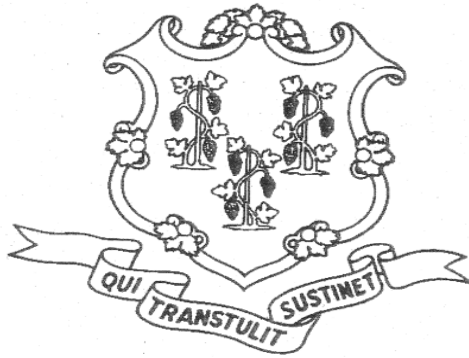


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Colonial Health and Rehab Center of Plainfield, LLC	
Address (No. & Street, City, State, Zip Code) 16 Windsor Ave Plainfield, CT 06374	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

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

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

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General Information

Name of Facility (as licensed) Colonial Health and Rehab Center of Plainfield, LLC	License No. 2387	Report for Year Ended 9/30/2020	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Colonial Health and Rehab Center of Plainfield, LLC [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Curtis Rodowicz			Printed Name (Owner) Colonial Heath & Rehab LLC		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Colonial Health and Rehab Center of Plainfield, LLC	Period Covered:	From 10/1/2019	To 9/30/2020	
Address of Facility 16 Windsor Ave Plainfield, CT 06374				
Report Prepared By CJLC LLC	Phone Number 860-610-9009	Date 2/16/2021		
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 860-564-4081		Report for Year Ended 9/30/2020		Page 2	of 37
Name of Facility (as shown on license) Colonial Health and Rehab Center of Plainfield, LLC			Address (No. & Street, City, State, Zip) 16 Windsor Ave Plainfield, CT 06374		
License Numbers:	CCNH 2387	RHNS	(Specify)	Medicare Provider No. 2387	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Curtis Rodowicz			Nursing Home Administrator's License No.:	1775	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LI	2387	9/30/2020	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
Related Parties***

Name of Facility Colonial Health and Rehab Center of Plainfield, LLC	License No. 2387	Report for Year Ended 9/30/2020	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Colonial Heath & Rehab Management LLC	13730 Whispering Lakes Lane, Palm Beach Gardens, FL, 33418	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	16/m12	559,535	559,535
Family First of Plainfield	16 Windsor Ave, Plainfield, CT 06374	<input type="radio"/>	<input checked="" type="radio"/>		Rent of facility	22/9	780,167	780,167
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Colonial Health and Rehab Center of Plainfield	License No. 2387	Report for Year Ended 9/30/2020	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Colonial Health and Rehab Center of Plainfield, LLC			License No. 2387	Report for Year Ended 9/30/2020			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						
Ricoh USA Inc. 70 Valley Stream Parkway, Malvern, Pa 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/29/18	3 years	3,874	3,874	
	<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 ?							Total ***	3,874

Yes No

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

General Information and Questionnaire
Accounting Basis

Name of Facility Colonial Health and Rehab Center	License No. 2387	Report for Year Ended 9/30/2020	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 CJLC LLC 2 3 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin Street. East Hartford, Ct 06108
--	---

Services Provided by This Firm (*describe fully*)

1 Medicaid and Medicare Cost Report, Audited Financial Statements, and Tax Services	\$ 14,196
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 14,196

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Michelson, Kane, Royster & Barger 2 Murtha Cullina LLP 3 4 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)
 1 Ten Columbus Blvd, Hartford, CT
 2 PO Box 101001, Hartford CT
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Interpleader Colonial VS Village Manor - Disallowed	\$ 1,869
2 DNR Policy, FMLA Review, Employment Policies, IDR	\$ 10,264
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 12,132

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

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
Colonial Health and Rehab Center of Plainfield, LLC		2387			9/30/2020				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	90	90			90	90			90	90			
B. On last day of THIS report period	90	90			90	90			90	90			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	85	85			85	85			81	81			
B. As of midnight of THIS report period	78	78			81	81			78	78			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,420	4,420			3,555	3,555			865	865			
B. Medicaid (Conn.)	18,736	18,736			14,024	14,024			4,712	4,712			
C. Medicaid (other states)													
D. Private Pay	4,682	4,682			3,554	3,554			1,128	1,128			
E. State SSI for RCH													
F. Other (Specify) Managed Care	2,121	2,121			1,538	1,538			583	583			
G. Total Care Days During Period (3A thru F)	29,959	29,959			22,671	22,671			7,288	7,288			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	85	85			82	82			3	3			
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	30,044	30,044			22,753	22,753			7,291	7,291			

Schedule of Resident Statistics (Cont'd)

Name of Facility Colonial Health and Rehab Center of Plainfield			License No. 2387			Report for Year Ended 9/30/2020			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	13		55		10								
Per Diem Rate													
a. One bed rm.	RUGS		272.35		390.00								
b. Two bed rms.			247.58		370.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									7,174	7,174			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									109	109			
C. Other									6,388	6,388			
D. Total Physical Therapy Treatments									13,671	13,671			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									444	444			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									6	6			
C. Other									268	268			
D. Total Speech Therapy Treatments									718	718			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									6,294	6,294			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									145	145			
C. Other									6,133	6,133			
D. Total Occupational Therapy Treatments									12,572	12,572			

Report of Expenditures - Salaries & Wages

Name of Facility Colonial Health and Rehab Center of Plainfield, LLC	License No. 2387	Report for Year Ended 9/30/2020	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)	116,308	2,248				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	220,651	8,545				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	304,823	18,199				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	200,456	9,592				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	43,641	1,665				
b. Other Maintenance Workers	30,991	1,792				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	33,827	4,745				
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	128,741	3,611				
b. RN						
1. Direct Care	555,885	14,270				
2. Administrative**	338,186	6,196				
c. LPN						
1. Direct Care	852,698	29,595				
2. Administrative**						
d. Aides and Attendants	1,407,777	72,738				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	118,033	5,010				
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	45,846	1,762				
n. Marketing						
o. Other (Specify) See Attached Schedule	67,220	2,170				
<i>A-13. Total Salary Expenditures</i>	4,465,084	182,138				

* 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 of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Admission Director Wages	\$ 67,220	2,170				
Total	\$ 67,220	2,170	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Colonial Health and Rehab Center of Plainfield, LLC				2387	9/30/2020			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).										
Amber Darigan	91,295			Standard	Business Office Manager	2,080	A4			
Deborah Rodawicz	45,451			Collective Bargaining	CNA	2,080	A12d			

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Colonial Health and Rehab Center of Plainfield, LLC				2387	9/30/2020			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***										
Curtis Rodawicz	116,308			Standard	Administrator	2,248	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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2020	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	10,206	Contract				
3. Pharmacist	9,407	166				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	437,865	8,135				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000	216				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff	4,970	216				
9. Speech Therapist						
a. Resident Care	101,990	1,246				
b. Other						
10. Occupational Therapist						
a. Resident Care	401,895	7,331				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	11,165	161				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	1,013,498	17,471				

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Colonial Health and Rehab Center of Plainfield, LLC		2387	9/30/2020		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
HealthPro Therapy Service, LLC 10600 York Road, Suite 105, Cockeysville, MD	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>			
Healthdrive 88 Worcester St, Wellesley, MA 02482	Dental Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Pro Health Pysicians P.O. Box 150483, Hartford, CT 06115	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Pro Health Pysicians P.O. Box 150483, Hartford, CT 06115	Physician Fees	<input type="radio"/>	<input checked="" type="radio"/>			
Partners Pharmacy of CT PO Box 9689, Uniondale, NY 11555	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
Nursing Strong, LLC Woodstock, CT	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Favorite Healthcare Staffing, Inc. 7 S Maint Street, West Hartford, CT 06107	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Ready Nurse 360 Bloomfield Ave, Windsor, CT 06095	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<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"/>			

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield,	2387	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 146,088	146,088		
2. Disability Insurance	\$ 20,731	20,731		
3. Unemployment Insurance	\$ 52,694	52,694		
4. Social Security (F.I.C.A.)	\$ 338,134	338,134		
5. Health Insurance	\$ 689,104	689,104		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 238,960	238,960		
8. Uniform Allowance	\$ 7,150	7,150		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 47,126	47,126		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 39,287	39,287		
d. Accounting and Auditing	\$ 14,196	14,196		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 12,132	12,132		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ 11,996	11,996		
g. Office Supplies	\$ 28,823	28,823		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 4,341	4,341		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 77,737	77,737		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 2,947	2,947		
3. Resident Day User Fee	\$ 528,428	528,428		
Subtotal	\$ 2,259,874	2,259,874		

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

(Carry Subtotals forward to next page)

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

Colonial Health and Rehab Center of Plainfield, LLC
9/30/2020

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Other Employee Benefits	\$ 47,126		
Total	\$ 47,126	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales & Use Tax	\$ 2,947		
Total	\$ 2,947	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,259,874	2,259,874		
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 6,656	6,656			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 972	972			
5. Education Expenses Related to Seminars and Conventions	\$ 1,748	1,748			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$ 3,833	3,833			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 47,653	47,653			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 2,240	2,240			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 29,558	29,558			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 5,334	5,334			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 4,754	4,754			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 650	650			
9. Subscriptions	\$ 3,420	3,420			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 11,144	11,144			
12. Administrative Management Services**	\$ 559,535	559,535			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 96,447	96,447			
C-14 Total Administrative & General Expenditures	\$ 3,033,819	3,033,819			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
A & G Meal & Entertainment	\$ 3,653		
Employee Meals	\$ 180		
Total Other Travel and Entertainment	\$ 3,833	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Community Awareness	\$ 29,558		
Total Other Advertising	\$ 29,558	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,444		
ACHA	\$ 310		
Total Dues	\$ 4,754	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
A & G Background checks	\$ 1,383		
License & Permit fees	\$ 690		
Bank fees	\$ 12,094		
Software Maintenance	\$ 82,280		
Total Other Administrative and General	\$ 96,447	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Colonial Health and Rehab Center of Plainfield	License No. 2387	Report for Year Ended 9/30/2020	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Colonial Health & Rehab Management, LLC	559,535	Management Services	16/m12

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LLC		2387	9/30/2020	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 183,804	183,804			
2. Non-Food Supplies	\$ 19,327	19,327			
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 127,960	127,960			
c. Other (Specify) _____	\$				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 331,091	331,091			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
I. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.	
L. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.	\$878
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					30/IV1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.	
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LLC		2387	9/30/2020	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. \$	9,023	9,023		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	23,666	23,666		
c. Other (Specify) Supplies	\$	3,663	3,663		
3D. Total Laundry Expenditures (3a + b + c)	\$	36,352	36,352		
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Colonial Health and Rehab Center of Plainfield		2387	9/30/2020		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	22,016	22,016		
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. \$	31,672	31,672		
C. Other (<i>Specify</i>)			\$			
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 53,689	53,689		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Prescribed Drugs - Medicare A	\$	262,486	262,486		
b.	Medicine Cabinet Drugs	\$	19,699	19,699		
c.	Medical and Therapeutic Supplies	\$	210,644	210,644		
d.	Ambulance/Limousine***	\$	16,558	16,558		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	5,932	5,932		
f.	X-rays and Related Radiological Procedures***	\$	20,119	20,119		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	23,776	23,776		
i.	Recreation	\$	10,058	10,058		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	67,873	67,873		
5M. Total Resident Care Expenditures (5a - 5j)			\$ 637,145	637,145		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
PT Supplies	\$ 1,391		
OT Supplies	\$ 2,173		
IV Supplies	\$ 11,007		
IV Solution	\$ 16,053		
Equipment Rental Wound Care	\$ 13,313		
Equipment over \$100	\$ 7,201		
Cable Television / Internet	\$ 11,909		
Resident Expense	\$ 4,565		
Cont. Therapist Med A	\$ 261		
Total Other Resident Care	\$ 67,873	\$ -	\$ -

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

Name of Facility Colonial Health and Rehab Center of Plainfield, LLC			License No. 2387		Report for Year Ended 9/30/2020				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group, Inc.	3220 Tillman Drive, Bansalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	127,960			18	2b
Healthcare Services Group, Inc.	3220 Tillman Drive, Bansalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	23,666			19	3b
Healthcare Services Group, Inc.	3220 Tillman Drive, Bansalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	31,672			20	4b
Point Click Care	Unit 4, Mississauga, Ontario Canada 109178-	<input type="radio"/>	<input checked="" type="radio"/>		Software Provider	82,280			16	m13
ADP		<input type="radio"/>	<input checked="" type="radio"/>		Payroll	11,144			16	m11
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Colonial Health and Rehab Center of Plainfield	2387	9/30/2020			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	97,650	97,650			
b. Heat	\$	44,387	44,387			
c. Light & Power	\$	97,129	97,129			
d. Water	\$	26,665	26,665			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	3,874	3,874			
f. Other (<i>itemize</i>)	\$	29,681	29,681			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	299,386	299,386			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$	13,138	13,138			
d. Movable Equipment	\$	84,565	84,565			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	97,703	97,703			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	6,995	6,995			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	6,995	6,995			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	780,167	780,167			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	92,302	92,302			
c. Personal property taxes	\$	10,849	10,849			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	988,015	988,015			

* 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)
Plant Garbage	\$ 22,393		
Equipment rental	\$ 7,288		
Total Other Repairs and Maintenance	\$ 29,681	\$ -	\$ -

Depreciation Schedule

Name of Facility Colonial Health and Rehab Center of Plainfield, LLC				License No. 2387			Report for Year Ended 9/30/2020			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				376,525		376,525	188,829	SL	VAR	49,879			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				102,174						5,175			
C-4. Subtotal											55,053		
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						VAR	VAR	676,428	676,428	524,513	SL	VAR	77,627
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)								67,575				6,938	
D-3. Subtotal													84,565
E. Total Depreciation													139,618

Colonial Health and Rehab Center of Plainfield, LLC
9/30/2020

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:				
	See Attached Schedule	\$ 11,914	7	\$ 1,267
		\$ 64,094	10	\$ 2,406
		\$ 26,166	15	\$ 1,501
Total additions for Non-Movable Equipment		\$ 102,174		\$ 5,175 *
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:				
	See Attached Schedule	\$ 2,580	3	\$ 421
		\$ 64,994	5	\$ 6,518
Total additions for Movable Equipment		\$ 67,575		\$ 6,938 *
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:				
	See Attached Schedule	\$ 1,030	5	\$ 130
		\$ 45,028	15	\$ 1,900
Total additions for Leasehold Improvement		\$ 46,058		\$ 2,030 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Colonial Health and Rehab Center of Plainfield, LLC			License No. 2387		Report for Year Ended 9/30/2020			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var	Var	889,785	116,569	SL	VAR	29,790	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				46,058				2,030	
C-4. Subtotal									31,820
D. Total Amortization									31,820

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Colonial Health and Rehab Center of H	License No. 2387	Report for Year Ended 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	12/29/12				
4. Date of Initial Licensure	07/13/83				
5. Total Licensed Bed Capacity	90				
6. Square Footage	37,000				
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
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
Colonial Health and Rehab Center of		2387	9/30/2020			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
Colonial Health and Rehab Center		2387		9/30/2020		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Vendor and Finance Interest				\$	1,698	1,698	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	1,698	1,698	
14. Insurance							
a. Insurance on Property (buildings only)				\$	101,212	101,212	
b. Insurance on Automobiles				\$	717	717	
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)				\$	101,929	101,929	
15. Total All Expenditures (A-13 thru C-14)				\$	10,961,706	10,961,706	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LLC				2387	9/30/2020	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	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 401,895	401,895		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 39,287	39,287		
10.			Accounting	\$			
10a.			Legal	\$ 1,869	1,869		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	\$ 11,996	11,996		
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/m	Unallowable Advertising *	\$ 31,798	31,798		
19.	15	1j/k2	Income Tax / Corporate Business Tax	\$ 77,487	77,487		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 4,483	4,483		
Page 18 - Dietary Expenditures							
24.	30	IV8	Meals to employees, guests and others who are not residents	\$ 878	878		
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)				\$ 569,692	569,692		

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

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	17	A&G Meals & Entertainment	\$ 3,833		
16	m8a	Chamber of Commerce	\$ 650		
Total Other A&G Adjustments			\$ 4,483	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LLC				2387	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 569,692	569,692		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 262,486	262,486		
28.	20	5d	Ambulance/Limousine	\$ 16,558	16,558		
29.	20	5f	X-rays, etc	\$ 20,119	20,119		
30.	20	5h	Laboratory	\$ 23,776	23,776		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 5,932	5,932		
33.	20	5j	Occupational Therapy	\$ 2,173	2,173		
34.			Other - See Attached Schedule	\$ 44,938	44,938		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 945,674	945,674		

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

Colonial Health and Rehab Center of Plainfield, LLC
9/30/2020

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Equipment Rental Wound Care	\$ 13,313		
20	5j	Resident Expense	\$ 4,565		
20	5j	IV Supplies	\$ 11,007		
20	5j	IV Solution	\$ 16,053		
Total Other Ancillary Costs			\$ 44,938	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property 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
Colonial Health and Rehab Center of Plainville	2387	9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 7,080,411	7,080,411				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,348,833)	(2,348,833)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 461,878	461,878				
b. Medicare Room and Board Contractual Allowance **	\$ 1,437,859	1,437,859				
4. a. Private-Pay Residents and Other	\$ 2,449,956	2,449,956				
b. Private-Pay Room and Board Contractual Allowance **	\$ (581,816)	(581,816)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 156,392	156,392				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 170,578	170,578				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 1,247,005	1,247,005				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 496,430	496,430				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 141,950	141,950				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 8,400	8,400				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 1,266,550	1,266,550				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 482,250	482,250				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (1,312,236)	(1,312,236)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 7,545	7,545				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,164,320	11,164,320				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 878	878				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 221	221				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 1,039,755	1,039,755				
V. Total Other Revenue (1 thru 8)	\$ 1,040,854	1,040,854				
VI. Total All Revenue (III +V)	\$ 12,205,174	12,205,174				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6a	Contractual Allow - Med B	\$ (615,704)		
30/II6a	Contractual Allow-Med B Seq 2%	\$ (5,473)		
30/II6a	Contractual Allow-Med A Ancill	\$ (713,755)		
30/II6a	X-Ray -Medicare A	\$ 11,405		
30/II6a	Lab Revenue-Medicare A	\$ 11,291		
Total Other Resident Revenue - Medicare		\$ (1,312,236)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6b	X-ray Medicaid	\$ 100		
30/II6b	X-ray Private Insurance	\$ 1,785		
30/II6b	X-ray Managed Care	\$ 4,746		
30/II6b	Lab Revenue - Private Ins	\$ 88		
30/II6b	Lab Revenue Managed Care	\$ 826		
Total Other Resident Revenue		\$ 7,545	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30-IV5	Interest Income		\$ 221		
Total Interest Income			\$ 221	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30/IV8	Miscellaneous Income	\$ 2,445		
30/IV8	PPP Loan Forgiveness	\$ 1,037,310		
Total Other Revenue		\$ 1,039,755	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Pl	2387	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,373,786
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	719,774
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	53,965
a. _____				
b. _____				
c. _____				
d. See Schedule		53,965		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	232,783

See Schedule		232,783		
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,380,308
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>935,843</u>		\$	787,454
	Accum. Depreciation <u>148,389</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>478,699</u>		\$	234,817
	Accum. Depreciation <u>243,882</u>	Net		
6. Movable Equipment	*Historical Cost <u>744,003</u>		\$	134,925
	Accum. Depreciation <u>609,078</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(887,126)
Book Vs Cost Report		(887,126)		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	270,069

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Pl	2387	9/30/2020	32	37
Account			Amount	
Total Brought Forward:			\$	2,650,377
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	50,000

See Schedule				
			50,000	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	50,000
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,700,377

* 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	
31	A5	Prepaid Insurance P&L	\$ 25,056
31	A5	Prepaid Insurance Workers Comp	\$ 5,585
31	A5	Prepaid RE Tax Expense	\$ 19,449
31	A5	Prepaid PP Taxes	\$ 3,874
Total Prepaid Expenses			\$ 53,965

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

Page Ref	Line Ref	Description	
31	A8	HUD Tax	\$ 27,324
31	A8	HUD Insurance	\$ 66,272
31	A8	HUD Replacement Reserves	\$ 93,234
31	A8	HUD Mortgage Insurance Protect	\$ 39,717
31	A8	Security Deposits - Short Term	\$ 6,237
Total Other Current Assets (Itemize)			\$ 232,783

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

Page Ref	Line Ref	Description	
31	B9	Capitalized Finance Cost	\$ 64,240
		Accumulated Amortization Finance Costs	\$ (64,240)
Total Other Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Security Deposits- Long Term	\$ 50,000
Total Other Assets			\$ 50,000

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	
30	A12	401-K/ Pension/Heath	\$ 3,439
30	A12	Withholding Aflac	\$ 508
30	A12	Garnishments	\$ 579
30	A12	Union PAC Withheld	\$ 183
30	A12	Union Dues Withheld	\$ 1,715
30	A12	Capital Lease Payable	\$ 10,111
30	A12	Home Depot Credit	\$ 100
30	A12	American Express	\$ 25,433
30	A12	Accrued Expenses	\$ 170
30	A12	Advance Payments to Facility	\$ 98,585
Total Other Current Liabilities (Itemize)			\$ 140,822

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

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

G. Balance Sheet (cont'd)

Name of Facility Colonial Health and Rehab Center of Plainfield		License No. 2387	Report for Year Ended 9/30/2020	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	808,800
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	334,567
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	57,513
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>)				\$	140,822

See Schedule					140,822
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,341,702

* 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 Colonial Health and Rehab Center of Plainf	License No. 2387	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount
Total Brought Forward:				1,341,702
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>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$

See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,341,702

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

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of I	2387	9/30/2020	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			\$	(1,502,908)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,618,113
6. Gain or Loss for Period			\$	1,243,468
	10/1/2019	thru	9/30/2020	
7. Total Net Worth			\$	1,358,674
C. Total Reserves and Net Worth			\$	1,358,674
D. Total Liabilities, Reserves, and Net Worth			\$	2,700,376

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Pla	2387	9/30/2020	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	1,732,959
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	12,205,174
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	10,961,706
D. Net Income or Deficit			\$	1,243,468
E. Balance			\$	2,976,427
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			\$	2,976,427
				09/30/20

I. Preparer's/Reviewer's Certification

Name of Facility Colonial Health and Rehab Center of	License No. 2387	Report for Year Ended 9/30/2020	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				
CJLC, LLC				
Address Address			Phone Number	
225 Pitkin Street, East Hartford, CT 06108			860-610-9009	
Annual Report Contact			Phone Number	
CJLC, LLC			860-610-9009	
Annual Report Contact Email Address				
annualreports@cjlc.com				