

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

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 <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 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2387	RHNS	(Specify)	Medicare Provider 2387
------------------	--------------	------	-----------	---------------------------

Medicaid Provider Numbers:	CCNH 07-5310	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) Colonial Health and Rehab Center of Plainfield, LLC	License No. 2387	Report for Year Ended 9/30/2018	Page 1	of 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 Colonial Health and Rehab Center of Plainfield, LLC [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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)

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 Colonial Health and Rehab Center of Plainfield, LLC	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 16 Windsor Ave Plainfield, CT 06374				
Report Prepared By CJLC LLC	Phone Number 860-610-9009	Date 2/6/2019		
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 9/30/2018		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	9/30/2018	3B	37

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

Owner(s) of Facility

N/A

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility Colonial Health and Rehab Center of Plainfield, LLC	License No. 2387	Report for Year Ended 9/30/2018	Page 4	of 37
---	---------------------	------------------------------------	-----------	----------

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	452,385	452,385
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Colonial Health and Rehab Center of Plainfield	License No. 2387	Report for Year Ended 9/30/2018	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 9/30/2018	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	4,452	4,452
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No
Total ***							4,452

* 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 9/30/2018	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.

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	\$ 13,704
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 13,704

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

Legal Services Information

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

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

Services Provided by This Firm (*describe fully*)

1 Interpleader Colonial VS Village Manor - Disallowed	\$ 41,278
2 DNR Policy, FMLA Review, Employment Policies, IDR	\$ 9,001
3 Legal Fees associated with AR LOC - Disallowed	\$ 1,720
4 Emergency Conservatorship - Disallowed	\$ 873
5	\$
	Charge for Services Provided \$ 52,872

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			9/30/2018				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	90	90			90	90			87	87			
B. As of midnight of THIS report period	86	86			87	87			86	86			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,662	4,662			3,517	3,517			1,145	1,145			
B. Medicaid (Conn.)	20,545	20,545			15,600	15,600			4,945	4,945			
C. Medicaid (other states)													
D. Private Pay	4,091	4,091			2,896	2,896			1,195	1,195			
E. State SSI for RCH													
F. Other (Specify)	1,734	1,734			1,257	1,257			477	477			
G. Total Care Days During Period (3A thru F)	31,032	31,032			23,270	23,270			7,762	7,762			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	299	299			251	251			48	48			
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	31,331	31,331			23,521	23,521			7,810	7,810			

Schedule of Resident Statistics (Cont'd)

Name of Facility Colonial Health and Rehab Center of Plainfield			License No. 2387			Report for Year Ended 9/30/2018			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													
Per Diem Rate													
a. One bed rm.	RUGS		237.76		390.00								
b. Two bed rms.			237.76		370.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									4,827	4,827			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									13	13			
C. Other									482	482			
D. Total Physical Therapy Treatments									5,322	5,322			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									1,440	1,440			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									136	136			
D. Total Speech Therapy Treatments									1,576	1,576			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									3,339	3,339			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									12	12			
C. Other									472	472			
D. Total Occupational Therapy Treatments									3,823	3,823			

Report of Expenditures - Salaries & Wages

Name of Facility Colonial Health and Rehab Center of Plainfield, LLC	License No. 2387	Report for Year Ended 9/30/2018	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)	114,788	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	177,506	8,106				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	271,442	18,586				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	168,296	11,330				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	53,186	2,135				
b. Other Maintenance Workers	6,735	428				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	40,012	2,745				
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	109,266	2,375				
b. RN						
1. Direct Care	382,397	10,122				
2. Administrative**	300,654	6,336				
c. LPN						
1. Direct Care	762,674	28,398				
2. Administrative**						
d. Aides and Attendants	1,333,908	80,089				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	100,252	4,532				
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	44,533	1,756				
n. Marketing						
o. Other (Specify) See Attached Schedule	58,217	2,172				
<i>A-13. Total Salary Expenditures</i>	<i>3,923,867</i>	<i>181,190</i>				

* 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	\$ 58,217	2,172				
Total	\$ 58,217	2,172	\$ -	-	\$ -	-

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	9/30/2018			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	71,845			Standard	Business Office Manager	2,080	A2			
Deborah Rodawicz	37,270			Collective Bargaining	CNA	2,146	A2			

* 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	9/30/2018			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 (10/1/17-9/30/18)	114,788			Standard	Administrator	2,080	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	9/30/2018	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	11,057	Contract				
3. Pharmacist	6,875	126				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	360,229	6,492				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,075	217				
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	5,931	20				
9. Speech Therapist						
a. Resident Care	73,944	1,031				
b. Other						
10. Occupational Therapist						
a. Resident Care	337,348	6,719				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	28,824	496				
2. Administrative***						
b. LPN						
1. Direct Care	13,669	59				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	873,950	15,160				

* 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	9/30/2018		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	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 191,134	191,134		
2. Disability Insurance	\$ 18,119	18,119		
3. Unemployment Insurance	\$ 84,043	84,043		
4. Social Security (F.I.C.A.)	\$ 300,221	300,221		
5. Health Insurance	\$ 641,181	641,181		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 234,297	234,297		
8. Uniform Allowance	\$ 6,618	6,618		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 29,358	29,358		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 36,000	36,000		
d. Accounting and Auditing	\$ 13,704	13,704		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 52,872	52,872		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ 11,996	11,996		
g. Office Supplies	\$ 26,428	26,428		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 7,046	7,046		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 278	278		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 533,089	533,089		
Subtotal	\$ 2,186,383	2,186,383		

* 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
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Other Employer Benefits	\$ 29,358		
Total	\$ 29,358	\$ -	\$ -

Schedule of Other Taxes

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

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	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,186,383	2,186,383		
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 8,982	8,982			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 2,558	2,558			
5. Education Expenses Related to Seminars and Conventions	\$ 4,891	4,891			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$ 2,595	2,595			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 9,536	9,536			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 1,056	1,056			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 24,837	24,837			
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	\$ 5,001	5,001			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 5,468	5,468			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 650	650			
9. Subscriptions	\$ 5,657	5,657			
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**	\$ 452,385	452,385			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 93,282	93,282			
C-14 Total Administrative & General Expenditures	\$ 2,803,281	2,803,281			

* 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	\$ 2,595		
Total Other Travel and Entertainment	\$ 2,595	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Community Awarness	\$ 24,837		
Total Other Advertising	\$ 24,837	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,956		
ACHA	\$ 512		
Total Dues	\$ 5,468	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
A & G Background checks	\$ 5,846		
License & Permit fees	\$ 2,234		
Bank fees	\$ 9,237		
Civil Money Penalty	\$ 225		
Software Maintenance	\$ 75,739		
Total Other Administrative and General	\$ 93,282	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Colonial Health and Rehab Center of Plainville	2387	9/30/2018	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	452,385	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	9/30/2018	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 201,225	201,225		
2. Non-Food Supplies	\$ 19,920	19,920		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 132,186	132,186		
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 353,331	353,331		
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. \$852
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	9/30/2018	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. \$	9,576	9,576		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	26,441	26,441		
c. Other (Specify) Supplies	\$	3,540	3,540		
3D. Total Laundry Expenditures (3a + b + c)	\$	39,557	39,557		
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	9/30/2018		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.	\$ 21,176	21,176		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt.	\$ 32,938	32,938		
C. Other (<i>Specify</i>)			\$			
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 54,114	54,114		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from		\$ 256,547	256,547		
b.	Medicine Cabinet Drugs		\$ 17,995	17,995		
c.	Medical and Therapeutic Supplies		\$ 131,861	131,861		
d.	Ambulance/Limousine***		\$ 17,036	17,036		
e.	Oxygen					
	1. For Emergency Use		\$			
	2. Other***		\$ 7,970	7,970		
f.	X-rays and Related Radiological Procedures***		\$ 14,093	14,093		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 18,235	18,235		
i.	Recreation		\$ 13,880	13,880		
j.	Direct Management Services*		\$			
k.	Indirect Management Services*		\$			
l.	Other (Specify)**** See Attached Schedule		\$ 54,288	54,288		
5M. Total Resident Care Expenditures (5a - 5j)			\$ 531,905	531,905		

* 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	\$ 2,378		
PT Medicaid Supplies	\$ 559		
OT supplies	\$ 1,869		
IV therapy consult	\$ 1,159		
IV solution	\$ 18,789		
Wound Care Medicare A	\$ 2,438		
Equipment Rental Wound Care	\$ 5,444		
Equipment over \$100	\$ 6,487		
Cable Television / Internet	\$ 10,410		
Resident expense	\$ 4,756		
Total Other Resident Care	\$ 54,288	\$ -	\$ -

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 9/30/2018				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	132,186			18	2b
Healthcare Services Group, Inc.	3220 Tillman Drive, Bansalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	26,441			19	3b
Healthcare Services Group, Inc.	3220 Tillman Drive, Bansalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	32,938			20	4b
Point Click Care	Unit 4, Mississauga, Ontario Canada 109178-	<input type="radio"/>	<input checked="" type="radio"/>		Software Provider	39,021			16	m11
ADP		<input type="radio"/>	<input checked="" type="radio"/>		Payroll	16,927			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	9/30/2018			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	71,615	71,615			
b. Heat	\$	43,426	43,426			
c. Light & Power	\$	106,386	106,386			
d. Water	\$	24,672	24,672			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	4,452	4,452			
f. Other <i>(itemize)</i>	\$	35,820	35,820			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	286,372	286,372			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$	43,296	43,296			
d. Movable Equipment	\$	96,149	96,149			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	139,446	139,446			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$	19,629	19,629			
c. Leasehold Improvements	\$	23,817	23,817			
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	43,446	43,446			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	434,765	434,765			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	93,532	93,532			
c. Personal property taxes	\$	12,644	12,644			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	723,833	723,833			

* 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	\$ 21,552		
Equipment rental	\$ 14,268		
Total Other Repairs and Maintenance	\$ 35,820	\$ -	\$ -

Annual Report of Long-Term Care Facility

Depreciation Schedule

Name of Facility				License No.			Report for Year Ended			Page	of	
Colonial Health and Rehab Center of Plainfield, LLC				2387			9/30/2018			23	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				290,988		290,988	98,170	SL	VAR	41,320		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)				36,711						1,976		
C-4. Subtotal											43,296	
	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	584,243		584,243	331,322	SL	VAR	92,098	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
					33,587						4,051	
D-3. Subtotal												
E. Total Depreciation												
											96,149	
											139,446	

Colonial Health and Rehab Center of Plainfield, LLC
9/30/2018

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:				
11/24/2017	FW Webb Company - 80 Gal Bradford White Water Heater	\$ 4,539	7	\$ 486
11/29/2017	GOINONCE - Hobart Dishwasher Motor AM-12	\$ 1,289	7	\$ 138
11/27/2017	Northeast Plumbing - Water Heater Replace 11/2017	\$ 835	7	\$ 89
12/1/2017	Robert W Wagner - Insulated Roof Curb- December 2017	\$ 850	7	\$ 91
2/7/2018	Wanderguard Install 3 doors	\$ 5,886	7	\$ 561
2/21/2018	Daniels Equipment Co., Inc. Dryer Motor Replace	\$ 1,646	7	\$ 157
3/24/2018	Robert W Wagner - Kitchen Service Call March 2018	\$ 2,077	7	\$ 173
7/2/2018	Stanley Security Solutions - Signaling Device,Digital,	\$ 688	7	\$ 25
7/18/2018	Install Dining Room Roof Top Unit 7.5 with Curb	\$ 8,300	15	\$ 138
8/17/2018	New American Standard 8.5 ton -YSC102F3 Kitchen	\$ 10,600	15	\$ 118
Total additions for Non-Movable Equipment		\$ 36,711		\$ 1,976 *
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:				
11/17/2017	Medline Industries, Inc. - Order#7013039735/PO#102517	\$ 2,026	5	\$ 304
11/21/2017	Medline - Actuator and Pack Lift parts	\$ 1,017	5	\$ 153
12/5/2017	Direct Supply - Vital Machine	\$ 2,319	5	\$ 348
1/11/2018	Desktop Unit Replacement	\$ 847	3	\$ 212
1/24/2018	Direct Supply - Entrapment Tool	\$ 1,279	5	\$ 192
1/23/2018	Medline Industries, Inc. - Vital Machine	\$ (1,438)	5	\$ (216)
1/17/2018	Seating Expert - 20 Dining Room Chairs	\$ 1,174	5	\$ 176
2/14/2018	CareWorx, Inc. - Nursing Ipads(3)	\$ 3,544	3	\$ 788
3/19/2018	JKS Systems, LLC - Switch S48104 March 2018	\$ 1,488	3	\$ 289
3/26/2018	Direct Supply - Order#23326575/PO#32018	\$ 675	5	\$ 79
3/20/2018	Walmart - 48 Folding Chairs and Transport Cart	\$ 714	5	\$ 83
4/12/2018	Direct Supply - 2 new beds April 2018	\$ 4,150	5	\$ 415
4/13/2018	Direct Supply - Bed Extender	\$ 503	5	\$ 50
4/23/2018	Direct Supply - 2 Bed Extenders	\$ 958	5	\$ 96
4/4/2018	Walmart - 65" TV Dining Room	\$ 668	5	\$ 67
5/17/2018	Direct Supply - Lift Batteries	\$ 788	5	\$ 66
5/31/2018	Direct Supply - Order#23534441	\$ 793	5	\$ 66
5/31/2018	Direct Supply - 700lbs Joerns Hoyer	\$ 8,178	5	\$ 682
7/11/2018	JKS Systems, LLC - 2 HP Probook 2 HP Dvd writer	\$ 1,457	3	\$ 121
8/3/2018	Direct Supply - 15 Wheelchairs	\$ 1,890	5	\$ 63
8/20/2018	Walmart - 4 Replacement TV's	\$ 557	5	\$ 19
Total additions for Movable Equipment		\$ 33,587		\$ 4,051 *
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:				
10/9/2017	Scherber - Valance Stain & Install 34 Rooms	\$ 1,020	15	\$ 51
2/13/2018	ICN/Conference Room Renovations	\$ 3,000	15	\$ 133
2/16/2018	Carpet labor/material-Confer/ICN/Office	\$ 3,143	15	\$ 140
6/20/2018	Sealcoat, line painting, and crack sealing	\$ 8,721	15	\$ 194
Total additions for Leasehold Improvement		\$ 15,883		\$ 518 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Colonial Health and Rehab Center of Plainfield, LLC			2387		9/30/2018			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.									
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	795,194	66,057	SL	VAR	23,299	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				15,883				518	
C-4. Subtotal									23,817
D. Total Amortization									23,817

* 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 9/30/2018	Page 25	of 37	
11. Property Questionnaire					
<p>Part A</p> <p>Is the property either owned by the Facility or leased from a Related Party?*</p> <p style="text-align: center;"><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p style="text-align: right;">If "Yes," complete Part B. If "No," complete Part C.</p> <p><small>*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.</small></p>					
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	9/30/2018			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		9/30/2018		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				\$	112,021	112,021	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	112,021	112,021	
14. Insurance							
a. Insurance on Property (buildings only)				\$	79,052	79,052	
b. Insurance on Automobiles				\$	590	590	
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)				\$	79,642	79,642	
15. Total All Expenditures (A-13 thru C-14)				\$	9,781,872	9,781,872	

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	9/30/2018	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	\$ 337,348	337,348		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 36,000	36,000		
10.			Accounting	\$			
10a.			Legal	\$ 43,871	43,871		
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 *	\$ 25,893	25,893		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 28	28		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 3,470	3,470		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 458,606	458,606		

* 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	\$ 2,595		
16	m8a	Chamber of Commerce	\$ 650		
16	m13	Civil Money Penalty	\$ 225		
Total Other A&G Adjustments			\$ 3,470	\$ -	\$ -

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	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 458,606	458,606		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 256,547	256,547		
28.	20	5d	Ambulance/Limousine	\$ 17,036	17,036		
29.	20	5f	X-rays, etc	\$ 14,093	14,093		
30.	20	5h	Laboratory	\$ 18,235	18,235		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 7,970	7,970		
33.	20	5j	Occupational Therapy	\$ 1,869	1,869		
34.			Other - See Attached Schedule	\$ 27,142	27,142		
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)				\$ 801,498	801,498		

*** 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
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Wound Care Medicare A	\$ 2,438		
20	5j	Resident Expense	\$ 4,756		
20	5j	IV Therapy Consultant	\$ 1,159		
20	5j	IV Solution	\$ 18,789		
Total Other Ancillary Costs			\$ 27,142	\$ -	\$ -

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	9/30/2018			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 7,767,088	7,767,088				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,802,158)	(2,802,158)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,803,481	2,803,481				
b. Medicare Room and Board Contractual Allowance **	\$ (49,848)	(49,848)				
4. a. Private-Pay Residents and Other	\$ 2,211,839	2,211,839				
b. Private-Pay Room and Board Contractual Allowance **	\$ (349,538)	(349,538)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 216,007	216,007				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 60,980	60,980				
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	\$ 776,935	776,935				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 175,550	175,550				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 124,900	124,900				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 26,700	26,700				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 809,600	809,600				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 200,251	200,251				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (1,625,842)	(1,625,842)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 4,520	4,520				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,350,465	10,350,465				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 852	852				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 254	254				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 1,143	1,143				
V. Total Other Revenue (1 thru 8)	\$ 2,248	2,248				
VI. Total All Revenue (III +V)	\$ 10,352,713	10,352,713				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30	Contractual Allow - Med B	\$ (148,943)		
30	Contractual Allow-Med B Seq 2%	\$ (5,071)		
30	Contractual Allow-Med A Ancill	\$ (1,492,993)		
30	X-Ray -Medicare A	\$ 8,617		
30	Lab Revenue-Medicare A	\$ 12,548		
Total Other Resident Revenue - Medicare		\$ (1,625,842)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30	X-ray Managed Care	\$ 3,713		
30	Lab Revenue Managed Care	\$ 807		
Total Other Resident Revenue		\$ 4,520	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30	Interest Income		\$ 254		
Total Interest Income			\$ 254	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30	Miscellaneous Income	\$ 1,143		
Total Other Revenue		\$ 1,143	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Pl	2387	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	164,076
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	954,265
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	71,883
a. _____				
b. _____				
c. _____				
d. See Schedule		71,883		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	397,941

See Schedule		397,941		
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,588,165
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>811,078</u>		\$	721,205
	Accum. Depreciation <u>89,873</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>327,700</u>		\$	186,233
	Accum. Depreciation <u>141,467</u>	Net		
6. Movable Equipment	*Historical Cost <u>617,830</u>		\$	190,358
	Accum. Depreciation <u>427,472</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	1,785

See Schedule		1,785		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,099,580

* 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 Colonial Health and Rehab Center of Pl	License No. 2387	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	2,687,745
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)			\$	2,737,745

* 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	
		Prepaid Insurance P&L	\$ 19,196
		Prepaid Insurance Workers Comp	\$ 24,357
		Prepaid RE Tax Expense	\$ 25,592
		Prepaid PP Taxes	\$ 2,737
		Total Prepaid Expenses	\$ 71,883

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

Page Ref	Line Ref	Description	
		HUD Tax	\$ 30,541
		HUD Insurance	\$ 63,481
		HUD Replacement Reserves	\$ 181,367
		Family First AR of Plainfield	\$ 14,586
		Due from VMA	\$ 107,966
		Total Other Current Assets (Itemize)	\$ 397,941

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

Page Ref	Line Ref	Description	
		Capitalized Finance Cost	\$ 64,240
		Accumulated Amortization Finance Costs	\$ (62,455)
		Total Other Other Fixed Assets (Itemize)	\$ 1,785

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		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	
		401-K/ Pension/Heath	\$ 3,997
		Withholding Aflac	\$ 692
		Garnishments	\$ 504
		Union PAC Withheld	\$ 129
		Union Dues Withheld	\$ 1,818
		Line of Credit-Ar (SCM)	\$ 723,325
		Capital Lease Payable	\$ 22,194
		Home Depot Credit	\$ 225
		American Express	\$ 6,498
		Total Other Current Liabilities (Itemize)	\$ 759,381

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 9/30/2018	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	656,917
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>)				\$	247,447
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	47,030
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>)				\$	759,381

See Schedule					759,381
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,710,775

* 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 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				1,710,775
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)				\$ 1,710,775

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	9/30/2018	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			\$	5,016
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	451,113
6. Gain or Loss for Period			\$	570,841
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	1,026,970
C. Total Reserves and Net Worth			\$	1,026,970
D. Total Liabilities, Reserves, and Net Worth			\$	2,737,745

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	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	737,025
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	10,352,713
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	9,781,872
D. Net Income or Deficit			\$	570,841
E. Balance			\$	1,307,866
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			\$	1,307,866
				09/30/18

I. Preparer's/Reviewer's Certification

Name of Facility Colonial Health and Rehab Center of	License No. 2387	Report for Year Ended 9/30/2018	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				