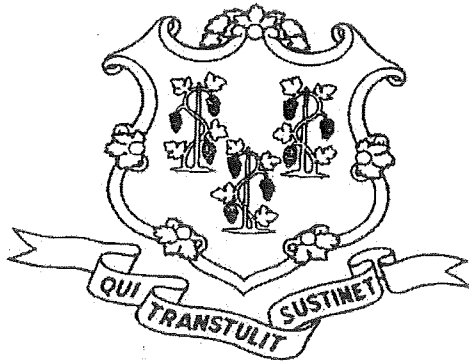


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Litchfield Woods Health Care Center	
Address (No. & Street, City, State, Zip Code) 225 Roberts Street Torrington, CT 06790	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input checked="" 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 2034C	RHNS 2034C	(Specify)	Medicare Provider 07-5319
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Medicaid Provider Numbers:	CCNH 2034C	RHNS 2034C	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

General Information

Name of Facility (as licensed) Litchfield Woods Health Care Center	License No. 2034C	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 Litchfield Woods Health Care Center [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) Denise Quarles			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

General Information

Name of Facility (as licensed) <i>Litchfield Woods Health Care Center</i>	License No. <i>2034 C</i>	Report for Year Ended <i>9/30/2019</i>	Page <i>1</i>	of <i>37</i>
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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 *Litchfield Woods* [facility name], for the cost report period beginning *10/1/2018* and ending *9/30/2019*, 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) <i>[Signature]</i>		Date <i>9/17/2020</i>	Signed (Owner) <i>[Signature]</i>		Date <i>9/17/2020</i>
Printed Name (Administrator) <i>DENISE CHARLES</i>			Printed Name (Owner) <i>Way Santilli</i>		
Subscribed and Sworn to before me:	State of <i>CT</i>	Date <i>9/17/2020</i>	Signed (Notary Public) <i>[Signature]</i>	Comm. Expires <i>8/1/2020</i>	
Address of Notary Public <i>38 Linden Dr. Plainville CT 06062</i>					

(Notary Seal)

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

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 Litchfield Woods Health Care Center		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 225 Roberts Street Torrington, CT 06790				
Report Prepared By Athena Health Care Associates, Inc		Phone Number (860) 751-3900	Date 2/14/2020	
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. 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 860-489-5801		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Litchfield Woods Health Care Center		Address (No. & Street, City, State, Zip) 225 Roberts Street Torrington, CT 06790		
License Numbers:	CCNH 2034C	RHNS 2034C	(Specify)	Medicare Provider No. 07-5319
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Denise Quarles		Nursing Home Administrator's License No.:	001610	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Litchfield Woods Health Care Center	License No. 2034C	Report for Year Ended 9/30/2019	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Highland View Manor, Inc.	225 Roberts St, Torrington, CT 06790	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G. Santilli	225 Roberts St, Torrington, CT 06790	President	461.32	
Michael E. Mosier	225 Roberts St, Torrington, CT 06790	Treasurer/Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Lawrence G. Santilli	225 Roberts St, Torrington, CT 06790		461.32	
John Nocera, Jr	225 Roberts St, Torrington, CT 06790		125	
Conservators for Lawrence E. Santilli	225 Roberts St, Torrington, CT 06790		112.68	

General Information and Questionnaire Related Parties*

Name of Facility Litchfield Woods Health Care Center	License No. 2034C	Report for Year Ended 9/30/2019	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> 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				
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50% Management Fees	Pg 17	858,594	362,126
Laurel Ridge Health Care	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	>98% Bank Charges	Pg 16, Ln m13	6,521	6,521
Athena Health Care Insurance	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>	Self Insured Employee Health & Dental Insu	Pg. 15, ln 1a5	1,598,288	1,598,288
Athena Health Care Assoc Inc. 401(K) Plan	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>	Facility participates in group 401(k) plan	Pg 15 ln 1a7		
Procare LTC.	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50% Pharmacy	Pg. 20 5a2	476,647	476,647
CT Health Center of Torrington LP	225 Roberts St, Torrington, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>	Lease of Facility & Equipment	Pg 22, Ln 9, 10b; Pg 21	1,247,778	1,247,778
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	Various: See attached			
		<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.

Litchfield Woods Health Care Center
 RELATED PARTIES QUESTIONNAIRE

PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No				
Athena Health Care	135 South Road Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Data Processing Business Promotion Equipment Maintenance MDS Fill In Postage	Pg. 16, M13 Pg. 16, M13 Pg. 22, 7D Pg. 22, 6A Pg 13, 11 Pg 16 M7	\$4,129 \$2,212 \$11,600 \$10,774 \$23,859 \$398	\$4,129 \$2,212 \$11,600 \$10,774 \$23,859 \$398

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Litchfield Woods Health Care Center	License No. 2034C	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.

Patient Care Consults, Laundry, Housekeeping, Maintenance/Prop Costs, Admin - Alloc on Patient Days
 Physical/Speech/Occupational Therapy - Allocated on % of Treatments Administrative Nursing - Allocated on Direct Nursing Hours Management Fees - Allocated based on methods above for each expense category

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

Related company expenses were allocated on Methods above except as noted in 1 above.

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.

Not Applicable: No Non-Nursing Home Cost Centers

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			
Litchfield Woods Health Care Center		2034C	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						
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	Postal Equipment	11/01/13	automatic renewal	1,340	1,338	
Leaf, PO Box 644066, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/13/16	50 months	18,406	18,406	
Leaf, PO Box 644066, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/10/17	41 months	715	536	
Leaf, PO Box 644066, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/05/18	32 months	922	770	
	<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 ***							21,050	

* 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 Litchfield Woods Health Care Cent	License No. 2034C	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	Address (No. & Street, City, State, Zip Code)
1 Dworken, Hillman, LaMorte & Sterczala	Four Corporate Dr, Ste 488, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Dr, 12th Floor, New Haven, CT 06511
3 MidCap Financial Services, LLC	7255 Woodmont Avenue, Bethesda, MD 20814
4	

Services Provided by This Firm (*describe fully*)

1 Audit, Year End Financials & Tax Return	\$ 10,100
2 Medicare Cost Report Preparation	\$ 2,700
3 LOC Audit:Disallowed	\$ 3,253
4	\$
	Charge for Services Provided
	\$ 16,053

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

Yes No Pg 15, Line1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman, Gruder & Woods, LLC/Donald W. Light/Treasurer CT/Senior Planning Services	203-899-8900 / 860-567-0451
2 MidCap Financial Services, LLC	301-760-7600
3 Murtha Cullina, LLP	860-240-6000
4 Pilicy & Ryan	860-274-0018
5	

Address (*No. & Street, City, State, Zip Code*)

1 200 Connecticut Ave, Norwalk, CT 06854
2 7255 Woodmont Avenue, Bethesda, MD 20814
3 185 Asylum Street, Hartford, CT 06103
4 365 Main Street, Watertown, CT 06795
5

Services Provided by This Firm (*describe fully*)

1 A/R Collections:Disallowed	\$ 2,111
2 LOC Legal Fees:Disallowed	\$ 219
3 CT Corporation Annual Report:Disallowed	\$ 2,517
4 Employee Matters:Disallowed	\$ 115
5	\$
	Charge for Services Provided
	\$ 4,962

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

Yes No Pg 15, Line1e

Schedule of Resident Statistics

Name of Facility Litchfield Woods Health Care Center	License No. 2034C		Report for Year Ended 9/30/2019				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Total	CCNH	RHNS (Specify)
				Total CCNH	RHNS (Specify)	Total	CCNH			
1. Certified Bed Capacity										
A. On last day of PREVIOUS report period	160	130	30	130	30	160	130	30	130	30
B. On last day of THIS report period	160	130	30	130	30	160	130	30	130	30
2. Number of Residents										
A. As of midnight of PREVIOUS report period	156	127	29	127	29	156	127	29	129	28
B. As of midnight of THIS report period	156	127	29	127	28	156	129	28	127	29
3. Total Number of Days Care Provided During Period										
A. Medicare	7,388	2,700	4,688	2,040	3,687	5,727	2,040	3,687	660	1,001
B. Medicaid (Conn.)	41,816	40,178	1,638	29,831	1,099	30,930	29,831	1,099	10,347	539
C. Medicaid (other states)										
D. Private Pay	3,841	2,043	1,798	1,439	1,450	2,889	1,439	1,450	604	348
E. State SSI for RCH										
F. Other (Specify) Managed Care	3,131	1,436	1,695	849	1,488	2,337	849	1,488	587	207
G. Total Care Days During Period (3A thru F)	56,176	46,357	9,819	34,159	7,724	41,883	34,159	7,724	12,198	2,095
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds										
A. Medicaid Bed Reserve Days	441	409	32	291	26	317	291	26	118	6
B. Other Bed Reserve Days	65	40	25	29	21	50	29	21	11	4
5. Total Resident Days (3G + 4A + 4B)	56,682	46,806	9,876	34,479	7,771	42,250	34,479	7,771	12,327	2,105

Schedule of Resident Statistics (Cont'd)

Name of Facility Litchfield Woods Health Care Center	License No. 2034C	Report for Year Ended 9/30/2019	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

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

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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	16		112	4	5	8	11		
Per Diem Rate									
a. One bed rm.	566.31		242.08	182.30	622.00	597.00	437.09		
b. Two bed rms.	566.31		242.08	182.30	587.00	577.00	437.09		
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	7,782	7,782		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	822	500	322	
2. Restorative Treatments				
C. Other	17,262	17,262		
D. Total Physical Therapy Treatments	25,866	25,544	322	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	844	844		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	39	39		
2. Restorative Treatments				
C. Other	1,705	1,705		
D. Total Speech Therapy Treatments	2,588	2,588		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	6,553	6,553		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	757	523	234	
2. Restorative Treatments				
C. Other	16,879	16,879		
D. Total Occupational Therapy Treatments	24,189	23,955	234	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Litchfield Woods Health Care Center	2034C	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input type="radio"/> Yes <input checked="" type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	137,187	1,798	28,946	379		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	332,868	12,756	70,235	2,692		
5. Dietary Service						
a. Head Dietitian	58,366	1,410	12,315	298		
b. Food Service Supervisor	44,454	1,698	9,380	358		
c. Dietary Workers	377,990	26,017	79,755	5,489		
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	251,221	20,273	53,007	4,277		
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	63,298	1,934	13,356	408		
b. Other Maintenance Workers	33,610	1,757	7,092	371		
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	52,607	4,439	11,100	937		
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	165,922	3,158	42,345	806		
b. RN						
1. Direct Care	715,167	16,111	96,293	2,377		
2. Administrative**	432,279	13,846	110,322	3,533		
c. LPN						
1. Direct Care	974,311	35,757	402,783	14,234		
2. Administrative**						
d. Aides and Attendants	1,906,305	110,336	415,445	25,023		
e. Physical Therapists	930,558	25,577	11,731	322		
f. Speech Therapists	169,714	3,415				
g. Occupational Therapists	587,676	16,161	5,740	158		
h. Recreation Workers	141,987	7,801	29,960	1,646		
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	220,801	7,441	46,589	1,570		
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,596,321	311,685	1,446,394	64,878		

* 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		
Litchfield Woods Health Care Center		2034C		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)							
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.

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-12 Rev. 10/2005

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		
Litchfield Woods Health Care Center		2034C		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)							
Section III - Administrators***									
Denise Quarles (10/1/2018 - 9/30/2019)	137,187	28,946	Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,177 A2				
Section IV - Assistant Administrators									

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Litchfield Woods Health Care Center	2034C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	15,610	87	3,294	18		
3. Pharmacist	14,465	183	3,052	39		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	69,942	264	14,758	56		
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	6,280					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	3,885	6				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	8,267	672				
2. Administrative***	19,275	6	4,919	2		
b. LPN						
1. Direct Care	6,691	261				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	144,415	1,479	26,023	114		

* 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 Litchfield Woods Health Care Center		License No. 2034C	Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
CT Mental Health Specialists, Sudhakar Shetty, 270 Farmington Ave Ste 309, Farmington CT	Psychologist/Psychiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network, 405 Park Ave., New York, NY 10022	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Dr Stephen Yoelson/ Dr. Stephen Bryant, 52 Peck Rd. Torrington, CT 06790	Medical Director & Assistant Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	
ProHealth Partners, Kateri Crossley APRN, 324 Elm Street Suite 202B, Monroe, CT 06468	Physician Services	<input type="radio"/>	<input checked="" type="radio"/>		
Athena Health Care Systems 135 South Road, Farmington, CT 06032	MDS Fill In	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners	
Healthdrive Dental Group, One Prestige Dr., Suite 107, Meriden, CT 06456	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive, One Prestige Dr., Suite 107, Meriden, CT 06456	Podiatrist	<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"/>		

* 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
Litchfield Woods Health Care Center	2034C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 644,344	541,280	103,064	
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 112,188	94,243	17,945	
4. Social Security (F.I.C.A.)	\$ 631,939	530,860	101,079	
5. Health Insurance	\$ 1,385,471	1,163,863	221,608	
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 44,085	37,034	7,051	
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 131,466	106,023	25,443	
d. Accounting and Auditing	\$ 16,053	13,256	2,797	
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 4,962	4,097	865	
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 98,434	81,284	17,150	
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 80,910	66,813	14,097	
2. Cellular Phones	\$ 2,460	2,031	429	
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*	\$ 8,860	7,316	1,544	
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 970,346	801,278	169,068	
Subtotal	\$ 4,131,518	3,449,378	682,140	

* 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**

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Total	\$ -	\$ -	\$ -

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

Name of Facility Litchfield Woods Health Care Center	License No. 2034C	Report for Year Ended 9/30/2019	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
	4,131,518	3,449,378	682,140	
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 7,852	6,484	1,368	
3. Gifts to Staff and Residents	\$ 32,972	27,227	5,745	
4. Employee Travel	\$ 5,228	4,317	911	
5. Education Expenses Related to Seminars and Conventions	\$ 23,707	19,576	4,131	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 11,636	9,609	2,027	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 22,867	18,883	3,984	
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	\$ 4,931	4,072	859	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,827	7,289	1,538	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 3,417	2,822	595	
9. Subscriptions	\$ 2,310	1,908	402	
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$			
12. Administrative Management Services**	\$ 563,931	465,674	98,257	
13. Other (<i>Specify</i>) See Attached Schedule	\$ 120,962	99,886	21,076	
C-14 Total Administrative & General Expenditures	\$ 4,940,158	4,117,125	823,033	

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 18,883	\$ 3,984	
Total Other Advertising	\$ 18,883	\$ 3,984	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 7,289	\$ 1,538	
Total Dues	\$ 7,289	\$ 1,538	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 15,836	\$ 3,341	
Payroll Processing Fees	\$ 20,703	\$ 4,368	
Employee Physicals	\$ 29,903	\$ 6,309	
Compliance Consulting	\$ 2,064	\$ 436	
Data Processing	\$ 30,666	\$ 6,471	
Licenses	\$ 714	\$ 151	
Total Other Administrative and General	\$ 99,886	\$ 21,076	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Litchfield Woods Health Care Center	2034C	9/30/2019	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 #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	791,841	Contract Attached to a Prior Year	See Below
Allocation of the above	522,615	Admin/Gen 66%	Pg 16, Line 12
	126,695	Indirect 16%	Pg 20, Line 5K
	142,531	Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc., Inc. 135 South Road Farmington, CT 06032	41,316	Admin/Gen - Other Exp	Pg 16, Line 12

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C	9/30/2019	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 362,296	299,171	63,125	
2. Non-Food Supplies	\$ 58,455	48,270	10,185	
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ _____			
c. Other (Specify) _____	\$ _____			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 420,751	347,441	73,310	
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	462	381	81	
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 checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost. \$30				
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 Litchfield Woods Health Care Center		License No. 2034C	Report for Year Ended 9/30/2019	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	26,063	21,522	4,541
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) Supplies		\$	8,914	7,361	1,553
3D. Total Laundry Expenditures (3a + b + c)		\$	34,977	28,883	6,094
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	
Litchfield Woods Health Care Center	2034C	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. \$	71,419	58,975	12,444	
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
C. Other (<i>Specify</i>)		\$			
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 71,419	58,975	12,444	
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Procure LTC	\$	462,366	462,366		
b. Medicine Cabinet Drugs	\$	121,319	100,181	21,138	
c. Medical and Therapeutic Supplies	\$	295,304	243,852	51,452	
d. Ambulance/Limousine***	\$	35,034	35,034		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	72,354	59,747	12,607	
f. X-rays and Related Radiological Procedures***	\$	50,482	50,482		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	82,157	82,157		
i. Recreation	\$	27,002	22,297	4,705	
j. Direct Management Services*	\$	142,531	117,697	24,834	
k. Indirect Management Services*	\$	126,695	104,620	22,075	
l. Other (Specify)**** See Attached Schedule	\$	71,774	64,037	7,737	
5M. Total Resident Care Expenditures (5a - 5j)		\$ 1,487,018	1,342,470	144,548	

* 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)
Medical Equip Rentals-Medicaid	\$ 5,967	\$ 1,259	
Physical Therapy Supplies	\$ 21,081	\$ 266	
OT Supplies	\$ 7,915	\$ 77	
Oxygen Concentrator Rentals	\$ 7,609	\$ 1,606	
Cable TV Fees	\$ 14,061	\$ 2,967	
Medical Equip Rentals-Other	\$ 3,742	\$ 790	
IV Therapy- Other	\$ 3,662	\$ 772	
Total Other Resident Care	\$ 64,037	\$ 7,737	\$ -

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

Name of Facility Litchfield Woods Health Care Center		License No. 2034C	Report for Year Ended 9/30/2019	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		Yes	No						
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>	Payroll Processing	20,703	4,368		16	m13
USA Hauling	PO Box 808, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>	Rubbish Removal	38,657	8,157		22	6f
S&T Landscaping	147 Circle Dr., Torrington, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>	Snow Removal	18,420	3,887		22	6f
Diversified Sweeping & Landscaping, LLC	14 Milford St, Burlington, CT 06013	<input type="radio"/>	<input checked="" type="radio"/>	Groundskeeping	11,974	2,527		22	6f
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Pharmacy	476,559			20	5a2
		<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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* 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
Litchfield Woods Health Care Center	2034C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 95,448	78,817	16,631			
b. Heat	\$ 128,886	106,430	22,456			
c. Light & Power	\$ 149,449	123,410	26,039			
d. Water	\$ 39,804	32,869	6,935			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 21,050	17,383	3,667			
f. Other (<i>itemize</i>)	\$ 137,043	113,167	23,876			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 571,680	472,076	99,604			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 3,823	3,106	717			
d. Movable Equipment	\$ 83,261	67,650	15,611			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 87,084	70,756	16,328			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 620	504	116			
c. Leasehold Improvements	\$ 135,287	109,920	25,367			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 135,907	110,424	25,483			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 969,651	787,841	181,810			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 218,996	177,934	41,062			
c. Personal property taxes	\$ 32,622	26,505	6,117			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,444,260	1,173,460	270,800			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 11,889	\$ 2,508	
Rubbish Removal	\$ 39,448	\$ 8,323	
Snow Removal	\$ 18,827	\$ 3,972	
Supplies	\$ 43,003	\$ 9,073	
Total Other Repairs and Maintenance	\$ 113,167	\$ 23,876	\$ -

Depreciation Schedule

Name of Facility Litchfield Woods Health Care Center		License No. 2034C		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
A. Land Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									
B. Building and Building Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal									
C. Non-Movable Equipment									
1. Acquired prior to this report period		484,414		484,414	469,372	SL	Various	3,823	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal								3,823	
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a.									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)								78,431	
c. Acquired during this report period (attach schedule)									
D-3. Subtotal								4,830	
E. Total Depreciation									83,261
									87,084

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Various	See attached	\$ 73,612		\$ 4,830
Total additions for Movable Equipment		\$ 73,612		\$ 4,830 *
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:				
2/1/2019	vinyl flooring	\$ 20,865	10	\$ 1,043
4/1/2019	vinyl flooring	\$ 18,323	10	\$ 916
6/1/2019	vinyl flooring	4571	10	229
Total additions for Leasehold Improvement		\$ 43,759		\$ 2,188 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Oct-18	heat exchanger	\$ 5,530	10	\$ 277
Oct-18	control box	\$ 4,944	10	\$ 247
Jan-19	laptop	\$ 912	3	\$ 152
Apr-19	laptop	\$ 861	3	\$ 144
May-19	laptop	\$ 1,401	3	\$ 234
May-19	desktops	\$ 697	3	\$ 116
May-19	ice machine water pump	\$ 828	10	\$ 41
Jun-19	desktop	\$ 711	3	\$ 119
Jun-19	ice & water dispenser	\$ 5,351	10	\$ 268
Jun-19	cheftop oven	\$ 15,650	10	\$ 783
Jul-19	laptop	\$ 590	3	\$ 98
Jul-19	overbed tables	\$ 668	15	\$ 22
Jul-19	overbed tables	\$ 668	15	\$ 22
Jul-19	medical records software	\$ 7,800	3	\$ 1,300
Aug-19	nurse's station	\$ 23,577	15	\$ 786
Aug-19	laptop	\$ 590	3	\$ 98
Aug-19	refrigerator	\$ 811	10	\$ 41
Aug-19	hvac circulation pump	\$ 863	10	\$ 43
Sep-19	bedside dresser	\$ 1,160	15	\$ 39
Total additions for Movable Equipment		\$ 73,612		\$ 4,830

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

Amortization Schedule*

Name of Facility Litchfield Woods Health Care Center	Date of Acquisition		Length of Amortization	License No. 2034C	Report for Year Ended 9/30/2019			Page 24	of 37
	Month	Year			Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Finance Fees-Refinance 2007	6	2007	5 yrs		12,500	SL			
2. Finance Fees-	9	2012			16,429			620	
3.									
B-4. Subtotal									620
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2018	Various		5,266,952	SL	Var	133,099	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2019	Various		43,759	SL	Var	2,188	
C-4. Subtotal									
D. Total Amortization									135,287
									135,907

* 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 Litchfield Woods Health Care Center	License No. 2034C	Report for Year Ended 9/30/2019	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed	1988				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	05/11/88				
5. Total Licensed Bed Capacity	160				
6. Square Footage					
7. Acquisition Cost					
a. Land	29,039				
b. Building	7,151,576				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	HUD				
b. Date Mortgage Obtained	03/29/12				
c. Interest Rate for the Cost Year	3.22%				
d. Term of Mortgage (number of years)	35				
e. Amount of Principal Borrowed	14,712,000				
f. Principal balance outstanding as of	12,808,522				
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
Litchfield Woods Health Care Center	2034C	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. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page of	
Litchfield Woods Health Care Cent		2034C		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)				\$	27,727	22,529	5,198
Vendor Interest = \$19,602; Line of Credit Interest = \$8,120							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	27,727	22,529	5,198
14. Insurance							
a. Insurance on Property (buildings only)				\$	92,390	75,067	17,323
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	92,390	75,067	17,323
15. Total All Expenditures (A-13 thru C-14)				\$	18,303,533	15,378,762	2,924,771

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Litchfield Woods Health Care Center			2034C	9/30/2019	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 593,416	587,676	5,740	
4.			Other - See attached Schedule	\$ 53,826	53,826		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 6,280	6,280		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 131,466	106,023	25,443	
10.	15	1d&e	Accounting	\$ 3,253	2,686	567	
10a.			Legal	\$ 4,962	4,098	864	
11.	30	IV3	Telephone	\$ 1,320	1,090	230	
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	l3	Gifts, flowers and coffee shops	\$ 32,972	27,227	5,745	
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 *	\$ 22,867	18,883	3,984	
19.	15	1j&k	Income Tax / Corporate Business Tax	\$ 8,860	7,316	1,544	
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 327,669	327,669		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 25,094	25,094		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 30	25	5	
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)				\$ 1,212,015	1,167,893	44,122	

* 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)
10	12m	Community Coordinator:Salary & Benefits	\$ 53,826		
Total Other Salaries Adjustment			\$ 53,826	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	8n	Disallowed Dues	\$ 3,417		
16	M13	Bank Charges	\$ 19,177		
16	M13	Compliance Consulting	\$ 2,500		
Total Other A&G Adjustments			\$ 25,094	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center				2034C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,212,015	1,167,893	44,122	
Page 20 - Resident Care Supplies***							
27.	20	5a1&	Prescription Drugs	\$ 462,366	462,366		
28.	20	5d	Ambulance/Limousine	\$ 35,034	35,034		
29.	20	5f	X-rays, etc	\$ 50,482	50,482		
30.	20	5h	Laboratory	\$ 82,157	82,157		
31.	20	5c	Medical Supplies	\$ 19,072	15,749	3,323	
32.	20	5e2	Oxygen (non emergency)	\$ 72,354	59,747	12,607	
33.	20	5j	Occupational Therapy	\$ 7,992	7,915	77	
34.			Other - See Attached Schedule	\$ 38,860	34,752	4,108	
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 13,565	11,022	2,543	
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.	30	IV5	Interest Income on Account Rec.	\$ 63	52	11	
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ 89,364	89,364		
46.			Management Fees Indirect	\$ 79,435	79,435		
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)				\$ 2,162,759	2,095,968	66,791	

*** 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	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Litchfield Woods Health Care Center	2034C	9/30/2019			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 24,644,942	23,689,927	955,015			
b. Medicaid Room and Board Contractual Allowance **	\$ (14,715,533)	(14,060,584)	(654,949)			
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,245,118	1,572,275	2,672,843			
b. Medicare Room and Board Contractual Allowance **	\$ 440,427	53,563	386,864			
4. a. Private-Pay Residents and Other	\$ 3,675,309	2,150,990	1,524,319			
b. Private-Pay Room and Board Contractual Allowance **	\$ (403,905)	(314,132)	(89,773)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 326,738	325,431	1,307			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (326,738)	(325,431)	(1,307)			
c. Prescription Drugs - Non-Medicare	\$ 250,724	237,789	12,935			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (250,724)	(237,789)	(12,935)			
2. a. Medical Supplies - Medicare	\$ 3,072	2,881	191			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (2,035)	(1,844)	(191)			
c. Medical Supplies - Non-Medicare	\$ 4,716	4,273	443			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (1,926)	(1,881)	(45)			
3. a. Physical Therapy - Medicare	\$ 1,764,590	1,756,063	8,527			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,410,868)	(1,406,745)	(4,123)			
c. Physical Therapy - Non-Medicare	\$ 503,448	487,310	16,138			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (503,448)	(487,310)	(16,138)			
4. a. Speech Therapy - Medicare	\$ 416,470	416,470				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (331,746)	(331,746)				
c. Speech Therapy - Non-Medicare	\$ 162,445	162,445				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (162,445)	(162,445)				
5. a. Occupational Therapy - Medicare	\$ 1,568,668	1,562,854	5,814			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,258,290)	(1,255,478)	(2,812)			
c. Occupational Therapy - Non-Medicare	\$ 491,065	479,365	11,700			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (491,065)	(479,365)	(11,700)			
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 18,639,009	13,836,886	4,802,123			
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 (<i>Specify</i>)	\$ 120,396	99,419	20,977			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 55,782	46,063	9,719			
V. Total Other Revenue (1 thru 8)	\$ 176,178	145,482	30,696			
VI. Total All Revenue (III +V)	\$ 18,815,187	13,982,368	4,832,819			

* 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)
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Total Other Resident Revenue	\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, L A	Interest on A/R	63	\$ 52	\$ 11	
pg 33, Ln A	Interest Income on Related Party Note	3,391,412	\$ 99,367	\$ 20,966	
	Total Interest Income		\$ 99,419	\$ 20,977	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Bad Debt Recoveries	\$ 46,063	\$ 9,719	
	Total Other Revenue	\$ 46,063	\$ 9,719	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	14,976
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,941,877
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	25,745
5. Prepaid Expenses			\$	473,064
a. Prepaid Insurance	450,590			
b. Prepaid Health Insurance	9,047			
c. Other Prepaid Expenses	13,427			
d. See Schedule				
6. Interest Receivable			\$	306,473
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	226,412
A/R Non-Related Facilities	66			
A/R Related Party Facilities	226,346			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,988,547
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>5,310,713</u>		\$	1,646,729
	Accum. Depreciation <u>3,663,984</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>484,412</u>		\$	11,219
	Accum. Depreciation <u>473,193</u>	Net		
6. Movable Equipment	*Historical Cost <u>2,022,819</u>		\$	287,552
	Accum. Depreciation <u>1,735,267</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	32,025
Excluded Movable Equipment	32,025			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,977,525

* 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	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		A/R related party	(6,026)
Total Other Assets			\$ (6,026)

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 Long-Term Liabilities (Itemize)			\$ -

Fitchfield Woods
Other Prepaid Expenses #1580
9/30/19

Legal Fees	<u>13,426.79</u>
BALANCE @ 9/30/19	<u><u>13,426.79</u></u>

Litchfield Woods Health Care Center
Accrued Operating Expense - 2170
September 30, 2019

DESCRIPTION	BALANCE
Health Insurance	(\$56,465.21)
Management Fee	\$11,115.19
Worker's Comp Audit Premium	(\$14,440.08)
Audit Fee	(\$10,100.00)
	\$0.00
	\$0.00
	(\$69,890.10)

Equipment Carryforward Schedule

Totals

Cost Year	2008 Cost Report- Heritage Fum	2009 Cost Report- Heritage Fum	2010 Cost Report- Heritage Fum	2013 Cost Report-TV's	2018 Cost Report-TV's	2017 vCost report-TV's
Cost	\$ 381	\$ 218	\$ 5,315	\$ 180	\$ 8,408	\$ 7,470
Turn	5.00	10.00	5.00	5.00	5.00	5.00
Deprec						
Book Value						
1997						
1998						
1999						
2000						
2001						
2002						
2003						
2004						
2005						
2006						
2007						
2008						
2009						
2010						
2011						
2012						
2013						
2014						
2015						
2016						
2017						
2018						
2019						
2020						
2021						
2022						
Totals	\$ 277,740					

Cost Year	2008 Cost Report- Heritage Fum	2009 Cost Report- Heritage Fum	2010 Cost Report- Heritage Fum	2013 Cost Report-TV's	2018 Cost Report-TV's	2017 vCost report-TV's
1997						
1998						
1999						
2000						
2001						
2002						
2003						
2004						
2005						
2006						
2007						
2008						
2009						
2010						
2011						
2012						
2013						
2014						
2015						
2016						
2017						
2018						
2019						
2020						
2021						
2022						
Totals	\$ 277,740					

Account	2000 Field Audit Adj 1 - Hert Furn	2000 Field Audit Adj 2 - Hert Furn	2000 Field Audit Adj 3 - Hert Furn	2000 Field Audit Adj 4 - Hert Furn	2000 Field Audit Adj 5 - Hert Furn	2000 Field Audit Adj 6 - Hert Furn	2000 Field Audit Adj 7 - Hert Furn	2000 Field Audit Adj 8 - Hert Furn	2000 Field Audit Adj 9 - Hert Furn	2000 Field Audit Adj 1 - Unupported	2000 Field Audit Adj 2 - Unupported	Bed Addition Over CON Adj #1	Bed Addition Over CON Adj #2	2005 Cost Report- Heritage Furn	2005 Cost Report- Heritage Furn	2005 Cost Report- Heritage Furn
Cost	\$ 101	\$ 5	\$ 5	\$ 100	\$ 218	\$ 799	\$ 239	\$ 2,075	\$ 195	\$ 3,500	\$ 2,500	\$ 133,996	\$ 2,887	\$ 1,139	\$ 48	
Term	\$ 20	\$ 81	\$ 20	\$ 20	\$ 22	\$ 53	\$ 48	\$ 10	\$ 15,000	\$ 5,000	\$ 5,000	\$ 10,000	\$ 5,000	\$ 15,000	\$ 10,000	
Deprec	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
Book Value	\$ 57	\$ 10	\$ 15	\$ 80	\$ 196	\$ 746	\$ 191	\$ 208	\$ 208	\$ 3,150	\$ 2,000	\$ 120,596	\$ 2,310	\$ 15,000	\$ 10,000	
1997	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
1998	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
1999	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2000	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2001	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2002	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2003	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2004	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2005	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2006	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2007	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2008	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2009	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2010	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2011	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2012	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2013	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2014	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2015	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2016	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2017	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2018	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2019	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2020	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2021	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2022	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	
2022	\$ 6	\$ 51	\$ 6	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 186	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,139	\$ 48	

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	4,966,072
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)			\$	8,826
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	1,859
Name and Address		Amount	Loan Date	
Deferred Finance fees		1,859		
7. Other Assets (<i>itemize</i>)			\$	33,053
Deposits IRS		29,049		
Project Development		10,030		
See Schedule		(6,026)		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	43,738
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,009,810

* 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
Litchfield Woods Health Care Center		2034C	9/30/2019	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	3,168,237
2. Notes Payable (<i>itemize</i>)				\$	(3,701,676)
Due from Related Party					18,000
Line of Credit					(3,719,676)
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>)				\$	257,537
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	9,177
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>)				\$	331,222
Acc'd Operating Expenses					69,890
Acc'd Expense - CT Sales Tax					164
Due to Medicaid-Provider Tax					252,052
Acc'd Health Insurance					9,116 See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	64,497

* 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 Litchfield Woods Health Care Center		License No. 2034C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				64,497	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					\$
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$ 910,987
Name and Address of Lender	Amount	Loan Date			
Due to Related Party	910,987	None			
4. Other Long-Term Liabilities (<i>itemize</i>)					\$ 44,893
Note Payable - McKesson		44,893			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 955,880
C. Total All Liabilities (Lines A-13 + B-5)					\$ 1,020,377

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

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C	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			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	3,476,779
6. Gain or Loss for Period			\$	511,654
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	3,989,433
C. Total Reserves and Net Worth			\$	3,989,433
D. Total Liabilities, Reserves, and Net Worth			\$	5,009,810

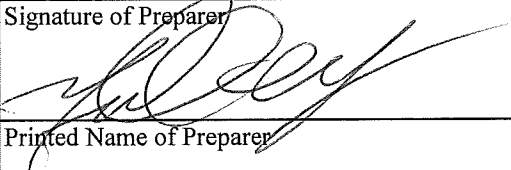
H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C	9/30/2019	36	37
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2018		\$	3,616,619
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)		\$	18,815,187
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)		\$	18,303,533
D.	Net Income or Deficit		\$	511,654
E.	Balance		\$	4,128,273
F.	Additions			
	1. Additional Capital Contributed (<i>itemize</i>)			
		(200,000)		
	2018 Adjustment/Health Insurance	61,160		
	2. Other (<i>itemize</i>)			
F-3.	Total Additions		\$	(138,840)
G.	Deductions			
	1. Drawings of Owners/Operators/Partners (<i>Specify</i>)		\$	
	Name and Address (<i>No., City, State, Zip</i>)	Title	Amount	
	2. Other Withdrawings (<i>Specify</i>)		\$	
	Purpose	Amount		
	3. Total Deductions		\$	
H.	Balance at End of Period	09/30/19	\$	3,989,433

Error Check

Level	Item	Reported as	
	Page 23 - Historical Cost of Non-Movable Eq.	484,414	is inconsistent with Page 31
	Page 23 - Historical Cost of Movable Eq.	2,054,844	is inconsistent with Page 31
	Page 23 - Accumulated Dep. of Non-Movable Eq.	473,195	is inconsistent with Page 31
	Page 23 - Accumulated Dep. of Movable Eq.	1,735,266	is inconsistent with Page 31
	Page 24 - Historical Cost of Leasehold Imp.	5,310,711	is inconsistent with Page 31
	Page 24 - Accumulated Amort. of Leasehold Imp.	3,663,982	is inconsistent with Page 31
			484,412
			2,022,819
			473,193
			1,735,267
			5,310,713
			3,663,984

I. Preparer's/Reviewer's Certification

Name of Facility Litchfield Woods Health Care Center	License No. 2034C	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 checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title CFO	Date Signed 2/17/2020		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		
Contacted Person Regarding Additional Information Needed Regarding This Report Sean Harrison		Phone Number (860) 751-3900		
Contact Email Address sharrison@athenahealthcare.com				