

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Litchfield Woods Health Care Center	
Address (No. & Street, City, State, Zip Code) 225 Roberts Street Torrington, CT 06790	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2034C	RHNS 2034C	(Specify)	Medicare Provider 07-5319
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Medicaid Provider Numbers:	CCNH 2034C	RHNS 2034C	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Litchfield Woods Health Care Center	License No. 2034C	Report for Year Ended 9/30/2018	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Litchfield Woods Health Care Center [facility name], for the cost report period beginning October 1, 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) Denise Quarles			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Litchfield Woods Health Care Center	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 225 Roberts Street Torrington, CT 06790				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/22/2019		
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 860-489-5801		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Litchfield Woods Health Care Center		Address (No. & Street, City, State, Zip) 225 Roberts Street Torrington, CT 06790		
License Numbers:	CCNH 2034C	RHNS 2034C	(Specify)	Medicare Provider No. 07-5319
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Denise Quarles		Nursing Home Administrator's License No.:	001610	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility Litchfield Woods Health Care Center	License No. 2034C	Report for Year Ended 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Highland View Manor, Inc.	225 Roberts St, Torrington, CT 06790		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G. Santilli	225 Roberts St, Torrington, CT 06790	President	461.32	
Michael E. Mosier	225 Roberts St, Torrington, CT 06790	Treasurer/Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Lawrence G. Santilli	225 Roberts St, Torrington, CT 06790		461.32	
John Nocera, Jr	225 Roberts St, Torrington, CT 06790		125	
Conservators for Lawrence E. Santilli	225 Roberts St, Torrington, CT 06790		112.68	

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility Litchfield Woods Health Care Center	License No. 2034C	Report for Year Ended 9/30/2018	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	%**				
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Management Fees	Pg 17	858,871	858,871
Laurel Ridge Health Care	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Charges	Pg 16, Ln m13	9,722	9,722
Athena Health Care Insurance	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Self Insured Employee Health & Dental Insu	Pg. 15, ln 1a5	1,582,637	1,582,637
Athena Health Care Assoc Inc. 401(K) Plan	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in group 401(k) plan	Pg 15 ln 1a7		
Procure LTC.	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	Pg. 20 5a2	585,315	585,315
CT Health Center of Torrington LP	225 Roberts St, Torrington, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility & Equipment	Pg 22, Ln 9, 10b; Pg 27	1,247,778	1,247,778
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Various: See attached			
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Litchfield Woods Health Care Center	License No. 2034C	Report for Year Ended 9/30/2018	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 type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
Patient Care Consults, Laundry, Housekeeping, Maintenance/Prop Costs, Admin - Alloc on Patient Days Physical/Speech/Occupational Therapy - Allocated on % of Treatments Administrative Nursing - Allocated on Direct Nursing Hours Management Fees - Allocated based on methods above for each expense category				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
Related company expenses were allocated on Methods above except as noted in 1 above.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
Not Applicable: No Non-Nursing Home Cost Centers				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Litchfield Woods Health Care Center			License No. 2034C	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							
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	Postal Equipment	11/01/13	automatic renewal	1,340		1,212	
Leaf, PO Box 644066, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/13/16	50 months	18,406		16,871	
Leaf, PO Box 644066, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/10/17	41 months	715		597	
Leaf, PO Box 644066, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/05/18	32 months	922		461	
HP Financial Services, 200 Connell Drive, Suite 5000, Berkeley Heights, NJ 07922	<input type="radio"/>	<input checked="" type="radio"/>	PCC Equipment	08/21/13	60 months	7,844		6,534	
	<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 ***	25,675

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Litchfield Woods Health Care Cent	License No. 2034C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Dworken, Hillman, LaMorte & Sterczala	Four Corporate Dr, Ste 488, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Dr, 12th Floor, New Haven, CT 06511
3 MidCap Financial Services, LLC	7255 Woodmont Avenue, Bethesda, MD 20814
4	

Services Provided by This Firm (*describe fully*)

1 Audit, Year End Financials & Tax Return	\$ 9,800
2 Medicare Cost Report Preparation	\$ 2,700
3 LOC Audit:Disallowed	\$ 1,736
4	\$
	Charge for Services Provided
	\$ 14,236

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman, Gruder & Woods, LLC/Donald W. Light/Treasurer CT/Senior Planning Services	203-899-8900 / 860-567-0451
2 MidCap Financial Services, LLC	301-760-7600
3 Murtha Cullina, LLP	860-240-6000
4 Shipman & Goodwin	860-251-5000
5	

Address (*No. & Street, City, State, Zip Code*)
 1 200 Connecticut Ave, Norwalk, CT 06854
 2 7255 Woodmont Avenue, Bethesda, MD 20814
 3 185 Asylum Street, Hartford, CT 06103
 4 1 Constitution Plaza, Hartford, CT
 5

Services Provided by This Firm (*describe fully*)

1 A/R Collections:Disallowed	\$ 10,205
2 LOC Legal Fees:Disallowed	\$ 2,256
3 CT Corporation Annual Report:Disallowed	\$ 150
4 Employee Matters:Disallowed	\$ 1,024
5	\$
	Charge for Services Provided
	\$ 13,635

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

Schedule of Resident Statistics

Name of Facility Litchfield Woods Health Care Center			License No. 2034C		Report for Year Ended 9/30/2018				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	160	130	30		160	130	30		160	130	30	
B. On last day of THIS report period	160	130	30		160	130	30		160	130	30	
2. Number of Residents												
A. As of midnight of PREVIOUS report period	156	127	29		156	127	29		153	124	29	
B. As of midnight of THIS report period	156	127	29		153	124	29		156	127	29	
3. Total Number of Days Care Provided During Period												
A. Medicare	8,584	3,161	5,423		6,708	2,472	4,236		1,876	689	1,187	
B. Medicaid (Conn.)	40,549	39,139	1,410		30,071	29,014	1,057		10,478	10,125	353	
C. Medicaid (other states)												
D. Private Pay	3,450	1,767	1,683		2,668	1,577	1,091		782	190	592	
E. State SSI for RCH												
F. Other (Specify) Managed Care	2,645	950	1,695		1,895	619	1,276		750	331	419	
G. Total Care Days During Period (3A thru F)	55,228	45,017	10,211		41,342	33,682	7,660		13,886	11,335	2,551	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	106	106			95	95			11	11		
B. Other Bed Reserve Days	92	64	28		80	64	16		12		12	
5. Total Resident Days (3G + 4A + 4B)	55,426	45,187	10,239		41,517	33,841	7,676		13,909	11,346	2,563	

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Schedule of Resident Statistics (Cont'd)

Name of Facility Litchfield Woods Health Care Center			License No. 2034C			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	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	16		112	4		5	8	11					
Per Diem Rate													
a. One bed rm.	519.85		232.67	175.22		592.00	567.00	413.49					
b. Two bed rms.	519.85		232.67	175.22		557.00	547.00	413.49					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								10,606	10,606				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,391	1,223	168			
2. Restorative Treatments													
C. Other								29,776	29,729	47			
D. Total Physical Therapy Treatments								41,773	41,558	215			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								1,031	1,031				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								208	108	100			
2. Restorative Treatments													
C. Other								2,823	2,823				
D. Total Speech Therapy Treatments								4,062	3,962	100			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								11,868	11,868				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,146	1,121	25			
2. Restorative Treatments													
C. Other								29,899	29,858	41			
D. Total Occupational Therapy Treatments								42,913	42,847	66			

Report of Expenditures - Salaries & Wages

Name of Facility Litchfield Woods Health Care Center	License No. 2034C	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input type="radio"/> Yes <input checked="" type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)						
	131,795	1,796	29,864	407		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)						
	316,928	13,427	71,813	3,043		
5. Dietary Service						
a. Head Dietitian						
	54,691	1,386	12,393	314		
b. Food Service Supervisor						
	43,849	1,747	9,936	396		
c. Dietary Workers						
	350,505	25,718	79,421	5,828		
6. Housekeeping Service						
a. Head Housekeeper						
	19,501	763	4,419	173		
b. Other Housekeeping Workers						
	203,615	17,342	46,138	3,929		
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
	56,694	1,850	12,847	419		
b. Other Maintenance Workers						
	30,244	1,706	6,853	386		
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
	68,400	6,054	15,499	1,372		
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						
	135,855	2,925	33,848	729		
b. RN						
1. Direct Care						
	689,751	17,318	75,291	2,250		
2. Administrative**						
	462,187	15,204	115,149	3,788		
c. LPN						
1. Direct Care						
	1,025,594	37,697	392,892	14,217		
2. Administrative**						
d. Aides and Attendants						
	1,691,273	107,744	360,300	24,330		
e. Physical Therapists						
	928,062	25,191	4,801	131		
f. Speech Therapists						
	147,613	2,904	3,726	73		
g. Occupational Therapists						
	587,351	16,349	905	25		
h. Recreation Workers						
	131,351	7,123	29,763	1,613		
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						
	215,590	7,301	48,850	1,655		
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>						
	7,290,849	311,545	1,354,708	65,078		

* 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
Total	\$ -	-	\$ -	-	\$ -	-

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
Litchfield Woods Health Care Center				2034C	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).										

* 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	
Litchfield Woods Health Care Center				2034C	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***										
Denise Quarles (10/1/2017 - 9/30/2018)	131,795	29,864		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,203	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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Litchfield Woods Health Care Center	2034C	9/30/2018	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	1,092	27	248	6		
2. Dentist	13,001	66	2,946	15		
3. Pharmacist	9,692	267	2,196	60		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	75,330	233	17,070	53		
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	6,163					
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	2,107	6	53	0		
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	42,361	672				
2. Administrative***	399	6	99	2		
b. LPN						
1. Direct Care	11,726	261				
2. Administrative***						
c. Aides	1,528	59				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	163,399	1,597	22,612	136		

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

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

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

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

Name of Facility Litchfield Woods Health Care Center		License No. 2034C	Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
SDX Swallowing Diagnostics, PO Box 484, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network, 405 Park Ave., New York, NY 10022	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Dr Stephen Yoelson/ Dr. Stephen Bryant, 52 Peck Rd. Torrington, CT 06790	Medical Director & Assistant Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	
Sherri Lane, PO Box 82, Tariffville, CT 06081	Dietitian	<input type="radio"/>	<input checked="" type="radio"/>		
Athena Health Care Systems 135 South Road, Farmington, CT 06032	MDS Fill In	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners	
Litchfield Hills Orthopedic, 245 Alvord Park Rd, Torrington, CT 06790	Physician Services	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental Group, One Prestige Dr., Suite 107, Meriden, CT 06456	Dentist	<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
Litchfield Woods Health Care Center	2034C	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 691,600	583,230	108,370	
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 111,497	94,026	17,471	
4. Social Security (F.I.C.A.)	\$ 591,791	499,061	92,730	
5. Health Insurance	\$ 1,417,830	1,195,664	222,166	
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 38,244	32,251	5,993	
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 151,673	147,871	3,802	
d. Accounting and Auditing	\$ 14,236	11,606	2,630	
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 13,635	11,116	2,519	
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 79,695	64,973	14,722	
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 70,366	57,367	12,999	
2. Cellular Phones	\$ 1,059	863	196	
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*	\$ 961	783	178	
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 936,184	763,240	172,944	
Subtotal	\$ 4,118,771	3,462,051	656,720	

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Litchfield Woods Health Care Center	2034C	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	4,118,771	3,462,051	656,720		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 10,598	8,640	1,958		
3. Gifts to Staff and Residents	\$ 31,287	25,507	5,780		
4. Employee Travel	\$ 3,922	3,198	724		
5. Education Expenses Related to Seminars and Conventions	\$ 2,900	2,365	535		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 11,243	9,166	2,077		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 23,625	19,261	4,364		
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)***	\$ 25	20	5		
7. Postage	\$ 12,961	10,567	2,394		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 11,964	9,754	2,210		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,894	1,544	350		
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**	\$ 550,028	448,420	101,608		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 139,279	113,549	25,730		
C-14 Total Administrative & General Expenditures	\$ 4,918,497	4,114,042	804,455		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 19,261	\$ 4,364	
Total Other Advertising	\$ 19,261	\$ 4,364	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 9,693	\$ 2,196	
Society for Human Resource Mgmt	\$ 61	\$ 14	
Total Dues	\$ 9,754	\$ 2,210	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 12,064	\$ 2,734	
Payroll Processing Fees	\$ 24,907	\$ 5,644	
Employee Physicals	\$ 19,291	\$ 4,371	
Compliance Consulting	\$ 15,436	\$ 3,498	
Data Processing	\$ 40,045	\$ 9,074	
Licenses	\$ 1,806	\$ 409	
Total Other Administrative and General	\$ 113,549	\$ 25,730	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Litchfield Woods Health Care Center	2034C	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 #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	770,776	Contract Attached to a Prior Year	See Below
Allocation of the above	508,712	Admin/Gen 66%	Pg 16, Line 12
	123,324	Indirect 16%	Pg 20, Line 5K
	138,740	Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc., Inc. 135 South Road Farmington, CT 06032	41,316	Admin/Gen - Other Exp	Pg 16, Line 12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Litchfield Woods Health Care Center		2034C	9/30/2018		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 352,263	287,188	65,075		
2.	Non-Food Supplies	\$ 55,044	44,876	10,168		
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 407,307	332,064	75,243		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G.	Resident Meals: Total no. of meals served per day:*	454	370	84		
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. \$691				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
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 Litchfield Woods Health Care Center		License No. 2034C	Report for Year Ended 9/30/2018		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
		Amt. \$				
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
		Amt. \$				
4.	Repair and/or purchase of linens.***	Lbs.				
		Amt. \$	26,255	21,405	4,850	
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>)		\$	9,354	7,626	1,728	
3D. Total Laundry Expenditures (3a + b + c)		\$	35,609	29,031	6,578	
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
Litchfield Woods Health Care Center		2034C	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. \$	58,751	47,898	10,853	
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	58,751	47,898	10,853	
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Procure LTC	\$	535,771	535,771		
b.	Medicine Cabinet Drugs	\$	116,817	95,237	21,580	
c.	Medical and Therapeutic Supplies	\$	284,311	231,789	52,522	
d.	Ambulance/Limousine***	\$	37,211	37,211		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	71,237	58,077	13,160	
f.	X-rays and Related Radiological Procedures***	\$	79,196	79,196		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	124,446	124,446		
i.	Recreation	\$	26,877	21,912	4,965	
j.	Direct Management Services*	\$	138,740	113,110	25,630	
k.	Indirect Management Services*	\$	123,324	100,542	22,782	
l.	Other (Specify)**** See Attached Schedule	\$	154,117	137,428	16,689	
5M.	Total Resident Care Expenditures (5a - 5j)	\$	1,692,047	1,534,719	157,328	

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Medical Equip Rentals-Medicaid	\$ 22,098	\$ 5,007	
Physical Therapy Supplies	\$ 52,452	\$ 271	
OT Supplies	\$ 12,599	\$ 19	
Oxygen Concentrator Rentals	\$ 15,368	\$ 3,482	
Cable TV Fees	\$ 15,572	\$ 3,528	
Medical Equip Rentals-Other	\$ 14,366	\$ 3,255	
IV Therapy- Other	\$ 4,973	\$ 1,127	
Total Other Resident Care	\$ 137,428	\$ 16,689	\$ -

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

Name of Facility Litchfield Woods Health Care Center			License No. 2034C		Report for Year Ended 9/30/2018			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
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	24,922	5,629		16	m13
USA Hauling	PO Box 808, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	34,037	7,688		22	6f
S&T Landscaping	147 Cirlce Dr., Torrington, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	22,361	5,051		22	6f
Diversified Sweeping & Landscaping, LLC	14 Milford St, Burlington, CT 06013	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping	10,246	2,314		22	6f
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy	552,769			20	5a2
		<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
Litchfield Woods Health Care Center	2034C	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 120,763	98,455	22,308			
b. Heat	\$ 160,446	130,806	29,640			
c. Light & Power	\$ 153,860	125,437	28,423			
d. Water	\$ 47,982	39,118	8,864			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 25,675	20,932	4,743			
f. Other (<i>itemize</i>)	\$ 150,440	122,649	27,791			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 659,166	537,397	121,769			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 8,101	6,582	1,519			
d. Movable Equipment	\$ 84,578	68,720	15,858			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 92,679	75,302	17,377			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 413	336	77			
c. Leasehold Improvements	\$ 158,223	128,556	29,667			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 158,636	128,892	29,744			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 962,120	781,722	180,398			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 198,509	161,289	37,220			
c. Personal property taxes	\$ 32,475	26,386	6,089			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,444,419	1,173,591	270,828			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 11,449	\$ 2,594	
Rubbish Removal	\$ 34,454	\$ 7,807	
Snow Removal	\$ 23,533	\$ 5,332	
Supplies	\$ 53,213	\$ 12,058	
Total Other Repairs and Maintenance	\$ 122,649	\$ 27,791	\$ -

Depreciation Schedule

Name of Facility Litchfield Woods Health Care Center			License No. 2034C			Report for Year Ended 9/30/2018			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period			484,414		484,414	461,271	SL	Various	8,101				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										8,101			
		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				9	2017	1,930,880		1,930,880	1,567,427	S/L	Various	81,866	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				9	2018	50,352		50,352		S/L	Various	2,712	
D-3. Subtotal													84,578
E. Total Depreciation													92,679

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Various	See attached	\$ 50,352		\$ 2,712
Total additions for Movable Equipmen		\$ 50,352		\$ 2,712 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2017	paving/catch basin	\$ 3,589	8	\$ 224
9/30/2018	paving/catch basin	\$ 3,563	15	\$ 119
Total additions for Leasehold Improvemen		\$ 7,152		\$ 343 *
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Nov-17	blender/mixer	\$ 3,704	10	\$ 185
Nov-17	chairs	\$ 5,723	10	\$ 286
Nov-17	chairs	\$ (2,862)	10	\$ (143)
Jan-18	voltage regulator for generator	\$ 3,778	5	\$ 378
May-18	refrigerator	\$ 706	10	\$ 35
May-18	therapy equipment	\$ 15,300	10	\$ 765
May-18	beds	\$ 1,224	15	\$ 41
Jun-18	outdoor furniture	\$ 6,301	10	\$ 315
Jun-18	patient lift	\$ 4,313	10	\$ 216
Jun-18	dryer	\$ 5,830	10	\$ 292
Jul-18	commercial blender	\$ 1,674	10	\$ 84
Jul-18	patient lift	\$ 3,386	10	\$ 169
Aug-18	chair lift	\$ 765	10	\$ 38
Aug-18	signage	\$ 510	5	\$ 51
Total additions for Movable Equipment		\$ 50,352		\$ 2,712
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ -

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Litchfield Woods Health Care Center			License No. 2034C		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Bed License Purchase	12	1998	15 yrs	1,140,000	741,000	SL	0.066		
2. Bed License Purchase	10	1993	None	199,767	56,593	None			
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Finance Fees-Refinance 2007	6	2007	5 yrs	12,500	12,500	SL			
2. Finance Fees-	9	2012		16,429	3,929			413	
3.									
B-4. Subtotal									413
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2017	Various	3,920,033	2,572,878	SL	Var	157,880	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2018	Various	7,152		SL	Var	343	
C-4. Subtotal									158,223
D. Total Amortization									158,636

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Litchfield Woods Health Care Center	License No. 2034C	Report for Year Ended 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed		1988		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		05/11/88		
5. Total Licensed Bed Capacity		160		
6. Square Footage				
7. Acquisition Cost				
a. Land		29,039		
b. Building		7,151,576		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		HUD		
b. Date Mortgage Obtained		03/29/12		
c. Interest Rate for the Cost Year		3.22%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		8,985,315		
f. Principal balance outstanding as of		7,170,845		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Litchfield Woods Health Care Center		2034C	9/30/2018			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
Litchfield Woods Health Care Center	2034C	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)	\$	14,723	11,962	2,761
Vendor Interest = \$5,823; Key Bank Note Interest & Fees =				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	14,723	11,962	2,761
14. Insurance				
a. Insurance on Property (buildings only)	\$	94,169	76,512	17,657
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$			
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$	94,169	76,512	17,657
15. Total All Expenditures (A-13 thru C-14)	\$	18,156,256	15,311,464	2,844,792

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center				2034C	9/30/2018	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.	10	A12g	Occupational Therapy	\$ 588,256	587,351	905	
4.			Other - See attached Schedule	\$ 51,907	42,318	9,589	
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 6,163	6,163		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.	15	1a9	Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 151,673	147,871	3,802	
10.	15	1d&e	Accounting	\$ 15,371	12,531	2,840	
10a.			Legal	\$			
11.	30	IV3	Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 180	147	33	
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 31,287	25,507	5,780	
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.	16	L5	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&k	Unallowable Advertising *	\$ 23,625	19,261	4,364	
19.	15	1j&k	Income Tax / Corporate Business Tax	\$ 961	783	178	
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 376,290	306,777	69,513	
22.	16	m6	Barber and Beauty	\$ 25	20	5	
23.			Other - See attached Schedule	\$ 33,732	27,500	6,232	
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 691	563	128	
Page 19 - Laundry Expenditures							
25.	19	3d	Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.	20	4d	Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,280,161	1,176,792	103,369	

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Community Coordinator:Salary & Benefits	\$ 42,318	\$ 9,589	
Total Other Salaries Adjustment			\$ 42,318	\$ 9,589	\$ -

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	M13	Bank Charges	\$ 12,064	\$ 2,734	
16	M13	Compliance Consulting	\$ 15,436	\$ 3,498	
Total Other A&G Adjustments			\$ 27,500	\$ 6,232	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center				2034C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,280,161	1,176,792	103,369	
Page 20 - Resident Care Supplies***							
27.	20	5a1&	Prescription Drugs	\$ 535,771	535,771		
28.	20	5d	Ambulance/Limousine	\$ 37,211	37,211		
29.	20	5f	X-rays, etc	\$ 79,196	79,196		
30.	20	5h	Laboratory	\$ 124,446	124,446		
31.	20	5c	Medical Supplies	\$ 80,716	65,805	14,911	
32.	20	5e2	Oxygen (non emergency)	\$ 71,237	58,077	13,160	
33.	20	5j	Occupational Therapy	\$ 12,618	12,599	19	
34.			Other - See Attached Schedule	\$ 64,952	57,575	7,377	
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 14,460	11,749	2,711	
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.	30	IV5	Interest Income on Account Rec.	\$ 106	86	20	
44.			Other - Miscellaneous Administrative	\$			
45.	18	2c	Management Fees Direct	\$ 91,222	74,370	16,852	
46.	20	5j	Management Fees Indirect	\$ 102,625	83,667	18,958	
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 2,494,721	2,317,344	177,377	

*** 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	5j	Medical Equipment Rental	\$ 14,366	\$ 3,255	
20	5b	Ebox	\$ 25,599	\$ 132	
20	5j	IV Therapy: Other	\$ 4,973	\$ 1,127	
20	5j	Radio and Television Revenue	\$ 12,637	\$ 2,863	
Total Other Ancillary Costs			\$ 57,575	\$ 7,377	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7f	Movable Equip Depr Carryforward AJE	\$ 11,749	\$ 2,711	
Total Excess Movable Equipment Depreciation			\$ 11,749	\$ 2,711	\$ -

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
Litchfield Woods Health Care Center	2034C	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>)	\$ 22,502,325	21,735,895	766,430			
b. Medicaid Room and Board Contractual Allowance **	\$ (13,234,850)	(12,714,870)	(519,980)			
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,684,243	1,757,862	2,926,381			
b. Medicare Room and Board Contractual Allowance **	\$ 692,933	130,686	562,247			
4. a. Private-Pay Residents and Other	\$ 3,250,458	1,810,200	1,440,258			
b. Private-Pay Room and Board Contractual Allowance **	\$ (377,198)	(327,450)	(49,748)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 505,861	505,861				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (505,861)	(505,861)				
c. Prescription Drugs - Non-Medicare	\$ 243,142	239,165	3,977			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (243,142)	(239,165)	(3,977)			
2. a. Medical Supplies - Medicare	\$ 64,716	64,588	128			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (56,876)	(56,748)	(128)			
c. Medical Supplies - Non-Medicare	\$ 31,882	29,753	2,129			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (31,228)	(29,613)	(1,615)			
3. a. Physical Therapy - Medicare	\$ 1,771,651	1,766,507	5,144			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,470,977)	(1,467,381)	(3,596)			
c. Physical Therapy - Non-Medicare	\$ 433,000	424,600	8,400			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (433,000)	(424,600)	(8,400)			
4. a. Speech Therapy - Medicare	\$ 372,250	369,674	2,576			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (314,292)	(313,143)	(1,149)			
c. Speech Therapy - Non-Medicare	\$ 159,020	154,020	5,000			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (159,020)	(154,020)	(5,000)			
5. a. Occupational Therapy - Medicare	\$ 1,738,693	1,735,867	2,826			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,459,294)	(1,456,898)	(2,396)			
c. Occupational Therapy - Non-Medicare	\$ 428,950	427,100	1,850			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (428,950)	(427,100)	(1,850)			
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ (1,115)	(1,115)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 18,163,321	13,033,814	5,129,507			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 123,466	100,658	22,808			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 31,724	25,864	5,860			
V. Total Other Revenue (1 thru 8)	\$ 155,190	126,522	28,668			
VI. Total All Revenue (III +V)	\$ 18,318,511	13,160,336	5,158,175			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	\$ (1,115)		
Total Other Resident Revenue		\$ (1,115)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, L A	Interest on A/R	N/A	\$ 86	\$ 20	
pg 33, Ln A	Interest Income on Related Party Note	3,391,412	\$ 100,572	\$ 22,788	
Total Interest Income			\$ 100,658	\$ 22,808	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Bad Debt Recoveries	\$ 25,864	\$ 5,860	
Total Other Revenue		\$ 25,864	\$ 5,860	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	14,168
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,804,492
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	24,924
5. Prepaid Expenses			\$	499,035
a. Prepaid Insurance	476,319			
b. Prepaid Health Insurance	9,289			
c. Other Prepaid Expenses	13,427			
d. See Schedule				
6. Interest Receivable			\$	186,139
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	226,412
A/R Non-Related Facilities	66			
A/R Related Party Facilities	226,346			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,755,170
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>3,927,188</u>		\$	1,196,084
	Accum. Depreciation <u>2,731,104</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>484,412</u>		\$	15,042
	Accum. Depreciation <u>469,370</u>	Net		
6. Movable Equipment	*Historical Cost <u>1,934,802</u>		\$	282,796
	Accum. Depreciation <u>1,652,006</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	46,431
Excluded Movable Equipment	46,431			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,540,353

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

(Carry Total forward to next page)

Litchfield Woods
Other Prepaid Expenses #1580
9/30/18

Legal Fees	<u>13,426.79</u>
BALANCE @ 9/30/18	<u><u>13,426.79</u></u>

litchfield Woods
#2170 - accd expense
9/30/2018

\$ 130,670.37	Health Insurance
\$ 9,800.00	Audit Fee
\$ (14,322.63)	Management Fee
\$ 230.33	Office Supplies
\$ 2,417.76	Data Processing Fees
\$ 1,660.12	Nursing Supplies
\$ 7,700.00	Medical Director

\$ 138,155.95

Litchfield Woods Moveable Equipment Carryforward Schedule

Cost Year	2009 Cost Report- Heritage Furn	2009 Cost Report- Heritage Furn	2010 Cost Report- Heritage Furn	2013 Cost Report- TV's	2018 Cost Report- TV's	2017 Cost Report- TV's	Totals
	Amount	Amount	Amount	Amount	Amount	Amount	Amount
1997	\$ 381	\$ 219	\$ 5,315	\$ 180	\$ 8,408	\$ 7,470	\$ 277,740
1997	5.00	10.00	5.00	5.00	5.00	5.00	
1997	Deprec						\$ 128
1997	Book Value						\$ 1,587
1998	Deprec						\$ 223
1998	Book Value						\$ 2,461
1999	Deprec						\$ 14,808
1999	Book Value						\$ 130,351
2000	Deprec						\$ 15,315
2000	Book Value						\$ 117,871
2001	Deprec						\$ 15,315
2001	Book Value						\$ 102,359
2002	Deprec						\$ 15,295
2002	Book Value						\$ 87,083
2003	Deprec						\$ 17,121
2003	Book Value						\$ 60,777
2004	Deprec						\$ 17,759
2004	Book Value						\$ 69,349
2005	Deprec						\$ 17,539
2005	Book Value						\$ 54,801
2006	Deprec						\$ 17,538
2006	Book Value						\$ 37,262
2007	Deprec						\$ 18,995
2007	Book Value						\$ 53,335
2008	Deprec						\$ 18,996
2008	Book Value						\$ 35,862
2009	Deprec	\$ 38	\$ 11	\$ 552			\$ 4,421
2009	Book Value	\$ 325	\$ 208	\$ 4,783			\$ 37,138
2010	Deprec	\$ 72	\$ 22	\$ 1,063	\$ 18		\$ 4,800
2010	Book Value	\$ 253	\$ 188	\$ 3,720	\$ 144		\$ 32,395
2011	Deprec	\$ 72	\$ 22	\$ 1,063	\$ 32		\$ 4,918
2011	Book Value	\$ 181	\$ 164	\$ 2,657	\$ 112		\$ 27,478
2012	Deprec	\$ 72	\$ 22	\$ 1,063	\$ 32		\$ 4,553
2012	Book Value	\$ 109	\$ 142	\$ 1,694	\$ 80		\$ 22,925
2013	Deprec	\$ 72	\$ 22	\$ 1,063	\$ 32		\$ 4,758
2013	Book Value	\$ 37	\$ 120	\$ 531	\$ 48		\$ 26,575
2014	Deprec	\$ 37	\$ 22	\$ 531	\$ 32		\$ 4,956
2014	Book Value	\$ -	\$ 68	\$ -	\$ 18		\$ 21,579
2015	Deprec	\$ -	\$ 22	\$ -	\$ 18		\$ 4,398
2015	Book Value	\$ -	\$ 78	\$ -	\$ -		\$ 17,183
2016	Deprec	\$ -	\$ 22	\$ -	\$ 747		\$ 5,127
2016	Book Value	\$ -	\$ 54	\$ -	\$ 6,723		\$ 19,528
2017	Deprec	\$ -	\$ 22	\$ -	\$ 1,494		\$ 10,812
2017	Book Value	\$ -	\$ 22	\$ -	\$ 1,881		\$ 60,049
2018	Deprec	\$ -	\$ 22	\$ -	\$ 841	\$ 5,113	\$ 46,021
2018	Book Value	\$ -	\$ 22	\$ -	\$ 1,494	\$ 10,227	\$ 14,480
2019	Deprec	\$ -	\$ 10	\$ -	\$ 841	\$ 3,755	\$ 48,431
2019	Book Value	\$ -	\$ 10	\$ -	\$ -	\$ 10,227	\$ 13,565
2020	Deprec	\$ -	\$ -	\$ -	\$ -	\$ 2,241	\$ 32,025
2020	Book Value	\$ -	\$ -	\$ -	\$ -	\$ 1,494	\$ 13,402
2021	Deprec	\$ -	\$ -	\$ -	\$ -	\$ 747	\$ 18,623
2021	Book Value	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,655
2022	Deprec	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,868
2022	Book Value	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,868
2022	Totals						\$ 3

Litchfield Woods Moveable Equipment Carryforward Schedule

Cost Year	2007 Cost Report- Heritage Furn	2007 Cost Report- Heritage Furn	2003 Field Audit- Heritage Furn	2003 Field Audit- Heritage Furn	2003 Field Audit- Heritage Furn	2003 Field Audit- Heritage Furn	2003 Field Audit- Heritage Furn	2003 Field Audit- Heritage Furn	2003 Field Audit- Heritage Furn	2008 Cost Report- Heritage Furn	2008 Cost Report- Heritage Furn	2008 Cost Report- Heritage Furn				
Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount				
1997	\$ 2,515	\$ 7,573	\$ 24,978	\$ 15,000	\$ 10,000	\$ 32	\$ 10,000	\$ 39	\$ 1,183	\$ 7,615	\$ 3,175	\$ 6,300	\$ 575	\$ 242	\$ 837	\$ 235
1998	5,000	10,000	15,000							5,000	10,000	5,000	5,000	5,000	10,000	15,000
1999																
2000																
2001																
2002																
2003																
2004																
2005																
2006																
2007																
2008																
2009																
2010																
2011																
2012																
2013																
2014																
2015																
2016																
2017																
2018																
2019																
2020																
2021																
2022																

Cost Year

Litchfield Woods Moveable Equipment Carryforward Schedule

Cost Year	2000 Field Audit Adj 1 - Hert Furn	2000 Field Audit Adj 2 - Hert Furn	2000 Field Audit Adj 3 - Hert Furn	2000 Field Audit Adj 4 - Hert Furn	2000 Field Audit Adj 5 - Hert Furn	2000 Field Audit Adj 6 - Hert Furn	2000 Field Audit Adj 7 - Hert Furn	2000 Field Audit Adj 8 - Hert Furn	2000 Field Audit Adj 9 - Hert Furn	2000 Field Audit Adj 1 - Unsupported	2000 Field Audit Adj 2 - Unsupported	Bed Addition Over CON Adj #1	Bed Addition Over CON Adj #2	2005 Cost Report- Heritage Furn	2005 Cost Report- Heritage Furn	2005 Cost Report- Heritage Furn
	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
1997	\$ 57	\$ 10	\$ 15	\$ 5	\$ 218	\$ 799	\$ 239	\$ 2,075	\$ 135	\$ 3,500	\$ 2,500	\$ 133,996	\$ 2,887	\$ 1,139	\$ 48	\$ 10,000
1998	\$ 20	\$ 6	\$ 102	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 1,064	\$ 44	\$ 15,000
1999	\$ 81	\$ 51	\$ 1,435	\$ 80	\$ 196	\$ 748	\$ 191	\$ 1,868	\$ 9	\$ 3,150	\$ 500	\$ 120,596	\$ 2,310	\$ 76	\$ 5	\$ 10,000
2000	\$ 61	\$ 46	\$ 1,332	\$ 80	\$ 196	\$ 748	\$ 191	\$ 1,868	\$ 9	\$ 3,150	\$ 500	\$ 120,596	\$ 2,310	\$ 988	\$ 39	\$ 10,000
2001	\$ 20	\$ 6	\$ 102	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000
2002	\$ 40	\$ 40	\$ 1,230	\$ 60	\$ 174	\$ 692	\$ 143	\$ 1,660	\$ 126	\$ 2,800	\$ 2,000	\$ 107,197	\$ 1,732	\$ 912	\$ 34	\$ 10,000
2003	\$ 20	\$ 34	\$ 1,127	\$ 40	\$ 153	\$ 639	\$ 48	\$ 208	\$ 117	\$ 2,450	\$ 1,500	\$ 93,797	\$ 1,155	\$ 76	\$ 5	\$ 10,000
2004	\$ 20	\$ 6	\$ 102	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000
2005	\$ 29	\$ 29	\$ 1,025	\$ 20	\$ 131	\$ 586	\$ 96	\$ 1,453	\$ 117	\$ 2,450	\$ 1,500	\$ 93,797	\$ 1,155	\$ 76	\$ 5	\$ 10,000
2006	\$ 23	\$ 6	\$ 102	\$ 20	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000
2007	\$ 17	\$ 820	\$ 87	\$ 479	\$ 87	\$ 479	\$ 87	\$ 479	\$ 99	\$ 1,750	\$ 500	\$ 66,998	\$ 577	\$ 76	\$ 5	\$ 10,000
2008	\$ 6	\$ 102	\$ 22	\$ 53	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000
2009	\$ 11	\$ 717	\$ 65	\$ 426	\$ 65	\$ 426	\$ 65	\$ 426	\$ 90	\$ 1,400	\$ 500	\$ 66,998	\$ 577	\$ 76	\$ 5	\$ 10,000
2010	\$ 6	\$ 102	\$ 22	\$ 53	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000
2011	\$ 6	\$ 102	\$ 22	\$ 53	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000
2012	\$ 6	\$ 102	\$ 22	\$ 53	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000
2013	\$ 6	\$ 102	\$ 22	\$ 53	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000
2014	\$ 6	\$ 102	\$ 22	\$ 53	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000
2015	\$ 6	\$ 102	\$ 22	\$ 53	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000
2016	\$ 6	\$ 102	\$ 22	\$ 53	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000
2017	\$ 6	\$ 102	\$ 22	\$ 53	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000
2018	\$ 6	\$ 102	\$ 22	\$ 53	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000
2019	\$ 6	\$ 102	\$ 22	\$ 53	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000
2020	\$ 6	\$ 102	\$ 22	\$ 53	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000
2021	\$ 6	\$ 102	\$ 22	\$ 53	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000
2022	\$ 6	\$ 102	\$ 22	\$ 53	\$ 22	\$ 53	\$ 48	\$ 208	\$ 9	\$ 350	\$ 500	\$ 13,400	\$ 577	\$ 76	\$ 5	\$ 10,000

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	4,295,523
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)			\$	551,000
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$ 1,859	
Name and Address		Amount	Loan Date	
Deferred Finance fees		1,859		
7. Other Assets (<i>itemize</i>)			\$ 33,903	
Deposits IRS			29,899	
Project Development			10,030	
See Schedule			(6,026)	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 586,762	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 4,882,285	

* 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	
Total Prepaid Expenses			\$ -

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

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

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

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

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
Litchfield Woods Health Care Center		2034C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,447,189
2. Notes Payable (<i>itemize</i>)				\$	(2,594,094)
Due from Related Party					18,000
Line of Credit					(2,612,094)
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>)				\$	187,542
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	8,104
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>)				\$	388,156
Security Deposits-Private Pay		Due to Medicaid-Provide	239,985		
Acc'd Int-Private Pay Security Depo		Acc'd Health Insurance	9,405		
Acc'd Operating Expenses		138,156			
Acc'd Expense - CT Sales Tax		610 See Schedule			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	436,897

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Litchfield Woods Health Care Center	License No. 2034C	Report for Year Ended 9/30/2018	Page 34	of 37
Account			Amount	
Total Brought Forward:			436,897	
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>)				\$ 828,769
Name and Address of Lender	Amount	Loan Date		
Due to Related Party	828,769	None		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$

See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 828,769
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,265,666

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Litchfield Woods Health Care Center	2034C	9/30/2018	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			\$	1,000	
3. Paid-in Surplus			\$		
4. Treasury Stock			\$		
5. Cumulated Earnings			\$	3,453,364	
6. Gain or Loss for Period	10/1/2017	thru	9/30/2018	\$	162,255
7. Total Net Worth			\$	3,616,619	
C. Total Reserves and Net Worth			\$	3,616,619	
D. Total Liabilities, Reserves, and Net Worth			\$	4,882,285	

H. Changes in Total Net Worth

Name of Facility Litchfield Woods Health Care Center	License No. 2034C	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	3,365,977
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	18,318,511
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	18,156,256
D. Net Income or Deficit			\$	162,255
E. Balance			\$	3,528,232
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2017 Adjustment/Health Insurance	(50,000)	138,387		
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	88,387
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			\$	3,616,619

I. Preparer's/Reviewer's Certification

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