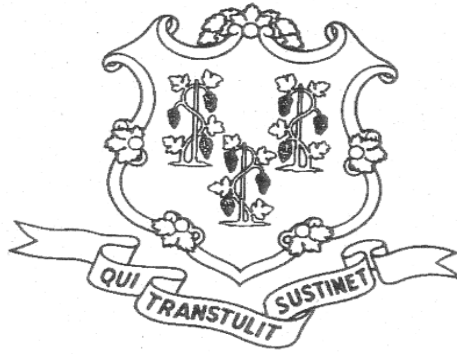


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Newtown Rehabilitation & Health Care Center	
Address (No. & Street, City, State, Zip Code) 139 Toddy Hill Road, Newtown, CT 06470	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 10207	RHNS	(Specify)	Medicare Provider 07-5355
------------------	---------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 10207	RHNS	ICF-IID
----------------------------	---------------	------	---------

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)	License No.	Report for Year Ended	Page	of
Newtown Rehabilitation & Health Care Center	10207	9/30/2019	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Newtown Rehabilitation & 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) John Hortsman			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)

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 Newtown Rehabilitation & Health Care Center	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 139 Toddy Hill Road, Newtown, CT 06470				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 3/9/2020		
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 203-459-5152		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Newtown Rehabilitation & Health Care Center		Address (No. & Street, City, State, Zip) 139 Toddy Hill Road, Newtown, CT 06470		
License Numbers:	CCNH 10207	RHNS (Specify)	Medicare Provider No. 07-5355	
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.				
Facility was purchased as of 6/1/2018				
Administrator				
Name of Administrator John Hortsman		Nursing Home Administrator's License No.:	359	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				

General Information and Questionnaire Related Parties*

Name of Facility Newtown Rehabilitation & Health Care Center	License No. 10207	Report for Year Ended 9/30/2019	Page 4	of 37				
<p>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</p> <p style="text-align: right;">If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</p>								
<p>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 checked="" type="radio"/> Yes <input type="radio"/> No</p> <p style="text-align: right;">If "Yes," provide the following information:</p>								
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	%**				
Newtown Landlord CT LLC	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	Pg 22, Ln 9, 10b	748,555	748,555
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		
Athena Captive LLC	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	Pg 15, ln 1a	124,053	124,053
Miscellaneous Facilities	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<98%	Interfacility Loans	Pg. 33, A2		
Athena Health Care Insurance	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Self Insured Employee Health Insurance	Pg. 15, ln 1a5	1,166,380	1,166,380
Procure LTC.	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	Pg. 20 5a2	299,707	299,707
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	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.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Newtown Rehabilitation & Health Care Center	License No. 10207	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 type="radio"/> Yes <input checked="" type="radio"/> 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 Newtown Rehabilitation & Health Care Center		License No. 10207	Report for Year Ended 9/30/2019			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	Postal Equipment	06/01/18	36 months	734	734
Cannon Solutions, One Canon Park, Melville, NY	<input type="radio"/>	<input checked="" type="radio"/>	copiers	06/01/18	40 months	2,511	2,511
Cannon Solutions, One Canon Park, Melville, NY	<input type="radio"/>	<input checked="" type="radio"/>	copiers	06/01/18	40 months	14,789	13,557
Cannon Solutions, One Canon Park, Melville, NY	<input type="radio"/>	<input checked="" type="radio"/>	copiers	06/01/18	40 months	2,999	2,999
Cannon Solutions, One Canon Park, Melville, NY	<input type="radio"/>	<input checked="" type="radio"/>	copier	10/01/18	40 months	3,561	3,561
	<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 checked="" type="radio"/> Yes	<input type="radio"/> No
Total ***						23,362	

* 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 Newtown Rehabilitation & Health C	License No. 10207	Report for Year Ended 9/30/2019	Page 7	of 37
---	----------------------	------------------------------------	-----------	----------

The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

facility purchased on 6/1/2018

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Marcum, LLP	555 Long Wharf Dr., New Haven, CT
2 Marcum, LLP	555 Long Wharf Dr., New Haven, CT
3 Marcum, LLP	555 Long Wharf Dr., New Haven, CT
4 Bedford Cost Segregation Energy R&D	19 Kilton rd., Bedford, NH 03110

Services Provided by This Firm (*describe fully*)

1 Financial statement audit	\$ 19,250
2 Medicare Cost reports	\$ 2,700
3 2018 Tax Return-allowed	\$ 4,125
4 Cost Segregation study-disallowed	\$ 5,600
	Charge for Services Provided
	\$ 31,675

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

- Yes No Pg 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman, Gruder & Woods, LLC	203 899-8900
2 Jackson, Lewis, P.C.	914 872-6767
3 Murtha, Cullina LLP	203 772-7700
4 Reid & Riege, PC	860 278-1150
5 Stephen Woods & Treasurer, State of CT	203 794-8508

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

- 1 200 Connecticut Ave., Norwalk, CT
- 2 1133 Westchester Ave., Harrison, NY
- 3 265 Church St., New Haven, CT
- 4 One Financial Plaza, Hartford, CT
- 5 PO Box 371, Danbury, CT/School St, Bethel, CT

Services Provided by This Firm (*describe fully*)

1 Collections-disallowed	\$ 8,914
2 Workman's compensation claim-disallowed	\$ 8,326
3 Annual reports (\$40-allowed) and general services (\$476-disallowed)	\$ 516
4 Closing-disallowed	\$ 2,100
5 Conservatorship matters-disallowed	\$ 558
	Charge for Services Provided
	\$ 20,414

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

- Yes No Pg 15, Line 1e

Schedule of Resident Statistics

Name of Facility Newtown Rehabilitation & Health Care Center			License No. 10207		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	154	154			154	154			154	154		
B. On last day of THIS report period	154	154			154	154			154	154		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	121	121			121	121			129	129		
B. As of midnight of THIS report period	134	134			129	129			134	134		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,613	6,613			4,818	4,818			1,795	1,795		
B. Medicaid (Conn.)	36,260	36,260			27,535	27,535			8,725	8,725		
C. Medicaid (other states)												
D. Private Pay	4,200	4,200			2,992	2,992			1,208	1,208		
E. State SSI for RCH												
F. Other (Specify)	119	119			28	28			91	91		
G. Total Care Days During Period (3A thru F)	47,192	47,192			35,373	35,373			11,819	11,819		
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	215	215			38	38			177	177		
5. Total Resident Days (3G + 4A + 4B)	47,407	47,407			35,411	35,411			11,996	11,996		

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

Name of Facility Newtown Rehabilitation & Health Care Center			License No. 10207			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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(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		97		12		9						
Per Diem Rate													
a. One bed rm.	579.00		259.00		526.00		529.00						
b. Two bed rms.	579.00		259.00		477.00		529.00						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B					TOTAL	CCNH	RHNS	(Specify)					
B. Medicaid (Exclusive of Part B)					1,475	1,475							
1. Maintenance Treatments					544	544							
2. Restorative Treatments													
C. Other					5,498	5,498							
D. Total Physical Therapy Treatments					7,517	7,517							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					637	637							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					29	29							
2. Restorative Treatments													
C. Other					356	356							
D. Total Speech Therapy Treatments					1,022	1,022							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					1,668	1,668							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					654	654							
2. Restorative Treatments													
C. Other					6,195	6,195							
D. Total Occupational Therapy Treatments					8,517	8,517							

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Newtown Rehabilitation & Health Care Center	License No. 10207	Report for Year Ended 9/30/2019	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	150,335	2,154				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	322,210	13,214				
5. Dietary Service						
a. Head Dietitian	5,421	131				
b. Food Service Supervisor	84,261	2,123				
c. Dietary Workers	518,370	29,988				
6. Housekeeping Service						
a. Head Housekeeper	58,013	2,315				
b. Other Housekeeping Workers	230,330	15,663				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	71,725	2,032				
b. Other Maintenance Workers	65,084	2,365				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	266	19				
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	198,788	3,579				
b. RN						
1. Direct Care	1,108,893	25,194				
2. Administrative**	563,692	18,783				
c. LPN						
1. Direct Care	1,581,795	47,296				
2. Administrative**						
d. Aides and Attendants	2,291,396	118,398				
e. Physical Therapists	405,821	11,366				
f. Speech Therapists	103,637	2,249				
g. Occupational Therapists	316,762	8,793				
h. Recreation Workers	201,853	9,458				
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	250,116	8,093				
n. Marketing						
o. Other (Specify) See Attached Schedule	15,640	419				
<i>A-13. Total Salary Expenditures</i>	8,544,408	323,632				

* 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
Newtown Rehabilitation & Health Care Center				10207	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										
Not Applicable										
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).										
Not Applicable										

* 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	
Newtown Rehabilitation & Health Care Center				10207	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***										
Elyse Dent (10/01/18-10/23/18)	22,633			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	149	A2			
Joel Carmichael (10/24/18-07/20/19)	95,054			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,520	A2	Countryside Manor, 1660 Stafford Ave, Bristol, CT	400	28,024
John Horstman (07/21/19-09/30/19)	32,648			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	485	A2	Sharon, SNF CT LLC, 27 Hospital Hill, Sharon, CT	1,669	97,352
Section IV - Assistant Administrators										
N/A										

*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		
Newtown Rehabilitation & Health Care Center	10207	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	57,000	1,425				
2. Dentist	26,728	208				
3. Pharmacist	14,710	220				
4. Podiatrist	1,249	10				
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	37,800	294				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	2,510	20				
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	10,080	28				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	17,032	240				
2. Administrative***	12,701	91				
b. LPN						
1. Direct Care	24,274	515				
2. Administrative***						
c. Aides	70,342	2,491				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	274,426	5,542				

* 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 Newtown Rehabilitation & Health Care Center		License No. 10207	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		
SDX Swallowing Diagnostics, PO Box 484, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Key Personnel, PO Box 404, north Haven, CT 06473	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Integrative Health Care, 48 Skyview Drive, Trumbull, CT 06611	DSS Monitor for CHOW	<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	
Connecticut Orthopedic Specialist, 2408 Whitney Avenue, Hamden, CT 06518	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>		
Robert Larosa, DDS, 375 Main Street, Woodbury, CT 06798	Dental Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
New Haven Foot and Ankle Group, 3851 Whitney Avenue, Hamden, CT 06518	Podiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
Western CT Medical Group, 14 Research Drive, Bethel, CT 06801	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Stephanie Holinko, 7 Arden Road, Trumbull, CT 06611	Dietitian Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Danbury Eye, 69 Sand Pit Road, Suite 101, Danbury, CT 06810	Optometrist	<input type="radio"/>	<input checked="" type="radio"/>		
Ortho CT, PC, 2 Riverview Drive, Danbury, CT 06810	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>		
Orthocare Specialist, LLC, 60 Old New Milford Road, Brookfield, CT 06804	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>		
Ortho Connecticut, PO Box 26303, Oklahoma City, OK 73126	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>		
Quest-Chicago, 3404 Collection Ctr. Dr., Chicago, IL 60693	Radiology	<input type="radio"/>	<input checked="" type="radio"/>		
Urological Associates, PO Box 11901, Belfast, ME 04915	Urologist	<input type="radio"/>	<input checked="" type="radio"/>		
NOA Diagnostics, 6851 Jericho Tpke., Syosset, NY 11791	Radiology	<input type="radio"/>	<input checked="" type="radio"/>		
Cardiology Association of Fairfield, PO Box 848538, Boston, MA 02284	Cardiologist	<input type="radio"/>	<input checked="" type="radio"/>		
Urology Association of Danbury, 51-53 Kenosia Avenue, Danbury, CT 06810	Urologist	<input type="radio"/>	<input checked="" type="radio"/>		
AAA Nursing Care, LLC, 3303 Main Street, Stratford, CT 06614	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network, Access Capital, 405 Park Avenue, New York, NY 10022	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network, LLC, PO Box 982, Southington, CT 06489	Nurse Pool	<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.

Annual Report of Long-Term Care Facility

CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Newtown Rehabilitation & Health Care Center	10207	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 124,053	124,053		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 131,023	131,023		
4. Social Security (F.I.C.A.)	\$ 636,268	636,268		
5. Health Insurance	\$ 989,575	989,575		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 51,144	51,144		
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*	\$ 44,748	44,748		
d. Accounting and Auditing	\$ 31,675	31,675		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 20,414	20,414		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 63,942	63,942		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 15,673	15,673		
2. Cellular Phones	\$ 6,666	6,666		
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*	\$ 18,789	18,789		
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 857,490	857,490		
Subtotal	\$ 2,991,460	2,991,460		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Newtown Rehabilitation & Health Care Center	10207	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,991,460	2,991,460			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 7,130	7,130			
3. Gifts to Staff and Residents	\$ 13,537	13,537			
4. Employee Travel	\$ 3,167	3,167			
5. Education Expenses Related to Seminars and Conventions	\$ 25,456	25,456			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 6,634	6,634			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 11,154	11,154			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 4,868	4,868			
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	\$ 6,432	6,432			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 11,231	11,231			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 521	521			
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**	\$ 326,685	326,685			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 117,665	117,665			
C-14 Total Administrative & General Expenditures	\$ 3,525,940	3,525,940			

* 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	\$ 4,868		
Total Other Advertising	\$ 4,868	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 11,231		
Total Dues	\$ 11,231	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 17,811		
Payroll Processing Fees	\$ 20,743		
Employee Physicals	\$ 30,493		
	\$ -		
Facility Compliance	\$ 1,541		
Data Processing	\$ 45,951		
Licenses	\$ 1,126		
Total Other Administrative and General	\$ 117,665	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Newtown Rehabilitation & Health Care C	10207	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	494,977		See Below
Allocation of the above	326,685	Admin/Gen 66%	Pg 16, Line 12
Allocation of the above	79,196	Indirect 16%	Pg 18 Line 2C
Allocation of the above	89,096	Direct 18%	Pg 20, Line 5J

*** 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
Newtown Rehabilitation & Health Care Center		10207	9/30/2019		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 327,431	327,431			
2.	Non-Food Supplies	\$ 41,366	41,366			
3.	Other (<i>Specify</i>) _____ Dishes & utensils	\$ 398	398			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>) _____ Management services		\$ 79,196	79,196			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 448,391	448,391			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G.	Resident Meals: Total no. of meals served per day:*	388	388			
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. \$203						
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$62,569						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Pg 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
Newtown Rehabilitation & Health Care Center		10207	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. \$	1,481	1,481			
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	168,002	168,002			
c. Other (<i>Specify</i>) Supplies	\$	2,482	2,482			
3D. Total Laundry Expenditures (3a + b + c)	\$	171,965	171,965			
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
Newtown Rehabilitation & Health Care Center		10207	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. \$	39,061	39,061		
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)	\$	39,061	39,061		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Procure LTC	\$	301,832	301,832		
b.	Medicine Cabinet Drugs	\$	14,898	14,898		
c.	Medical and Therapeutic Supplies	\$	311,982	311,982		
d.	Ambulance/Limousine***	\$	20,334	20,334		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	17,471	17,471		
f.	X-rays and Related Radiological Procedures***	\$	16,992	16,992		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	68,117	68,117		
i.	Recreation	\$	30,211	30,211		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	161,954	161,954		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	943,791	943,791		

* 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)
Management fee-Direct	\$ 89,096		
Medical Equip Rentals-Medicaid	\$ 27,773		
Physical Therapy Supplies	\$ 22,965		
	\$ -		
Oxygen Concentrator Rentals	\$ 6,539		
Cable TV Fees	\$ 13,856		
Medical Equip Rentals-Other	\$ 1,725		
Total Other Resident Care	\$ 161,954	\$ -	\$ -

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

Name of Facility Newtown Rehabilitation & Health Care Center			License No. 10207		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
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy	299,707			20	5a2
JM Construction	PO Box 3873, Danbury, CT 06813	<input type="radio"/>	<input checked="" type="radio"/>		Snowplowing	25,246			22	6f
JM Construction	PO Box 3873, Danbury, CT 06813	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	25,131			22	6f
Occupational Health Centers of the Southwest, P.A.P.C.	PO Box 20220, Cranston, RI 02920	<input type="radio"/>	<input checked="" type="radio"/>		Employee physicals	14,956			22	6a
Air Temp Mechanical Services, Inc.	Drive, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Mechanical repairs	11,776			22	6a
Eastern Water Solutions	3 Benson Road, Oxford, CT 06478	<input type="radio"/>	<input checked="" type="radio"/>		Sewage system repairs	16,913			22	6a
All American Waste	PO Box 630, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish removal	32,763			22	6f
Facilities Comp	221 West Main Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Facility inspections	26,237			22	6a
ADP	PO Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		Payroll services	17,412			16	m13
Pointclickcare Technologies, Inc.	PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data processing services	26,352			16	,13
		<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
Newtown Rehabilitation & Health Care Center	10207	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 152,118	152,118				
b. Heat	\$ 94,717	94,717				
c. Light & Power	\$ 128,293	128,293				
d. Water	\$ 13,558	13,558				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 23,362	23,362				
f. Other (<i>itemize</i>)	\$ 126,439	126,439				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 538,487	538,487				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 177,777	177,777				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 177,777	177,777				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 238,949	238,949				
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 15,199	15,199				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 254,148	254,148				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 748,555	748,555				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 316,288	316,288				
c. Personal property taxes	\$ 18,623	18,623				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,515,391	1,515,391				

* 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	\$ 25,131		
Rubbish Removal	\$ 32,763		
Snow Removal	\$ 25,246		
Supplies	\$ 43,299		
Total Other Repairs and Maintenance	\$ 126,439	\$ -	\$ -

Depreciation Schedule

Name of Facility Newtown Rehabilitation & Health Care Center			License No. 10207			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												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. Ford E-150 Van 2011/Ford E-450 Bu												
	yes		6	18	30,000		30,000	3,000	sl	5	6,000	
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
			9	2018	775,676		775,675	84,038	S/L	Various	168,075	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
			9	2019	41,758		41,759		SL	Various	3,702	
D-3. Subtotal												
E. Total Depreciation												
											177,777	
											177,777	

Schedule of Land Improvements Acquired during this report period

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

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

*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	\$ 41,758	various	\$ 3,702
Total additions for Movable Equipmen		\$ 41,758		\$ 3,702 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*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:				
various	see attached	\$ 274,380	various	\$ 8,946
Total additions for Leasehold Improvemer		\$ 274,380		\$ 8,946 *
Deletions:				
Total deletions for Leasehold Improvemer		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Newtown Rehabilitation & Health Care Center			10207		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Start-Up Costs	6	2018		2,554,227	79,650	S/L		238,949	
2.	9	2019		18,759					
3.									
A-4. Subtotal									238,949
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2018		63,212	3,126	S/L	Various	6,253	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2019		274,380		S/L	Various	8,946	
C-4. Subtotal									15,199
D. Total Amortization									254,148

* 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 Newtown Rehabilitation & Health Car	License No. 10207	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				
3. If NOT Original Owner, Date of Purchase		06/01/18		
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		154		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		HUD		
b. Date Mortgage Obtained		06/01/18		
c. Interest Rate for the Cost Year		6.18%		
d. Term of Mortgage (number of years)		4 yrs		
e. Amount of Principal Borrowed		13,500,000		
f. Principal balance outstanding as of		13,280,025		
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
Newtown Rehabilitation & Health Ca	10207	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
Newtown Rehabilitation & Health C	10207	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)	\$	6,355	6,355	
A. Item	Rate	Amount		
Lender				
Var Tech				
Address of Lender				
PO Box 10306, Des Moines IA				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$	6,355	6,355	
12. D. Other Interest Expense (Specify)	\$	10,033	10,033	
Vendor Interest				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	16,388	16,388	
14. Insurance				
a. Insurance on Property (buildings only)	\$	65,660	65,660	
b. Insurance on Automobiles	\$	958	958	
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)	\$	66,618	66,618	
15. Total All Expenditures (A-13 thru C-14)	\$	16,084,866	16,084,866	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Newtown Rehabilitation & Health Care Center				10207	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.			Occupational Therapy	\$ 316,762	316,762		
4.			Other - See attached Schedule	\$ 6,944	6,944		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ 2,510	2,510		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 12,701	12,701		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 44,748	44,748		
10.			Accounting	\$ 5,600	5,600		
10a.			Legal	\$ 20,374	20,374		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 5,946	5,946		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 13,537	13,537		
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	\$ 3,502	3,502		
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 4,868	4,868		
19.			Income Tax / Corporate Business Tax	\$ 18,789	18,789		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 148,512	148,512		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 19,352	19,352		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 62,772	62,772		
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)				\$ 686,917	686,917		

* 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	Marketing activities	\$ 6,944		
Total Other Salaries Adjustment			\$ 6,944	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B11a2	Nursing consultant	\$ 12,701		
Total Other Fees Adjustments			\$ 12,701	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank charges	\$ 17,811		
16	M13	Facilities compliance	\$ 1,541		
Total Other A&G Adjustments			\$ 19,352	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Newtown Rehabilitation & Health Care Center			10207	9/30/2019	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 686,917	686,917		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 301,832	301,832		
28.			Ambulance/Limousine	\$ 20,334	20,334		
29.			X-rays, etc	\$ 16,992	16,992		
30.			Laboratory	\$ 68,117	68,117		
31.			Medical Supplies	\$ 13,700	13,700		
32.			Oxygen (non emergency)	\$ 17,471	17,471		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 11,797	11,797		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 138,651	138,651		
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.			Interest Income on Account Rec.	\$ 1,060	1,060		
44.			Other - Miscellaneous Administrative	\$ 10,256	10,256		
45.			Management Fees Direct	\$ 40,503	40,503		
46.			Management Fees Indirect	\$ 36,003	36,003		
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,363,633	1,363,633		

*** 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.

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
Newtown Rehabilitation & Health Care	C 10207	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>)	\$ 17,069,429	17,069,429			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,825,508)	(7,825,508)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,332,690	2,332,690			
b. Medicare Room and Board Contractual Allowance **	\$ 749,517	749,517			
4. a. Private-Pay Residents and Other	\$ 3,159,228	3,159,228			
b. Private-Pay Room and Board Contractual Allowance **	\$ (290,788)	(290,788)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 180,400	180,400			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (169,180)	(169,180)			
c. Prescription Drugs - Non-Medicare	\$ 120,771	120,771			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (120,771)	(120,771)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 322	322			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (322)	(322)			
3. a. Physical Therapy - Medicare	\$ 861,349	861,349			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (741,007)	(741,007)			
c. Physical Therapy - Non-Medicare	\$ 263,540	263,540			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (262,650)	(262,650)			
4. a. Speech Therapy - Medicare	\$ 249,615	249,615			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (195,209)	(195,209)			
c. Speech Therapy - Non-Medicare	\$ 75,495	75,495			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (74,795)	(74,795)			
5. a. Occupational Therapy - Medicare	\$ 956,861	956,861			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (825,849)	(825,849)			
c. Occupational Therapy - Non-Medicare	\$ 300,390	300,390			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (299,590)	(299,590)			
6. a. Other (<i>Specify</i>) - Medicare	\$ (2)	(2)			
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,513,936	15,513,936			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 62,569	62,569			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 1,060	1,060			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 5,888	5,888			
V. Total Other Revenue (1 thru 8)	\$ 69,517	69,517			
VI. Total All Revenue (III +V)	\$ 15,583,453	15,583,453			

* 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)
	Rounding	\$ (2)		
Total Other Resident Revenue - Medicare		\$ (2)	\$ -	\$ -

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)
30, IV5	A/R Interest	1,060	\$ 1,060		
Total Interest Income			\$ 1,060	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30, IV 8	Bad Debt Recoveries-Medicaid	\$ 5,888		
Total Other Revenue		\$ 5,888	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Newtown Rehabilitation & Health Care	10207	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	165,115
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,396,538
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	22,294
5. Prepaid Expenses			\$	126,953
a. Prepaid Insurance	91,575			
b. Prepaid Interest	611			
c. Prepaid Expense-Other	24,844			
d. See Schedule	9,923			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,710,900
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>337,592</u>		\$	319,267
	Accum. Depreciation <u>18,325</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>817,434</u>		\$	561,619
	Accum. Depreciation <u>255,815</u>	Net		
7. Motor Vehicles	*Historical Cost <u>30,000</u>		\$	21,000
	Accum. Depreciation <u>9,000</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	485,281
Excluded Movable Equipment	485,281			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,387,167

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Newtown Rehabilitation & Health Care	License No. 10207	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	3,098,067
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	2,572,986		
	Accum. Depreciation	318,599	Net	\$ 2,254,387
4. Goodwill (Purchased Only)			\$ 80,265	
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>)			\$ 375,718	
Project Development		375,718		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 2,710,370	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 5,808,437	

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
32	D7	Deposits-Utilities	\$ 9,923
Total Prepaid Expenses			\$ 9,923

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 Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility Newtown Rehabilitation & Health Care Center		License No. 10207	Report for Year Ended 9/30/2019	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,386,496
2. Notes Payable (<i>itemize</i>)				\$	3,993
McKesson					3,993
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>)				\$	46,138
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	3,512
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>)				\$	22,703
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	530,731
Accrued Real Estate Tax		(61,531)	Acc'd Health Insurance	641	
Acc'd Operating Expenses		154,418	Acc'd Life Ins. Premiums	1,047	
Acc'd Expense - CT Sales Tax		265	Acc'd Pension & Vacatio	222,034	
Due to Medicaid-Provider Tax		213,857	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,993,573

* 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 Newtown Rehabilitation & Health Care Cent		License No. 10207	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,993,573	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	64,975
Name of Lender	Purpose	Amount	Date Due		
VAR Technology Finance	Phone system/server	64,975			
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	(1,186,296)
Name and Address of Lender	Amount	Loan Date			
Due to Related Party	(811,342)	None			
Due to Affiliates	(374,954)	None			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	3,599,295
Due to Partnership		3,599,295			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	2,477,974
C. Total All Liabilities (Lines A-13 + B-5)				\$	5,471,547

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

Name of Facility	License No.	Report for Year Ended	Page	of
Newtown Rehabilitation & Health Care	10207	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	500,000
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(146,984)
6. Gain or Loss for Period			\$	(501,408)
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	(148,392)
C. Total Reserves and Net Worth			\$	(148,392)
D. Total Liabilities, Reserves, and Net Worth			\$	5,323,155

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Newtown Rehabilitation & Health Care C	10207	9/30/2019	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(146,983)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	15,583,453
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	16,084,861
D. Net Income or Deficit			\$	(501,408)
E. Balance			\$	(648,391)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(648,391)

I. Preparer's/Reviewer's Certification

Name of Facility Newtown Rehabilitation & Health Care	License No. 10207	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)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address		Phone Number		
135 South Road Farmington, CT 06032		(860) 751-3900		