonial Health and Rehab Center of Plainville	License No. 2387	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 #
Colonial Health & Rehab Management, LLC	546,644	Management Services	16/m12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Colonial Health and Rehab Center of Plainfield, LLC		2387	9/30/2019		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$	188,078	188,078			
2. Non-Food Supplies	\$	22,816	22,816			
3. Other (Specify) _____	\$					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$	128,756	128,756		
c. Other (Specify) _____						
		\$				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$	339,650	339,650		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No                      If yes, specify cost.						
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No                      If yes, specify amt.                      \$231						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)		30/IV1				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Colonial Health and Rehab Center of Plainfield, LLC		2387	9/30/2019		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
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. \$	11,474	11,474		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	27,017	27,017		
c. Other (Specify) Supplies		\$	2,823	2,823		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	41,315	41,315		
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

\*\*\* 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
Colonial Health and Rehab Center of Plainfield		2387	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	22,185	22,185		
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. \$	32,995	32,995		
	C. Other ( <i>Specify</i> )		\$			
4D.	<b>Total Housekeeping Expenditures</b> (4a + b + c)		\$ 55,180	55,180		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	245,933	245,933		
	b. Medicine Cabinet Drugs	\$	23,845	23,845		
	c. Medical and Therapeutic Supplies	\$	141,505	141,505		
	d. Ambulance/Limousine***	\$	23,388	23,388		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	7,605	7,605		
	f. X-rays and Related Radiological Procedures***	\$	14,377	14,377		
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
	h. Laboratory***	\$	36,456	36,456		
	i. Recreation	\$	15,345	15,345		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	65,866	65,866		
5M.	<b>Total Resident Care Expenditures</b> (5a - 5j)		\$ 574,321	574,321		

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

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

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

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

**Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
PT Supplies	\$ 5,152		
OT Supplies	\$ 2,543		
IV Supplies	\$ 8,200		
IV Solution	\$ 15,229		
Equipment Rental Wound Care	\$ 15,498		
Equipment over \$100	\$ 4,879		
Cable Television / Internet	\$ 9,944		
Resident Expense	\$ 4,421		
<b>Total Other Resident Care</b>	<b>\$ 65,866</b>	<b>\$ -</b>	<b>\$ -</b>

-----

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

Name of Facility Colonial Health and Rehab Center of Plainfield, LLC			License No. 2387	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	(Specify)	Pg	Line
Healthcare Services Group, Inc.	3220 Tillman Drive, Bansalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	128,756			18	2b
Healthcare Services Group, Inc.	3220 Tillman Drive, Bansalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	27,017			19	3b
Healthcare Services Group, Inc.	3220 Tillman Drive, Bansalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	32,995			20	4b
Point Click Care	Unit 4, Mississauga, Ontario Canada 109178-	<input type="radio"/>	<input checked="" type="radio"/>		Software Provider	73,288			16	m13
ADP		<input type="radio"/>	<input checked="" type="radio"/>		Payroll	11,801			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"/>							
		<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
Colonial Health and Rehab Center of Plainfield	2387	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 96,339	96,339				
b. Heat	\$ 47,578	47,578				
c. Light & Power	\$ 96,583	96,583				
d. Water	\$ 31,955	31,955				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 4,221	4,221				
f. Other ( <i>itemize</i> )	\$ 35,541	35,541				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 312,216	312,216				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 47,363	47,363				
d. Movable Equipment	\$ 97,042	97,042				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 144,405	144,405				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 26,695	26,695				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 26,695	26,695				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 496,762	496,762				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 90,446	90,446				
c. Personal property taxes	\$ 11,554	11,554				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 769,863	769,863				

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





### Depreciation Schedule

Name of Facility Colonial Health and Rehab Center of Plainfield, LLC				License No. 2387			Report for Year Ended 9/30/2019			Page 23	of 37		
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period				327,699		327,699	141,466	SL	VAR	44,495			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				48,826						2,868			
C-4. Subtotal											47,363		
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						VAR	VAR	617,830	617,830	427,471	SL	VAR	92,214
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)								58,598				4,829	
D-3. Subtotal													97,042
<b>E. Total Depreciation</b>													144,405

Colonial Health and Rehab Center of Plainfield, LLC  
9/30/2019

**Schedule of Land Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
11/7/2018	JKS Systems, LLC - 6 New access points/config & labor	\$ 2,539	7	\$ 333
12/12/2018	Robert W Wagner - Instal 14 WIFI Thermostats & Cat 5 Cable	\$ 4,474	7	\$ 533
1/14/2019	Mixing Valve Replacement Labor & Parts 01/14/19	\$ 5,417	15	\$ 271
1/29/2019	Alarm System Service call/repair 01/29/19	\$ 3,805	7	\$ 408
2/4/2019	Install 2 American Standard HVAC 5 ton, Ced & Mapl	\$ 15,471	15	\$ 688
2/20/2019	The Webstaurant - Kitchen Walkin - Shelving Units	\$ 1,394	7	\$ 133
4/1/2019	Kitchen Door Wanderguard Panel Replacement	\$ 545	7	\$ 39
4/30/2019	Grainger - Water Heater	\$ 3,715	7	\$ 265
5/10/2019	Northeast Plumbing - replace water heater	\$ 1,321	7	\$ 79
9/24/2019	12 Pole lights, 3 flood lights, 1 Knuckle, 3 Wallp	\$ 6,251	7	\$ 74
9/30/2019	Repiped Water Main and Auxillary Emergency Input	\$ 3,895	7	\$ 46
<b>Total additions for Non-Movable Equipment</b>		\$ 48,826		\$ 2,868 *
<b>Deletions:</b>				

<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ -

\*\*

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

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### Amortization Schedule\*

Name of Facility Colonial Health and Rehab Center of Plainfield, LLC			License No. 2387		Report for Year Ended 9/30/2019			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year			Year's Operations				
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	Var	Var	Var	811,078	89,874	SL	VAR	24,341	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				78,707				2,354	
C-4. Subtotal									26,695
<b>D. Total Amortization</b>									26,695

\* 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 Colonial Health and Rehab Center of I	License No. 2387	Report for Year Ended 9/30/2019	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase	12/29/12			
4. Date of Initial Licensure	07/13/83			
5. Total Licensed Bed Capacity	90			
6. Square Footage	37,000			
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
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
Colonial Health and Rehab Center of	2387	9/30/2019	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)	\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended		Page	of
Colonial Health and Rehab Center		2387		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
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) Vendor and Finance Interest				\$	61,861	61,861	
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	61,861	61,861	
14. Insurance							
a. Insurance on Property (buildings only)				\$	89,773	89,773	
b. Insurance on Automobiles				\$	610	610	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	90,383	90,383	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	10,449,380	10,449,380	



### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LLC				2387	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 452,991	452,991		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 49,180	49,180		
10.			Accounting	\$			
10a.			Legal	\$ 69,310	69,310		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	\$ 11,996	11,996		
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/m	Unallowable Advertising *	\$ 29,956	29,956		
19.	15	1j/k2	Income Tax / Corporate Business Tax	\$ 58,989	58,989		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 5,221	5,221		
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV8	Meals to employees, guests and others who are not residents	\$ 231	231		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 677,873	677,873		

\* All except "Help Wanted".

(Carry Subtotal forward to next page )

\*\* Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	17	A&G Meals & Entertainment	\$ 4,571		
16	m8a	Chamber of Commerce	\$ 650		
<b>Total Other A&amp;G Adjustments</b>			\$ 5,221	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LLC				2387	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 677,873	677,873		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 245,933	245,933		
28.	20	5d	Ambulance/Limousine	\$ 23,388	23,388		
29.	20	5f	X-rays, etc	\$ 14,377	14,377		
30.	20	5h	Laboratory	\$ 36,456	36,456		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 7,605	7,605		
33.	20	5j	Occupational Therapy	\$ 2,543	2,543		
34.			Other - See Attached Schedule	\$ 43,348	43,348		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,051,525	1,051,525		

\*\*\* 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.

Colonial Health and Rehab Center of Plainfield, LLC  
9/30/2019

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Equipment Rental Wound Care	\$ 15,498		
20	5j	Resident Expense	\$ 4,421		
20	5j	IV Supplies	\$ 8,200		
20	5j	IV Solution	\$ 15,229		
<b>Total Other Ancillary Costs</b>			\$ 43,348	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Colonial Health and Rehab Center of Plair	2387	9/30/2019			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 7,100,262	7,100,262				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,522,766)	(2,522,766)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,781,782	2,781,782				
b. Medicare Room and Board Contractual Allowance **	\$ (63,782)	(63,782)				
4. a. Private-Pay Residents and Other	\$ 2,713,028	2,713,028				
b. Private-Pay Room and Board Contractual Allowance **	\$ (562,640)	(562,640)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 194,518	194,518				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 145,246	145,246				
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	\$ 962,395	962,395				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 333,976	333,976				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 109,000	109,000				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 39,900	39,900				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 950,550	950,550				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 356,051	356,051				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (1,751,129)	(1,751,129)				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 4,621	4,621				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 10,791,014	10,791,014				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 231	231				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 26,280	26,280				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 1,254	1,254				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 27,765	27,765				
<b>VI. Total All Revenue</b> (III +V)	\$ 10,818,779	10,818,779				

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30	Contractual Allow - Med B	\$ (244,960)		
30	Contractual Allow-Med B Seq 2%	\$ (8,975)		
30	Contractual Allow-Med A Ancill	\$ (1,523,136)		
30	X-Ray -Medicare A	\$ 9,992		
30	Lab Revenue-Medicare A	\$ 15,950		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (1,751,129)</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30	X-ray Managed Care	\$ 2,053		
30	Lab Revenue Managed Care	\$ 2,455		
30	Lab Revenue - Private Ins	\$ 113		
<b>Total Other Resident Revenue</b>		<b>\$ 4,621</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30	Interest Income		\$ 26,280		
<b>Total Interest Income</b>			<b>\$ 26,280</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30	Miscellaneous Income	\$ 1,254		
<b>Total Other Revenue</b>		<b>\$ 1,254</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Pl	2387	9/30/2019	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	238,758
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	768,614
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	58,003
a. _____				
b. _____				
c. _____				
d. See Schedule		58,003		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	123,779
_____				
_____				
See Schedule		123,779		
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,189,153
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>889,785</u>		\$	773,216
	Accum. Depreciation <u>116,569</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>376,526</u>		\$	187,697
	Accum. Depreciation <u>188,829</u>	Net		
6. Movable Equipment	*Historical Cost <u>676,428</u>		\$	151,914
	Accum. Depreciation <u>524,514</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,112,826

\* 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
Colonial Health and Rehab Center of Pl	2387	9/30/2019	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	2,301,980
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
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> )			\$	50,000
_____				
See Schedule			50,000	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	50,000
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	2,351,980

\* 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 Colonial Health and Rehab Center of Plain	License No. 2387	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				1,197,608
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
_____				
_____				
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,197,608

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

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of	2387	9/30/2019	35	37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	784,973
6. Gain or Loss for Period	10/1/2018	thru 9/30/2019	\$	369,399
7. Total Net Worth			\$	1,154,372
<b>C. Total Reserves and Net Worth</b>			\$	1,154,372
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,351,980

### H. Changes in Total Net Worth

Name of Facility Colonial Health and Rehab Center of Pla	License No. 2387	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			\$	1,307,866
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	10,818,779
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	10,449,380
D. Net Income or Deficit			\$	369,399
E. Balance			\$	1,677,265
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	1,677,265

### I. Preparer's/Reviewer's Certification

Name of Facility Colonial Health and Rehab Center of	License No. 2387	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 type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
CJLC, LLC				
Address Address		Phone Number		
225 Pitkin Street, East Hartford, CT 06108		860-610-9009		
Annual Report Contact		Phone Number		
CJLC, LLC		860-610-9009		
Annual Report Contact Email Address				
annualreports@cjlc.com				