

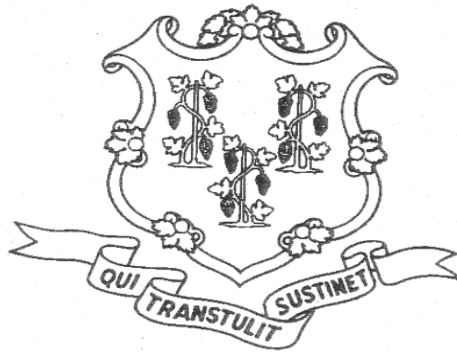
February 12, 2020

Ms. Nicole Godburn  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105  
Attention: Office of Reimbursement and CON

Dear Ms. Godburn:

Enclosed please find the 2020 Medicaid Cost Report for Greenwich Woods Rehabilitation, LLC. In preparing this cost report, we did not perform any disallowances for dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. We did not disallow bad debts as it is netted against Private Pay Revenue. As this is a for-profit facility, building and non-moveable equipment value for fair rental purposes should be maintained at the prior owner basis which is recorded in the rate system for the facility. Moveable equipment assets which were acquired have been maintained for this filing at the basis of the prior owner and depreciation expense has been added to page 29 for these assets. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Greenwich Woods Rehabilitation, LLC	
Address (No. & Street, City, State, Zip Code) 1165 King Street, Greenwich, CT 06831	
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 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2403	RHNS	(Specify)	Medicare Provider 07-5309
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Medicaid Provider Numbers:	CCNH	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) Greenwich Woods Rehabilitation, LLC	License No. 2403	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 Greenwich Woods Rehabilitation, 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) Carla M. Dunford			Printed Name (Owner) Moshe Bernstein	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /
Address of Notary Public				

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Greenwich Woods Rehabilitation, LLC		Period Covered:	From 10/1/2019	To 9/30/2020
Address of Facility 1165 King Street, Greenwich, CT 06831				
Report Prepared By CliftonLarsonAllen LLP		Phone Number 860-561-4000	Date 2/12/2021	
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 203-531-1335		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Greenwich Woods Rehabilitation, LLC		Address (No. & Street, City, State, Zip) 1165 King Street, Greenwich, CT 06831		
License Numbers:	CCNH 2403	RHNS (Specify)	Medicare Provider No. 07-5309	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Carla M. Dunford		Nursing Home Administrator's License No.:	002055	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire**  
**Partners/Members**

Name of Facility Greenwich Woods Rehabilitation, LLC		License No. 2403	Report for Year Ended 9/30/2020	Page 3	of 37
Legal Name of Partnership/LLC Greenwich Woods Rehabilitation, LLC		Business Address 1165 King Street, Greenwich, CT 06831		State(s) and/or Town(s) in Which Registered Connecticut	
Name of Partners/Members	Business Address	Title		% Owned	
GW Holdings, LLC	1165 King Street, Greenwich, CT 06831	Owner		68%	
SJJJ, LLC	1165 King Street, Greenwich, CT 06831	Owner		16%	
LYM GW, LLC	1165 King Street, Greenwich, CT 06831	Owner		9.25%	
IK Greenwich, LLC	1165 King Street, Greenwich, CT 06831	Owner		6.75%	

## General Information and Questionnaire Corporate Owners

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2020	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				



### General Information and Questionnaire Individual Proprietorship

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2020	Page 3B	of 37
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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 Greenwich Woods Rehabilitation, LLC	License No. 2403	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	%**				
Sparkle	1165 King Street, Greenwich, CT 06831	<input checked="" type="radio"/>	<input type="radio"/>	52%	Housekeeping Services	20 line 4b	348,061	339,884
Skilled Marketing Solutions	1165 King Street, Greenwich, CT 06831	<input checked="" type="radio"/>	<input type="radio"/>	98%	Website Service - Disallowed	16 line m11	1,188	1,188
Greenwich Woods Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Rental Expense	22 line 9	1,513,930	1,513,930
Greenwich Woods Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Property Insurance	27 line 14a	52,714	52,714
Greenwich Woods Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Taxes	22 line 10b	113,356	113,356
		<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 Greenwich Woods Rehabilitation, LLC	License No. 2403	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		License No.	Report for Year Ended			Page	of
Greenwich Woods Rehabilitation, LLC		2403	9/30/2020			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
IKON Financial - GE Capital c/o Ricoh	<input type="radio"/>	<input checked="" type="radio"/>	3 Copiers	10/14/16	Auto-renewed	4,316	4,316
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Pitney Bowes	07/29/17	Auto-renewed	1,965	1,965
	<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							
<b>Total ***</b>							6,281

\* 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 Greenwich Woods Rehabilitation, I	License No. 2403	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	Address (No. & Street, City, State, Zip Code)
1 SY Consultant Inc	1138 E 12th Brooklyn, NY 11230
2 CliftonLarsonAllen LLP	29 South Main Street, West Hartford, CT 06127
3 The Bonadio Group	171 Sullys Trail, Pittsford, NY 14534
4	

Services Provided by This Firm (*describe fully*)

1 Monthly Closing	\$ 18,000
2 Cost Reports	\$ 12,340
3 401k Audit	\$ 6,367
4	\$
	Charge for Services Provided
	\$ 36,707

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 See Attachment	
2	
3	
4	
5	

Address (*No. & Street, City, State, Zip Code*)  
 1  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 See Attachment	\$ 32,669
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 32,669

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

State of Connecticut

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

CSP-7 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2020	7b	37

<b>Ref</b>	<b>Description</b>	<b>Amount</b>	<b>Disallowed</b>
Robinson & Cole, LLP	General Labor & Unemployment	\$ 28,608	
Murtha Cullina, LLP	General Legal Matters	3,642	
Heagney, Lennon, & Slane	General Legal Matters	413	413
CT Probate Court	Probate Court	6	
		<u>\$ 32,669</u>	<u>\$ 413</u>

### Schedule of Resident Statistics

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403		Report for Year Ended 9/30/2020				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	217	217			217	217							
B. On last day of THIS report period	217	217							217	217			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	109	109			109	109							
B. As of midnight of THIS report period	71	71							71	71			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,174	3,174			2,751	2,751			423	423			
B. Medicaid (Conn.)	24,700	24,700			19,797	19,797			4,903	4,903			
C. Medicaid (other states)													
D. Private Pay	4,378	4,378			3,280	3,280			1,098	1,098			
E. State SSI for RCH													
F. Other (Specify) Managed Care	1,796	1,796			1,500	1,500			296	296			
G. Total Care Days During Period (3A thru F)	34,048	34,048			27,328	27,328			6,720	6,720			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. <b>Total Resident Days (3G + 4A + 4B)</b>	34,048	34,048			27,328	27,328			6,720	6,720			

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

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2020	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

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

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	3	58		10				
Per Diem Rate								
a. One bed rm.	PPS	232.91		503/513/572				
b. Two bed rms.	PPS	232.91		481/492/552				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	6,668	6,668		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	204	204		
2. Restorative Treatments				
C. Other	7,068	7,068		
D. <b>Total Physical Therapy Treatments</b>	13,940	13,940		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	536	536		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	20	20		
2. Restorative Treatments				
C. Other	858	858		
D. <b>Total Speech Therapy Treatments</b>	1,414	1,414		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	4,584	4,584		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	218	218		
2. Restorative Treatments				
C. Other	6,553	6,553		
D. <b>Total Occupational Therapy Treatments</b>	11,355	11,355		



**Report of Expenditures - Salaries & Wages**

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	122,893	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	352,530	10,838				
5. Dietary Service						
a. Head Dietitian	36,082	1,059				
b. Food Service Supervisor	68,695	2,140				
c. Dietary Workers	512,035	26,612				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	74,360	1,896				
b. Other Maintenance Workers	69,845	3,560				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	160,853	8,334				
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	268,659	4,411				
b. RN						
1. Direct Care	652,109	14,392				
2. Administrative**	301,294	8,360				
c. LPN						
1. Direct Care	1,258,734	38,136				
2. Administrative**						
d. Aides and Attendants	2,339,359	116,377				
e. Physical Therapists	66,176	1,783				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	219,958	8,518				
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	249,358	7,427				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,752,940	255,923				

\* 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)**

<b>Position</b>	<b>CCNH</b>		<b>RHNS</b>		<b>(Specify)</b>	
	<b>\$</b>	<b>Hours</b>	<b>\$</b>	<b>Hours</b>	<b>\$</b>	<b>Hours</b>
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

<b>Service</b>	<b>CCNH</b>		<b>RHNS</b>		<b>(Specify)</b>	
	<b>\$</b>	<b>Hours</b>	<b>\$</b>	<b>Hours</b>	<b>\$</b>	<b>Hours</b>
Nursing Admin. Purchased Services - Disallowed	\$ 2,342	Disallowed				
Nursing Admin	\$ 35,200	330				
Nursing Admin. Purchased Services	\$ 2,000	16				
Pharmacy Consultant - Disallowed	\$ 11,286	Disallowed				
<b>Total</b>	\$ 50,828	346	\$ -	-	\$ -	-

**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
Greenwich Woods Rehabilitation, LLC				2403	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)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

\* 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	
Greenwich Woods Rehabilitation, LLC				2403	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)							
<b>Section III - Administrators***</b>										
Carla Dunford	122,893			Non-Preferential		2,080	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Greenwich Woods Rehabilitation, LLC	2403	9/30/2020	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	6,750	Disallowed				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	321,949	3,560				
b. Other						
6. Social Worker						
7. Recreation Worker	3,180	26				
8. Physicians						
a. Medical Director (entire facility)	65,000	398				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	16,000	Disallowed				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	94,116	777				
b. Other						
10. Occupational Therapist						
a. Resident Care	267,882	2,948				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	50,828	346				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>825,705</b>	<b>8,055</b>				

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

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

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

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

Name of Facility Greenwich Woods Rehabilitation, LLC		License No. 2403	Report for Year Ended 9/30/2020	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
See Attachment		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
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		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

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

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2020	Page 14a	of 37
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G/L Account #	Direct Care Consultant	Company/Individual Name	Full Explanation of Services	Total Fee Paid*	Total Hours Worked
87110.000	Dentist	CT Dental Partners	Dentistry	6,750	Disallowed
80950.000 80960.000 80980.000 80990.000	Physical Therapist - Resident Care	Preferred Therapy Solutions	Physical Therapy	321,949	3,560
61660	Recreation Workers	Various - see Pg. 14b	Recreation	3,180	26
87100.000	Medical Director	Ryan Dadasovich	Medical Director	65,000	398
87130.000	Resident Care	Bruno DiCosmo MD	Pulmonary Consultant	16,000	Disallowed
82950.000 82980.000 82990.000	Speech Therapist	Preferred Therapy Solutions	Speech Therapy	94,116	777
81950.000 81980.000 81990.000	Occupational Therapist:	Preferred Therapy Solutions	Occupation Therapy	267,882	2,948
67850.000	Nursing Admin	Teresa Skinner	Nursing Admin DON	35,200	330
67850.000	Nursing Admin Purchased Services	Preferred Therapy Solutions		2,342	Disallowed
		Rosella A. Crowley		2,000	16
85050.000	Pharmacy Consultant	Omnicare of Connecticut	Pharmacy	11,286	Disallowed
			<i>Total</i>	<b>825,705</b>	<b>8,055</b>
				-	-

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

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2020	Page 14b	of 37
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<b>Entertainment</b>	<b>Description</b>	<b>Date</b>	<b>Amount</b>
Bobby Liggio	Entertainment 10/10/2019	10/10/2019	\$ 150
Colbath Colors	Entertainment 10/11/2019	10/11/2019	\$ 120
Greenwich International	Entertainment 10/21/2019	10/21/2019	\$ 100
Juliet Salony	Entertainment 10/1/2019	10/1/2019	\$ 125
Park Street Singers	Entertainment 10/28/2019	10/28/2019	\$ 150
Colbath Colors	Entertainment 11/7/2019	11/7/2019	\$ 120
Greenwich International	Entertainment 11/2/2019	11/2/2019	\$ 100
Irwin Finger	Entertainment 11/27/2019	11/27/2019	\$ 120
Gary Kahn	Entertainment 11/1/2019	11/1/2019	\$ 90
Lynn Lewis	Entertainment 12/23/2019	12/23/2019	\$ 140
Colbath Colors	Entertainment 12/13/2019	12/13/2019	\$ 120
Gary Kahn	Entertainment 12/11/2019	12/11/2019	\$ 90
Gary Kahn	Entertainment 1/8/2020	1/8/2020	\$ 90
Greenwich International	Entertainment 1/20/2020	1/20/2020	\$ 100
Colbath Colors	Entertainment 1/10/2020	1/10/2020	\$ 120
Gene Matera	Entertainment 1/23/2020	1/23/2020	\$ 175
Gene Matera	Entertainment 1/22/2020	1/22/2020	\$ 200
John Goldschmid	Entertainment 1/29/2020	1/29/2020	\$ 250
Gary Kahn	Entertainment 1/1/2020	1/1/2020	\$ 90
John Goldschmid	Entertainment 1/29/2020	1/29/2020	\$ 125
Greenwich International	Entertainment 2/1/2020	2/1/2020	\$ 100
Gary Kahn	Entertainment 2/5/2020	2/5/2020	\$ 90
Gary Kahn	Entertainment 3/4/2020	3/4/2020	\$ 90
John Goldschmid	Entertainment 3/9/2020	3/9/2020	\$ 125
Greenwich International	Entertainment 3/1/2020	3/1/2020	\$ 100
Greenwich International	Entertainment 3/1/2020	3/1/2020	\$ 100

**Total Entertainment \$ 3,180**



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

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 212,143	212,143		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 80,889	80,889		
4. Social Security (F.I.C.A.)	\$ 499,935	499,935		
5. Health Insurance	\$ 880,487	880,487		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 102,817	102,817		
8. Uniform Allowance	\$ 145	145		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 36,707	36,707		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 32,669	32,669		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 17,645	17,645		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 28,658	28,658		
2. Cellular Phones	\$ 4,306	4,306		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 482	482		
3. Resident Day User Fee	\$ 617,210	617,210		
<b>Subtotal</b>	\$ 2,514,093	2,514,093		

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

(Carry Subtotals forward to next page)

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

**Schedule of Other Employee Benefits**

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

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**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Business Taxes - Disallowed	482		
<b>Total</b>	\$ 482	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b><i>Subtotals Brought Forward:</i></b>	2,514,093	2,514,093			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 2,615	2,615			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 53,627	53,627			
5. Education Expenses Related to Seminars and Conventions	\$ 8,208	8,208			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 1,463	1,463			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 17,108	17,108			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 3,303	3,303			
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	\$ 8,036	8,036			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 350	350			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 300	300			
9. Subscriptions	\$ 12,711	12,711			
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> )	\$ 29,887	29,887			
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 130,537	130,537			
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$ 2,782,238	2,782,238			

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

## Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Business Promotions - Disallowed	\$ 3,303		
<b>Total Other Advertising</b>	\$ 3,303	\$ -	\$ -

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHF - See Page 16b	\$ 350		
<b>Total Dues</b>	\$ 350	\$ -	\$ -

## Schedule of Contributions

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

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Background Checks	\$ 638		
Data Processing Fees	\$ 23,535		
Software Maintenance	\$ 56,698		
ELPI Insurance	\$ 4,762		
Crime Insurance - Disallowed	\$ 6,720		
Facility Licenses	\$ 3,168		
Bank Charges	\$ 22,993		
Miscellaneous - Disallowed	\$ 10,438		
Insurance - Bond	\$ 1,175		
Insurance - Pollution	\$ 410		
<b>Total Other Administrative and General</b>	\$ 130,537	\$ -	\$ -

## Detail of Dues and Subscriptions

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2020	Page 16b	of 37
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Description	Total Amount	Dues	Subscriptions	Chamber of Commerce
Berman News Service - Disallowed	5,161		5,161	
Journal News	913		913	
AmEx Membership - Disallowed	1,325		1,325	
Amazon Prime Fee	156		156	
Bentley Data Solutions	550		550	
Allscripts LLC	3,958		3,958	
COC - Disallowed	300			300
Activity Selection	60		60	
CAHF	350	350		
Messages on Hold	588		588	
	\$ 13,361	\$ 350	\$ 12,711	\$ 300

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

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	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 #

**\* 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
Greenwich Woods Rehabilitation, LLC		2403	9/30/2020	18	37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 275,093	275,093		
2.	Non-Food Supplies	\$ 36,451	36,451		
3.	Other ( <i>Specify</i> ) _____ Dietary Chemicals/Cleaning Supplies	\$ 7,444	7,444		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$ 1,091	1,091		
c. Other ( <i>Specify</i> ) _____ Nutritional Supplements		\$ 13,938	13,938		
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 334,017</b>	<b>334,017</b>		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*				
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Greenwich Woods Rehabilitation, LLC		License No. 2403	Report for Year Ended 9/30/2020		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	6,488	6,488		
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. \$				
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$				
c. Other ( <i>Specify</i> ) Chemicals/Detergents \$9,758, Supplies \$2,019, Equipment Rental (\$1,068)		\$	10,709	10,709		
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	17,197	17,197		
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3D.

\*\*\* Pounds of Laundry only required for multi-level facilities.



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

Name of Facility		License No.	Report for Year Ended		Page	of
Greenwich Woods Rehabilitation, LLC		2403	9/30/2020		20	37
Item		Total	CCNH	RHNS	(Specify)	
4.	Housekeeping	Sq. Ft. Serviced				
	a. In-House Care	by Personnel				
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	20,933	20,933		
	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. \$	348,061	348,061		
	C. Other ( <i>Specify</i> )	\$				
4D.	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	368,994	368,994		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	186,050	186,050		
	Medicare \$103,974, Medicaid \$8,730, Managed Care \$66,912, Facility \$6,434					
	b. Medicine Cabinet Drugs	\$	5,442	5,442		
	c. Medical and Therapeutic Supplies	\$	6,968	6,968		
	d. Ambulance/Limousine***	\$	4,031	4,031		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	13,717	13,717		
	f. X-rays and Related Radiological Procedures***	\$	8,631	8,631		
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
	h. Laboratory***	\$	23,016	23,016		
	i. Recreation	\$	1,391	1,391		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	254,196	254,196		
5M.	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	503,442	503,442		

\* 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)
Specialty Mattresses - Disallowed	\$ 4,321		
Cable TV - Disallowed	\$ 36,944		
Physical Therapy Equipment Rental - Disallowed	\$ 6,671		
Nursing Supplies - Partially Disallowed	\$ 111,765		
Wound Care Supplies	\$ 542		
Respiratory Supplies	\$ 100		
COVID-19 Supplies	\$ 93,853		
<b>Total Other Resident Care</b>	\$ 254,196	\$ -	\$ -

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

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403		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
Sparkle	1165 King Street, Greenwich, CT 06831	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	Housekeeping Services	348,061			20	4b
Shamrock Land Management	Road, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maintenance & Landscaping	29,935			22	6f
Finnocchio Brothers Sanitization	49 Liberty Place, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	27,924			22	6f
Saucier Mechanical	148 North Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	41,206			22	6a
A. Santino	42 Robin Hill Lane, Hamden, CT 06518	<input type="radio"/>	<input checked="" type="radio"/>		Information Technology	28,459			16	m11
MatrixCare	Bin #32, PO Bx 1414, Minneapolis, MN 55480	<input type="radio"/>	<input checked="" type="radio"/>		Healthcare system/payables/GL	39,429			16	m13
Smartlink Solutions	PO Box 22598 New York NY 10087	<input type="radio"/>	<input checked="" type="radio"/>		Computer Software	15,145			16	m13
		<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
Greenwich Woods Rehabilitation, LLC	2403	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
<b>6. Maintenance &amp; Operation of Plant</b>						
a. Repairs & Maintenance	\$ 73,489	73,489				
b. Heat	\$ 95,644	95,644				
c. Light & Power	\$ 148,029	148,029				
d. Water	\$ 156,887	156,887				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 6,681	6,681				
f. Other ( <i>itemize</i> )	\$ 142,156	142,156				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 622,886</b>	<b>622,886</b>				
<b>7. Depreciation (<i>complete schedule page 23*</i>)</b>						
a. Land Improvements	\$ 1,454	1,454				
b. Building & Building Improvements	\$ 33,791	33,791				
c. Non-Movable Equipment	\$ 8,233	8,233				
d. Movable Equipment	\$ 52,533	52,533				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 96,011</b>	<b>96,011</b>				
<b>8. Amortization (<i>Complete att. Schedule Page 24*</i>)</b>						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
<b>9. Rental payments on leased real property less real estate taxes included in item 10b</b>	<b>\$ 1,513,930</b>	<b>1,513,930</b>				
<b>10. Property Taxes</b>						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 113,356	113,356				
c. Personal property taxes	\$ 5,122	5,122				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,728,419</b>	<b>1,728,419</b>				

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



### Depreciation Schedule

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403		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			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period			21,814		21,814	4,130	SL	Various	1,454				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										1,454			
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			475,253		475,253	99,617	SL	Various	33,791				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										33,791			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			164,657		164,657	33,317	SL	Various	8,233				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										8,233			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						431,411		431,411	175,591	SL	Various	52,409	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						1,860		1,860		SL	Various	124	
D-3. Subtotal													52,533
<b>E. Total Depreciation</b>													96,011

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*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
<b>Additions:</b>				
1/31/2020	Undercounter Ice Machine	\$ 1,860	10	\$ 124
<b>Total additions for Movable Equipment</b>		\$ 1,860		\$ 124 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2



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

**Amortization Schedule\***

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403		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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* 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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2020	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase		02/01/15		
4. Date of Initial Licensure		02/01/15		
5. Total Licensed Bed Capacity		217		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Available upon		
b. Date Mortgage Obtained		request		
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 9/30/2020				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

**Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.**

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

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)	\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended		Page	of
Greenwich Woods Rehabilitation, L		2403		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)				\$	14,923	14,923	
Interest Expense - Related Party Notes							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	14,923	14,923	
14. Insurance							
a. Insurance on Property (buildings only)				\$	52,714	52,714	
b. Insurance on Automobiles				\$	1,463	1,463	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	11,953	11,953	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	210,377	210,377	
Liability							
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$	276,507	276,507	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$	14,227,268	14,227,268	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC				2403	9/30/2020	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 12,468	12,468		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	b10	Occupational Therapy	\$ 267,882	267,882		
7.			Other - See attached Schedule	\$ 36,378	36,378		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 413	413		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 3,586	3,586		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
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.	16	l6	Automobile Expense (e.g. personal use)	\$ 1,463	1,463		
18.	16	m2/m	Unallowable Advertising *	\$ 3,303	3,303		
19.	15	k2	Income Tax / Corporate Business Tax	\$ 482	482		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 37,976	37,976		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 363,951	363,951		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

## Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	a12m	Social Workers - Marketing Duties	\$ 12,468		
<b>Total Other Salaries Adjustment</b>			\$ 12,468	\$ -	\$ -

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b12	Nursing Admin. Purchased Services	\$ 2,342		
13	8e	Doctor - Rehab Director	\$ 16,000		
13	b2	Dentist	\$ 6,750		
13	b12	Pharmacy Consultant	\$ 11,286		
<b>Total Other Fees Adjustments</b>			\$ 36,378	\$ -	\$ -

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m9	Newspapers and subscriptions	\$ 6,486		
16	l2	Employee Relations	\$ 2,615		
16	m13	Crime Insurance	\$ 6,720		
20	4b	Housekeeping Purchased Services - Disallow related party markup	\$ 8,177		
		Benefits on Disallowed Salaries above	\$ 2,494		
16	m11	Marketing - related party	\$ 1,188		
16	m8a	Chamber of Commerce Dues	\$ 300		
16	m13	Miscellaneous	\$ 9,996		
<b>Total Other A&amp;G Adjustments</b>			\$ 37,976	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC				2403	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 363,951	363,951		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 186,050	186,050		
28.	20	5d	Ambulance/Limousine	\$ 4,031	4,031		
29.	20	5f	X-rays, etc	\$ 8,631	8,631		
30.	20	5h	Laboratory	\$ 23,016	23,016		
31.	20	5c	Medical Supplies	\$ 6,968	6,968		
32.	20	5e2	Oxygen (non emergency)	\$ 13,717	13,717		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 50,334	50,334		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (9,283)	(9,283)		
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	\$ 737	737		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 11,794	11,794		
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 659,946	659,946		

\*\*\* 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.

## Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	Specialty Mattresses	\$ 4,321		
20	51	Physical Therapy Equipment Rental	\$ 6,671		
20	51	Nursing Supplies	\$ 39,342		
<b>Total Other Ancillary Costs</b>			\$ 50,334	\$ -	\$ -

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	2a	To include movable depreciation expense at prior owner basis which were purchased by the new owner.	\$ (9,283)		
<b>Total Excess Movable Equipment Depreciation</b>			\$ (9,283)	\$ -	\$ -

## Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6f	Minor Decorating	\$ 737		
<b>Total Other Property Adjustments</b>			\$ 737	\$ -	\$ -



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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12c-d	Interest Expense	\$ 14,923		
20	51	Cable TV	\$ 36,944		
30	IV 8	Miscellaneous Income	\$ (40,073)		
<b>Total Other Adjustments</b>			\$ 11,794	\$ -	\$ -

Schedule of Unallowable Building Interest

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

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2020		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 11,491,863	11,491,863			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,969,091)	(5,969,091)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,696,684	1,696,684			
b. Medicare Room and Board Contractual Allowance **	\$ 560,185	560,185			
4. a. Private-Pay Residents and Other	\$ 3,673,283	3,673,283			
b. Private-Pay Room and Board Contractual Allowance **	\$ (685,759)	(685,759)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 97,553	97,553			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (97,599)	(97,599)			
c. Prescription Drugs - Non-Medicare	\$ 65,717	65,717			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (51,735)	(51,735)			
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	\$ 319,997	319,997			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (184,191)	(184,191)			
c. Physical Therapy - Non-Medicare	\$ 180,443	180,443			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (124,886)	(124,886)			
4. a. Speech Therapy - Medicare	\$ 79,925	79,925			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (56,266)	(56,266)			
c. Speech Therapy - Non-Medicare	\$ 48,016	48,016			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (26,808)	(26,808)			
5. a. Occupational Therapy - Medicare	\$ 260,181	260,181			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (165,358)	(165,358)			
c. Occupational Therapy - Non-Medicare	\$ 166,302	166,302			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (116,618)	(116,618)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (9)	(9)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 1,554	1,554			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 11,163,383	11,163,383			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 3	3			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 1,031,356	1,031,356			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,031,359	1,031,359			
<b>VI. Total All Revenue</b> (III +V)	\$ 12,194,742	12,194,742			

\* 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 / 6a	Oxygen Medicare A	\$ 3,069		
30 / 6a	X-Ray Medicare A	\$ 3,472		
30 / 6a	LAB Medicare A	\$ 8,442		
30 / 6a	IV Therapy Medicare A	\$ 4,118		
30 / 6a	Less: Contractual Adjustment	\$ (19,110)		
<b>Total Other Resident Revenue - Medicare</b>		\$ (9)	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30 / 6b	Oxygen Medicaid Certified	\$ 2,582		
30 / 6b	Oxygen EverCare	\$ 210		
30 / 6b	LAB EverCare	\$ 561		
30 / 6b	X-Ray Therapy EverCare	\$ 1,287		
30 / 6b	Oxygen Managed Care	\$ 1,514		
30 / 6b	IV Therapy Managed Care	\$ 4,124		
30 / 6b	X-Ray Managed Care	\$ 2,603		
30 / 6b	LAB Managed Care	\$ 2,341		
30 / 6b	Equipment Rental Medicare Part B	\$ 351		
30 / 6b	Less: Contractual Adjustment	\$ (14,019)		
<b>Total Other Resident Revenue</b>		\$ 1,554	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 / IV5	Interest Income	3	\$ 3		
<b>Total Interest Income</b>			\$ 3	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30 / IV8	Miscellaneous	\$ 40,073		
30 / IV8	CARES Act Provider Relief Fund	\$ 991,283		
<b>Total Other Revenue</b>		\$ 1,031,356	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2020	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	283,644
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,785,304
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	213,763
a. Prepaid Expense	4,001			
b. Prepaid Insurance	207,390			
c. Prepaid Taxes	2,372			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	84,649
Patient Funds Held in Trust	84,649			
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	3,367,360
B. Fixed Assets				
1. Land				
2. Land Improvements	*Historical Cost	21,814	\$	16,230
	Accum. Depreciation	5,584		Net
3. Buildings	*Historical Cost	475,253	\$	341,845
	Accum. Depreciation	133,408		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	164,657	\$	123,107
	Accum. Depreciation	41,550		Net
6. Movable Equipment	*Historical Cost	433,271	\$	205,147
	Accum. Depreciation	228,124		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	73,025
Construction in Progress	73,025			
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	759,354

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Fixed Assets (Itemize)</b>			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Long-Term Liabilities (Itemize)</b>			\$ -

### G. Balance Sheet (cont'd)

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2020	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	4,126,714
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
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> )			\$	142,991
Deposits		142,991		
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	142,991
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	4,269,705

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

## Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

## G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC		2403	9/30/2020	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,698,457
2. Notes Payable ( <i>itemize</i> )				\$	107,202
Notes Payable - Omnicare					107,202
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> )				\$	465,402
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	2,787
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> )				\$	2,417,081
Accrued Operating Expenses		142,067	Accrued Liabilities Other	1,317,900	
Resident Trust		84,649			
Accrued Provider Fee		127,465			
Deferred Revenue		745,000	See Schedule		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	4,690,929

\* 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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2020	Page 34	of 37
Account			Amount	
Total Brought Forward:			4,690,929	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
			\$	
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				
			\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				
			\$ 2,685,302	
Name and Address of Lender	Amount	Loan Date		
See Attached	2,685,302			
4. Other Long-Term Liabilities ( <i>itemize</i> )				
		31,053	\$ 49,615	
		18,562		
		See Schedule		
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)			\$ 2,734,917	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)			\$ 7,425,846	



**G. Balance Sheet (cont'd)**

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2020	Page 34a	of 37
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3. Loans to Owners or Related Parties (itemize)

<u>Name</u>	<u>Amount</u>	<u>Loan Date</u>
<b>GWR, LLC</b>	1,461,794	Various
<b>HHC, LLC</b>	396,713	Various
<b>NMHC, LLC</b>	726,795	Various
<b>GWH</b>	<u>100,000</u>	Various
<b>Total</b>	<b>\$ 2,685,302</b>	Pg. 34 D3

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

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2020	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	(1,123,615)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	(2,032,526)
	10/1/2019	thru 9/30/2020		
7. Total Net Worth			\$	(3,156,141)
<b>C. Total Reserves and Net Worth</b>			\$	(3,156,141)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,269,705

### H. Changes in Total Net Worth

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2020	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	(1,123,615)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,194,742
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,227,268
D. Net Income or Deficit			\$	(2,032,526)
E. Balance			\$	(3,156,141)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	(3,156,141)

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

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	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)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>CliftonLarsonAllen LLP</i>		Title		Date Signed 2/12/2021
Printed Name of Preparer CliftonLarsonAllen LLP				
Address Address 29 South Main Street, 4th Floor, West Hartford, CT 06127			Phone Number 860-561-4000	
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink			Phone Number 860-561-4000	
Contact Email Address Jonathan.Fink@CLAconnect.com				