

February 11, 2019

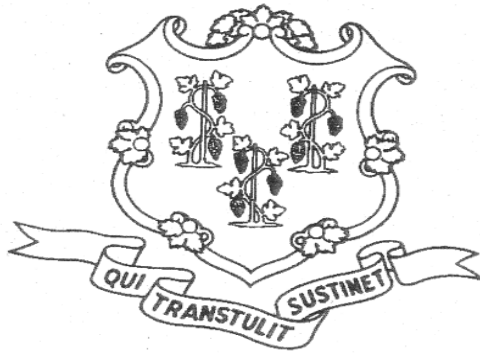
Mr. Chris LaVigne, Director  
Office of Reimbursement and CON  
Department of Social Services  
55 Farmington Ave  
Hartford, CT 06105

Dear Chris:

Enclosed please find the 2018 Medicaid Cost Report for Milford Health Care Center, Inc.

In preparing this cost report, we did not perform any disallowances for the administrator salary expense or 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. 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 2018

Name of Facility (as licensed) Milford Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 195 Platt Street, Milford, CT 06460	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 1056-C	RHNS	(Specify)	Medicare Provider 75064
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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) Milford Health Care Center, Inc.	License No. 1056-C	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 Milford Health Care Center, Inc. [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) Joanne Jinete			Printed Name (Owner) Marvin J. Ostreicher		
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 Milford Health Care Center, Inc.		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 195 Platt Street, Milford, CT 06460				
Report Prepared By Blum Shapiro & Company, P.C.		Phone Number (203) 944-2100	Date 2/11/2019	
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. <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 203-878-5958		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Milford Health Care Center, Inc.		Address (No. & Street, City, State, Zip) 195 Platt Street, Milford, CT 06460		
License Numbers:	CCNH 1056-C	RHNS (Specify)	Medicare Provider No. 75064	
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="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Joanne Jinete		Nursing Home Administrator's License No.:	001787	
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 Milford Health Care Center, Inc.	License No. 1056-C	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		
Milford Health Care Center, Inc.	195 Platt Street, Milford, CT 06460	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Agnes Zitter	9 Dogwood Lane, Lawrence, NY 11559	President	50	
Marvin Ostreicher	184 Wildacre Ave, Lawrence, NY 11559	Secretary	50	
Names of Stockholders Owning at Least 10% of Shares				
Agnes Zitter	9 Dogwood Lane, Lawrence, NY 11559	President	50	
Marvin Ostreicher	184 Wildacre Ave, Lawrence, NY 11559	Secretary	50	





**General Information and Questionnaire  
 Related Parties\***

Name of Facility Milford Health Care Center, Inc.	License No. 1056-C	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	%**				
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"/>					
		<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  
Related Parties\***

Name of Facility Milford Health Care Center, Inc.	License No. 1056-C	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	%**				
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	1,016,234	995,918
Milford Health Care Realty	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent	22 9	650,716	650,716
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15 1a5	909,679	909,679
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63%	Radiology	20 5f	33,017	30,836
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 m13	20,396	20,396
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 m12	523,856	523,856
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Consulting Fees	16 m13	4,480	4,480
20Sunrise	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 m12	15,581	15,581
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 m12	1,740	1,740
Regency House Wallingford	181 East Main Street, Wallingford, CT 06492	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Employees - Nursing	13 12	50,600	50,600
Procare LTC Pharmacy Of MA LLC	155 Northboro Rd STE 4 Southborough MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Drugs	20 5a2/b	1,155	1,076
Procare LTC Pharmacy of CT	1492 Highland Ave., Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Drugs/OTC's/Supplies/Consulting	20/13/16 5a2,b,c/B12; m5	555,324	517,688

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.  
 \*\*\* Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

**General Information and Questionnaire  
Related Parties\***

Name of Facility Milford Health Care Center, Inc.		License No. 1056-C	Report for Year Ended 9/30/2018	Page 4	of 37				
<p>Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</p>									
<p>Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," provide the following information:</p>									
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report		Cost Reported	Actual Cost to the Related Party
		Yes	No	%**		Page # / Line #			
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	859,314	859,314
Cambridge Manor of Fairfield, LLC	2428 Easton Turnpike, Fairfield, CT 06824	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	74,251	74,251
Ludlowe Center for Health & Rehabilitation, LLC	118 Jefferson St, Fairfield CT 06825	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	64,422	64,422
Colony Center for Health & Rehabilitation	277 Washington St, Abington, MA 02351	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	12,243	12,243
Bloomfield Health Care Center of CT, LLC	355 Park Ave Bloomfield, CT 06002	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related- Long Term	32	D7	25,564	25,564
Mapleview Manor of CT, LLC	865 Maple St, Rocky Hill, CT 06067	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	6,173	6,173
Ross Healthcare Center, Inc.	839 Suffold Avenue Brentwood, NY 11717	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	4,338	4,338
Riverside Health Care Center, Inc.	745 Main St., East Hartford, CT 06108	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	21,945	21,945
New Milford Crossings LLC	19 Poplar St., New Milford, CT 06776	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	10,813	10,813
Regency House of Wallingford, Inc.	181 East Main Street, Wallingford, CT 06492	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	34,197	34,197
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Accounts payable	33	A1	205,424	205,424
Milford Health Care Realty	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	358,258	358,258
Millborough Realty	85 Stage Harbor Road, Marlborough, CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	347,452	347,452
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, Ct 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45%	Due to Related	33	A12	6,290	6,290
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63%	Due to Related	33	A12	7,554	7,554
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related (Debt)	33/34	A12/B4	103,066	103,066
Procure LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Due to Related	33	A12	726,663	726,663
Procure LTC Pharmacy of MA	155 Northboro Rd STE 4 Southborough MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Due to Related	33	A12	4,434	4,434

\* Use additional sheets if necessary.

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

\*\*\* Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Milford Health Care Center, Inc.	License No. 1056-C	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data. Shared expenses, allocated by bed size or geographic territory. See page 17 attachment.				
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.				
N/A				

### 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 Milford Health Care Center, Inc.		License No. 1056-C	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					
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	60 / Ongoing	2,930	2,930
Wescom Solutions, PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	03/07/12	Ongoing	24,756	24,756
De Lage Landen #501862 PO Box 41602 Philidelphia PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	01/21/15	36/ Ongoing	6,068	6,068
Lexus Financial PO Box 17187, Baltimore MD	<input type="radio"/>	<input checked="" type="radio"/>	Auto Lease	12/21/16	36	13,668	13,668
	<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>						47,422	

\* 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.

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

**General Information and Questionnaire  
Accounting Basis**

Name of Facility Milford Health Care Center, Inc.	License No. 1056-C	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 1 Blum, Shapiro, & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Drive, Shelton, CT, 06484
--	---

Services Provided by This Firm (*describe fully*)

1	Compilation, preparation of Medicare and Medicaid cost reports, HUD audit, and year-end tax services.	\$	31,355
2		\$	
3		\$	
4		\$	
			<b>Charge for Services Provided</b>
			\$ 31,355

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

- Yes     No    Page 15, line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Rogin Nassau, LLC 2 Goldman, Gruder, & Wood 3 4 5	Telephone Number (860) 256-6300 (203) 899-8900
---	--

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

- 1 CityPlace I, 22nd Floor, 185 Asylum Street, Hartford, CT 06103-3460  
2 200 Connecticut Avenue, Norwalk, CT, 06854  
3  
4  
5

Services Provided by This Firm (*describe fully*)

1	Labor (refund)	\$	(50)
2	Collections	\$	8,448
3		\$	
4		\$	
5		\$	
			<b>Charge for Services Provided</b>
			\$ 8,398

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

- Yes     No    Page 15, line 1e

### Schedule of Resident Statistics

Name of Facility Milford Health Care Center, Inc.			License No. 1056-C		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	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	117	117			117	117			118	118		
B. As of midnight of THIS report period	119	119			118	118			119	119		
3. Total Number of Days Care Provided During Period												
A. Medicare	9,825	9,825			7,237	7,237			2,588	2,588		
B. Medicaid (Conn.)	27,701	27,701			20,633	20,633			7,068	7,068		
C. Medicaid (other states)												
D. Private Pay	3,780	3,780			2,782	2,782			998	998		
E. State SSI for RCH												
F. Other (Specify) Managed Care	523	523			413	413			110	110		
G. Total Care Days During Period (3A thru F)	41,829	41,829			31,065	31,065			10,764	10,764		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	102	102			28	28			74	74		
B. Other Bed Reserve Days	4	4			4	4						
5. <b>Total Resident Days (3G + 4A + 4B)</b>	41,935	41,935			31,097	31,097			10,838	10,838		



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

Name of Facility Milford Health Care Center, Inc.	License No. 1056-C	Report for Year Ended 9/30/2018	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	25	89		5				
Per Diem Rate								
a. One bed rm.	PPS	248.10		655/520				
b. Two bed rms.	PPS	248.10		530/470				
c. Three or more bed rms.	PPS							

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	3,046	3,046		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	412	412		
C. Other	19,637	19,637		
D. <b>Total Physical Therapy Treatments</b>	23,095	23,095		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	652	652		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	113	113		
C. Other	2,284	2,284		
D. <b>Total Speech Therapy Treatments</b>	3,049	3,049		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,961	2,961		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	575	575		
C. Other	21,647	21,647		
D. <b>Total Occupational Therapy Treatments</b>	25,183	25,183		

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
Milford Health Care Center, Inc.	1056-C	9/30/2018	10	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)	24,429	51				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	148,513	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	175,895	7,802				
5. Dietary Service						
a. Head Dietitian	24,418	764				
b. Food Service Supervisor	72,432	2,080				
c. Dietary Workers	411,413	24,209				
6. Housekeeping Service						
a. Head Housekeeper	42,572	1,792				
b. Other Housekeeping Workers	361,289	22,529				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	55,226	2,094				
b. Other Maintenance Workers	66,457	2,846				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	101,443	6,529				
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	196,879	4,160				
b. RN						
1. Direct Care	690,291	19,033				
2. Administrative**	171,361	4,032				
c. LPN						
1. Direct Care	1,082,300	37,341				
2. Administrative**	66,326	1,948				
d. Aides and Attendants	2,018,449	118,694				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	120,578	5,707				
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	247,785	7,998				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,078,056	271,689				

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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



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

Name of Facility				License No.	Report for Year Ended				Page	of
Milford Health Care Center, Inc.				1056-C	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)							
<b>Section I - Operators/Owners</b>										
Marvin J. Ostreicher, 184 Wildacare Ave, Lawrence, NY 11559	24,429			Non-preferential	Supervises operations, deals with DNS & other	51	a1	See attached		
<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.

MARVIN J. OSTREICHER- OWNER  
 TIME STUDY  
 YEAR END SEPTEMBER 30, 2018

	<b>BEDS</b>	<b>Total w/ Bnft</b>
Augusta	72	45.19
Belair	102	50.90
Bethel	161	57.21
Bloomfield	120	53.32
Brattleboro	80	47.05
Brentwood	78	45.83
Brewer	111	53.11
Bristol	132	52.61
Cambridge	160	60.60
Catskill	136	55.04
Colony	92	51.58
Country	111	56.86
Dover	112	53.47
Eastside	69	46.37
Eliot	114	53.93
Glen Falls	120	53.32
Huntington	320	72.22
Kennebunk	78	50.58
Hebrew Home	257	75.23
Ludlowe	144	57.39
Maple View	120	52.32
Marlborough	120	50.32
Maywood	120	57.57
Milford	120	51.07
Newton Wellseley	110	51.76
Norway	70	46.23
Poughkeepsie	200	59.88
Regency	130	50.89
Reservoir	144	65.64
Riverside	345	74.64
Rutland	125	51.36
Sachem	111	49.36
Sands Point	180	61.74
Utica	117	46.00
Village Crest	95	51.40
Water's Edge	150	57.53
Westgate	104	49.61
Winship	72	45.44
<b>Total</b>	<b>5,002</b>	<b>2,064.62</b>
Vacation		
Sick		
Personal		
Holiday		
<b>Total</b>		

**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	
Milford Health Care Center, Inc.				1056-C	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)							
<b>Section III - Administrators***</b>										
Benjamin M Schiano (10/01/17 - 01/19/18)	31,731			Non-preferential	Management & Supervision of healthcare	616	a2			
Kevin Prisco (01/20/2018 - 01/25/2018) - employee of management co. - no salary						24				
Joanne Jinete (01/26/2018 - 09/30/2018)	116,782					1,440				
<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		
Milford Health Care Center, Inc.	1056-C	9/30/2018	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	6,753	Disallowed				
3. Pharmacist	13,424	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	435,424	8,479				
b. Other						
6. Social Worker	50,600	1,040				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	57,000	107				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	34,518	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	119,305	1,632				
b. Other						
10. Occupational Therapist						
a. Resident Care	473,512	7,390				
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	22,821	Disallowed				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,213,357</b>	<b>18,648</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 Milford Health Care Center, Inc.		License No. 1056-C		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						
Gerdient Solutions, PO Box 290539, Wethersfield CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>						
Procure LTC, 111 Executive Blvd Farmingdale NY 11735	Pharmacist, Consulting-Nursing	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership					
Preferred Therapy Solutions, 809 Main Street, East Hartford, CT 06108	PT, OT, ST, Consulting - Respiratory	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership					
Dr. Garumuni DeSilva, 15 Aldo Drive, Woodbridge, CT, 16525	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>						
Amit Lahave, MD, 849 Boston Post Road, Milford CT 06460	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>						
Dr. Lazaros Lazarides, 31 Heavenly Lane, Trumbull, CT 06611	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>						
Cardiovascular Physicians & Consultants LLC 849 Boston Post Road Suite 200 Milford, CT 06460	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>						
CT Retina Consultants 46 Prince Street Suite 203 New Haven CT 06519-1600	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>						
Regency House Nursing and Rehabilitation Center 181 East Main St Wallingford CT 06492	Social Worker	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership					
Swallowing Diagnostics - P.O. Box 484 Avon, CT 06001	ST	<input type="radio"/>	<input checked="" type="radio"/>						
Mass Tex Imaging LLC 3 Electronic Ave #201 Danvers, MA 01923-1099	ST	<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
Milford Health Care Center, Inc.	1056-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 386,525	386,525		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 79,005	79,005		
4. Social Security (F.I.C.A.)	\$ 462,386	462,386		
5. Health Insurance	\$ 909,679	909,679		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 68,774	68,774		
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*	\$			
d. Accounting and Auditing	\$ 31,355	31,355		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 8,398	8,398		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 18,389	18,389		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 27,660	27,660		
2. Cellular Phones	\$ 5,923	5,923		
i. Appraisal ( <i>Specify purpose and        attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 2,386	2,386		
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 675,583	675,583		
<b>Subtotal</b>	<b>\$ 2,676,063</b>	<b>2,676,063</b>		

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b><i>Subtotals Brought Forward:</i></b>	2,676,063	2,676,063			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 2,036	2,036			
3. Gifts to Staff and Residents	\$ 11,199	11,199			
4. Employee Travel	\$ 2,524	2,524			
5. Education Expenses Related to Seminars and Conventions	\$ 4,275	4,275			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 358	358			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 1,411	1,411			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 29,876	29,876			
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	\$ 2,234	2,234			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 8,949	8,949			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,786	1,786			
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**	\$ 541,178	541,178			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 130,907	130,907			
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$ 3,412,796	3,412,796			

\* 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 Promotional - Marketing - Disallowed	\$ 26,957		
Advertising Promotional - Administration - Disallowed	\$ 2,919		
<b>Total Other Advertising</b>	\$ 29,876	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 8,889		
Costco - Disallowed	\$ 60		
<b>Total Dues</b>	\$ 8,949	\$ -	\$ -

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
IT Services - Administration	\$ 40,349		
Consulting Fees- Administration	\$ 4,480		
Purch Services - Fiscal Operations	\$ 26,218		
Purch Services - Administration	\$ 365		
Licenses and Permits - Administration	\$ 2,210		
Bank Charges - Administration - Disallowed	\$ 33,660		
Background Check - Administration	\$ 4,587		
Crime Insurance - Administration - Disallowed	\$ 812		
Miscellaneous Expense - Administration - Disallowed	\$ 3,462		
Prior Period Expense - Disallowed	\$ 14,764		
<b>Total Other Administrative and General</b>	\$ 130,907	\$ -	\$ -

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

Name of Facility Milford Health Care Center, Inc.	License No. 1056-C	Report for Year Ended 9/30/2018	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 #
National Healthcare	541,178	See Attached	Page 16, line M12

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

Start Date: 10/1/2017  
 End Date: 9/30/2018

	0101	0102	0103	0104	0105	0106	0107	0108	0109	0110	0112	
	Bloomfield	Bristol	Cambridge	Ludlowe	Maple View Manor	Marlborough	Milford	New Milford	Regency	Riverside	Water's Edge	
Beds	90	132	160	144	120	90	120	95	130	345	150	
Bed %	1.78%	2.60%	3.16%	2.84%	2.37%	1.78%	2.37%	1.87%	2.56%	6.80%	2.96%	
300001-0000-00-000-0	TROY Shared Cost	(1,943.94)	(2,742.10)	(3,324.01)	(2,991.65)	(2,493.45)	(1,943.94)	(2,493.45)	(1,973.65)	(2,700.62)	(7,167.87)	(3,116.89)
391500-0000-00-000-0	Misc. Other Income-Nat. Mgmt. - - -	(1.81)	(2.65)	(3.21)	(2.89)	(2.41)	(1.81)	(2.41)	(1.91)	(2.61)	(6.92)	(3.01)
400000-0000-00-000-0	Salary-National Healthcare Management - - -	264,999.02	364,469.85	441,813.25	397,631.70	331,394.61	264,999.02	331,394.61	262,318.45	358,952.32	952,686.82	414,240.51
401000-0000-04-000-0	FICA-National Healthcare Management-Fiscal Oper - -	17,230.93	23,620.40	28,632.84	25,769.50	21,476.78	17,230.93	21,476.78	17,000.17	23,262.74	61,741.11	26,845.71
401100-0000-04-000-0	FUI-National Healthcare Management-Fiscal Oper - -	122.65	176.14	213.50	192.18	160.15	122.65	160.15	126.74	173.47	460.40	200.17
401200-0000-04-000-0	SUI-National Healthcare Management-Fiscal Oper - -	925.43	1,370.82	1,661.73	1,495.53	1,246.47	925.43	1,246.47	986.69	1,350.09	3,583.22	1,558.05
401201-0000-00-000-0	SUI - NY-National Healthcare Management - - -	99.64	109.61	132.86	119.58	99.64	99.64	99.64	78.87	107.94	286.49	124.56
401250-0000-00-000-0	NY MTA Tax-Nat. Mgmt. - - -	513.04	687.23	833.06	749.74	624.88	513.04	624.88	494.61	676.82	1,796.39	781.06
401300-0000-04-000-0	Health Insurance-National Healthcare-Fiscal Op - -	23,804.70	32,374.53	39,244.43	35,320.56	29,437.89	23,804.70	29,437.89	23,300.86	31,884.16	84,625.87	36,798.26
401400-0000-04-000-0	Workers Compensation-National Health-Fiscal Op - -	(77.84)	168.85	204.88	184.32	153.83	(77.84)	153.83	121.79	166.50	441.80	192.22
401600-0000-04-000-0	Disability Expense-National Healthca-Fiscal Op - -	(2.29)	(2.52)	(3.05)	(2.75)	(2.29)	(2.29)	(2.29)	(1.81)	(2.48)	(6.58)	(2.86)
401700-0000-04-000-0	Pension-National Healthcare Managem-Fiscal Op - -	3,611.35	5,295.00	6,418.82	5,776.89	4,815.09	3,611.35	4,815.09	3,811.31	5,215.02	13,841.42	6,018.90
401800-0000-04-000-0	Employee Benefits - Other-National H-Fiscal Op - -	765.51	962.82	1,166.99	1,050.39	875.37	765.51	875.37	692.88	948.16	2,516.49	1,094.20
402000-0000-04-000-0	Holiday Expense-National Healthcare -Fiscal Op - -	1,470.14	1,623.17	1,967.41	1,770.81	1,475.56	1,470.14	1,475.56	1,167.93	1,598.36	4,242.47	1,844.61
410000-0000-04-000-0	Supplies-National Healthcare Managem-Fiscal Op - -	1,113.16	1,446.66	1,753.81	1,578.28	1,315.29	1,113.16	1,315.29	1,041.26	1,424.67	3,781.51	1,644.29
410000-0000-08-000-0	Supplies-National Healthcare Managem-Maintenan - -	0.20	0.30	0.36	0.32	0.27	0.20	0.27	0.21	0.29	0.78	0.34
410000-0000-09-000-0	Supplies-National Healthcare Managem-Housekeep - -	18.93	26.69	32.38	29.13	24.28	18.93	24.28	19.20	26.30	69.81	30.35
411000-0000-04-000-0	Food-National Healthcare Management-Fiscal Oper - -	20.06	27.04	32.78	29.51	24.59	20.06	24.59	19.45	26.63	70.67	30.73
431000-0000-04-000-0	Consulting Fees-National Healthcare -Fiscal Op - -	3,349.05	4,263.06	5,167.60	4,650.98	3,876.11	3,349.05	3,876.11	3,068.01	4,198.32	11,143.22	4,845.38
432000-0000-03-000-0	Accounting Fees-National Healthcare -Administr - -	323.10	465.10	563.72	507.39	422.91	323.10	422.91	334.74	458.02	1,215.68	528.65
433000-0000-03-000-0	Legal Fees-National Healthcare Manag-Administr - -	24,519.09	33,704.09	40,856.21	36,771.08	30,647.18	24,519.09	30,647.18	24,257.98	33,193.69	88,101.52	38,309.69
433100-0000-03-000-0	Legal Fees - Labor-National Healthca-Administr - -	(20.11)	(29.49)	(35.75)	(32.18)	(26.82)	(20.11)	(26.82)	(21.23)	(29.05)	(77.09)	(33.52)
433300-0000-03-000-0	Legal Fees - Non-reimbursa-National -Administr - -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
440000-0000-03-000-0	Purch Services-National Healthcare M-Administr - -	8,110.46	10,634.36	12,890.41	11,601.74	9,669.40	8,110.46	9,669.40	7,653.29	10,473.00	27,796.95	12,086.98
440000-0000-08-000-0	Purch Services-National Healthcare M-Maintenan - -	3,689.99	4,657.05	5,645.05	5,080.76	4,234.32	3,689.99	4,234.32	3,351.62	4,586.36	12,172.96	5,293.01
440000-0000-09-000-0	Purch Services-National Healthcare M-Housekeep - -	550.95	707.55	857.74	771.99	643.33	550.95	643.33	509.19	696.80	1,849.61	804.26
440000-0000-12-000-0	Purch Services-National Healthcare Ma-Security - -	3.49	3.83	4.65	4.18	3.49	3.49	3.49	2.76	3.78	10.03	4.36
440001-0000-08-000-0	Ground Services-Nat. Mgmt.-Maintenance - -	18.23	25.09	30.45	27.37	22.84	18.23	22.84	18.05	24.71	65.63	28.57
441000-0000-03-000-0	Computer Expense-National Healthcare-Administr - -	9,602.89	13,073.52	15,847.76	14,263.11	11,887.53	9,602.89	11,887.53	9,409.41	12,875.56	34,173.29	14,859.73
452000-0000-25-000-0	Equipment Rental-National Healthcare-Fiscal Op - -	2,319.41	3,138.88	3,804.96	3,424.55	2,854.12	2,319.41	2,854.12	2,259.02	3,091.35	8,204.98	3,567.68
461000-0000-03-000-0	Telephone-National Healthcare Manage-Administr - -	2,817.94	3,819.97	4,630.55	4,167.56	3,473.48	2,817.94	3,473.48	2,749.31	3,762.17	9,985.33	4,341.96
461100-0000-03-000-0	Telephone - Cell-National Healthcare-Administr - -	1,536.11	2,072.18	2,511.95	2,260.77	1,884.24	1,536.11	1,884.24	1,491.39	2,040.77	5,416.67	2,355.34
462000-0000-25-000-0	Electric-National Healthcare Managem-Property - -	1,837.33	2,467.33	2,990.89	2,691.80	2,243.49	1,837.33	2,243.49	1,775.81	2,429.96	6,449.47	2,804.43
463000-0000-25-000-0	Gas-National Healthcare Management-Property - -	305.79	428.06	518.92	467.02	389.27	305.79	389.27	308.12	421.60	1,118.98	486.59
466000-0000-25-000-0	Water-National Healthcare Management-Property - -	132.24	179.75	217.90	196.11	163.47	132.24	163.47	129.35	177.04	469.89	204.33
471000-0000-25-000-0	Rent-National Healthcare Management-Property - -	14,794.21	19,905.81	24,129.69	21,717.14	18,100.00	14,794.21	18,100.00	14,326.56	19,604.14	52,032.82	22,625.55
472000-0000-25-000-0	Personal Property Taxes-National Hea-Fiscal Op - -	820.78	1,099.95	1,333.33	1,199.88	1,000.03	820.78	1,000.03	791.68	1,083.24	2,875.08	1,250.08
473000-0000-25-000-0	Real Estate Taxes-National Healthcar-Fiscal Op - -	(716.91)	(780.76)	(946.34)	(851.77)	(709.74)	(716.91)	(709.74)	(561.77)	(768.82)	(2,040.66)	(887.27)
484000-0000-04-000-0	Amort Exp - LHI-National Healthcare -Fiscal Op - -	582.08	940.32	1,139.91	1,025.95	855.15	582.08	855.15	676.88	926.15	2,458.10	1,068.92
486000-0000-04-000-0	Dep Exp - Moveable Equip-National He-Fiscal Op - -	8,998.22	12,011.33	14,559.99	13,104.26	10,921.61	8,998.22	10,921.61	8,644.68	11,829.25	31,396.88	13,652.33
491000-0000-03-000-0	Dues and Subscriptions-National Hea-Administr - -	392.70	526.60	638.32	574.53	478.78	392.70	478.78	379.01	518.58	1,376.35	598.50
500000-0000-03-000-0	Licenses and Permits-National Health-Administr - -	123.38	176.67	214.25	192.80	160.69	123.38	160.69	127.18	174.03	461.97	200.86
501000-0000-03-000-0	Advertising Employment-National Hea-Administr - -	5,150.47	6,788.98	8,229.43	7,406.65	6,172.94	5,150.47	6,172.94	4,886.01	6,685.99	17,745.85	7,716.36
501100-0000-03-000-0	Advertising Promotional-National Hea-Administr - -	6,954.58	8,856.77	10,735.89	9,662.06	8,051.97	6,954.58	8,051.97	6,373.80	8,722.33	23,149.01	10,064.86
503000-0000-03-000-0	Interest-National Healthcare Managem-Administr - -	895.38	1,098.38	1,331.31	1,198.33	998.60	895.38	998.60	790.44	1,081.65	2,871.00	1,248.33
503600-0000-03-000-0	Bank Charges-Nat. Mgmt.-Administration - -	757.75	1,056.89	1,281.21	1,153.05	961.02	757.75	961.02	760.70	1,040.90	2,762.72	1,201.37
504000-0000-03-000-0	Postage-National Healthcare Managem-Administr - -	939.48	1,285.69	1,558.48	1,402.60	1,168.99	939.48	1,168.99	925.33	1,266.22	3,360.57	1,461.38
509000-0000-03-000-0	Seminars-National Healthcare Managem-Administr - -	592.62	822.89	997.58	897.78	748.24	592.62	748.24	592.26	810.47	2,151.03	935.31
510000-0000-03-000-0	Liability Insurance-National Healthc-Administr - -	1,518.24	2,077.00	2,517.78	2,266.01	1,888.66	1,518.24	1,888.66	1,494.90	2,045.59	5,429.23	2,360.84
511000-0000-03-000-0	Auto Insurance-National Healthcare M-Administr - -	996.03	1,333.80	1,616.83	1,455.12	1,212.80	996.03	1,212.80	959.97	1,313.58	3,486.44	1,516.05
512000-0000-03-000-0	Umbrella Insurance-National Healthca-Administr - -	(442.70)	(430.00)	(521.18)	(469.13)	(390.86)	(442.70)	(390.86)	(309.32)	(423.38)	(1,123.82)	(488.58)
513000-0000-03-000-0	Crime Insurance-National Healthcare -Administr - -	947.46	1,166.02	1,413.38	1,272.10	1,060.18	947.46	1,060.18	839.13	1,148.33	3,047.81	1,325.23
517000-0000-03-000-0	Wor' kmans Comp Insurance-National	278.49	306.35	371.32	334.21	278.49	278.49	278.49	220.42	301.67	800.70	348.15
520000-0000-03-000-0	Auto Expense-National Healthcare Man-Administr - -	530.80	907.18	1,099.76	989.67	825.02	530.80	825.02	653.07	893.56	2,371.43	1,031.20
520100-0000-03-000-0	Auto Lease Expense-National Healthca-Administr - -	2,720.79	3,695.41	4,479.70	4,031.69	3,360.32	2,720.79	3,360.32	2,659.89	3,639.77	9,659.84	4,200.42
521000-0000-03-000-0	Travel Expense-National Healthcare M-Administr - -	5,832.23	7,907.91	9,585.93	8,627.39	7,190.06	5,832.23	7,190.06	5,691.44	7,788.04	20,670.14	8,987.55
522000-0000-03-000-0	Hotel Expense-National Healthcare Ma-Administr - -	4,712.59	6,429.75	7,794.21	7,014.86	5,846.35	4,712.59	5,846.35	4,627.67	6,332.36	16,806.94	7,307.98
541000-0000-03-000-0	Misc. Expense-Nat. Mgmt.-Administration - -	777.96	1,039.12	1,259.58	1,133.63	944.89	777.96	944.89	747.81	1,023.30	2,716.08	1,181.08
541000-0000-31-000-0	Misc. Expense-National Healthcare Ma-Misc. Exp - -	1,780.05	2,037.60	2,469.82	2,223.01	1,852.43	1,780.05	1,852.43	1,466.23	2,006.59	5,325.83	2,315.68
541001-0000-03-000-0	Political Contributions-Nat. Mgmt.-Administra - -	118.95	130.85	158.60	142.75	118.95	118.95	118.95	94.15	128.85	342.00	148.70
542000-0000-31-000-0	Corporate Tax - State-National Health-Misc. Exp - -	609.38	928.50	1,125.59	1,013.04	844.18	609.38	844.18	668.29	914.48	2,426.93	1,055.17
544000-0000-25-000-0	Sales Tax - Conn.-National Healthcar-Fiscal Op - -											

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

Name of Facility Milford Health Care Center, Inc.		License No. 1056-C	Report for Year Ended 9/30/2018	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 293,864	293,864		
2.	Non-Food Supplies	\$ 36,645	36,645		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____		\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 330,509</b>	<b>330,509</b>		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per day:*				
H.	Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
I.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
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 Milford Health Care Center, Inc.		License No. 1056-C	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. \$	20,389	20,389		
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 (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) Diapers \$55,912 Supplies \$7,672		\$	63,584	63,584		
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	83,973	83,973		
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 Milford Health Care Center, Inc.		License No. 1056-C	Report for Year Ended 9/30/2018		Page 20	of 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. \$	46,115	46,115		
	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> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	46,115	46,115		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from PCA	\$	509,048	509,048		
	b. Medicine Cabinet Drugs	\$	21,134	21,134		
	c. Medical and Therapeutic Supplies	\$	162,921	162,921		
	d. Ambulance/Limousine***	\$	6,071	6,071		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	21,400	21,400		
	f. X-rays and Related Radiological Procedures***	\$	33,039	33,039		
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
	h. Laboratory***	\$	65,920	65,920		
	i. Recreation	\$	28,812	28,812		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	87,095	87,095		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	935,440	935,440		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
IV Therapy Supplies - Rehabilitation Therapy and Ancillary	\$ 9,932		
Purchased Services - Nursing	\$ 3,262		
Equipment Rental - Nursing	\$ 52,181		
Equipment Rental - Rehabilitation Therapy and Ancillary	\$ 13,459		
Equipment Rental - Respiratory	\$ 8,261		
Purchased Services - Rehabilitation Therapy and Ancillary	\$ 25		
Respiratory Therapy Fee	\$ (25)		
<b>Total Other Resident Care</b>	<b>\$ 87,095</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Milford Health Care Center, Inc.			License No. 1056-C		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
ADM Environmental Group	Brooklyn Ave. Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Waste Services/Monthly Recycling Services	26,442			22	6F
Milford Quality Landscaping	PO Box 329 Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	16,556			22	6F
Total Lawn Care & More LLC	15 Clark St. Apt1. Milford CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	10,848			22	6F
ADP	P.O. Box 842875 Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Service	14,516			16	M13
Integrated Health Systems	Overland Park, KS 66283	<input type="radio"/>	<input checked="" type="radio"/>		Computer Maintenance Systems	13,755			16	M13
MJ Daly	110 Mattatuck HTS, Waterbury, CT 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	28,235			22	6a
Junga Electric LLC	19 Candlewood RD, Milford CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Electrical Services	10,732			22	6a
Otis Elevator	P.O. Box 13716 Newark, NJ 07188	<input type="radio"/>	<input checked="" type="radio"/>		Electrical Services	16,195			22	6a
		<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
Milford Health Care Center, Inc.	1056-C	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 138,940	138,940				
b. Heat	\$ 53,792	53,792				
c. Light & Power	\$ 144,867	144,867				
d. Water	\$ 28,605	28,605				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 47,422	47,422				
f. Other ( <i>itemize</i> )	\$ 68,999	68,999				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 482,625</b>	<b>482,625</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 76,912	76,912				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 76,912</b>	<b>76,912</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 72,641	72,641				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 72,641</b>	<b>72,641</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 650,716	650,716				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 160,437	160,437				
c. Personal property taxes	\$ 9,296	9,296				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 970,002</b>	<b>970,002</b>				

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Supplies - Security	\$ 710		
Ground Supplies - Maintenance	\$ 126		
Purchased Services - Security	\$ 7,932		
Pest Control - Maintenance	\$ 2,600		
Carting - Maintenance	\$ 29,326		
Ground Services - Maintenance	\$ 27,537		
Short Term Lease - Postage Machine	\$ 768		
<b>Total Other Repairs and Maintenance</b>	\$ 68,999	\$ -	\$ -

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### Depreciation Schedule

Name of Facility Milford Health Care Center, Inc.			License No. 1056-C			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			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<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						905,675		905,675	562,762	SL		72,690	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						78,534		78,534		SL		4,222	
D-3. Subtotal													76,912
<b>E. Total Depreciation</b>													76,912

Milford Health Care Center, Inc.  
9/30/2018

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>				
10/27/2017	ECG 12 Channel	\$ 3,675	7	\$ 525
11/14/2017	Electric Bed	\$ 936	12	\$ 72
11/15/2017	TriState HiLo Bed-Del	\$ 920	12	\$ 70
11/30/2017	UniMac Washer	\$ 14,827	15	\$ 906
12/31/2017	Smoke and Heat Detectors	\$ 2,346	10	\$ 196
1/5/2018	Snowblowers	\$ 653	5	\$ 98
1/23/2018	Parts for Power System	\$ 9,144	10	\$ 686
1/31/2018	Power Pack HP208	\$ 1,746	10	\$ 131
1/31/2018	Monitor & Office	\$ 920	3	\$ 230
2/28/2018	Disposers	\$ 1,754	5	\$ 234
2/28/2018	TriState HiLo Bed	\$ 920	12	\$ 51
3/31/2018	Power Pack 1/6 HP	\$ 855	10	\$ 50
4/30/2018	Rexx HI-LO Bed-1	\$ 956	12	\$ 40
5/7/2018	Rexx HI-LO Bed-2	\$ 956	12	\$ 33
5/22/2018	Rexx HI-LO Bed-3	\$ 956	12	\$ 33
5/29/2018	Grills	\$ 1,284	3	\$ 178
5/31/2018	3 Fire Doors and Hardware	\$ 10,000	15	\$ 278
6/2/2018	Heavy Duty Food Blender	\$ 1,203	10	\$ 40
7/20/2018	Computer Desktop	\$ 739	5	\$ 37
7/20/2018	Computer Desktop CPU & Monitor	\$ 908	5	\$ 45
7/31/2018	Lift Sit to Stand	\$ 2,413	10	\$ 60
7/31/2018	2x Wood Closet Doors	\$ 1,735	15	\$ 29
8/17/2018	Door Installation	\$ 16,205	15	\$ 180
9/27/2018	Rexx HI-LO Bed-4	\$ 956	10	\$ 8
9/30/2018	Enteral - 1	\$ 1,018	10	\$ 8
9/30/2018	Enteral - 2	\$ 509	10	\$ 4
<b>Total additions for Movable Equipment</b>		\$ 78,534		\$ 4,222 *
<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>				
11/17/2017	Door Hardware	\$ 627	10	\$ 57
11/25/2017	Fire Door	\$ 6,136	10	\$ 562
11/30/2017	Dish Room & Storage Room Door	\$ 4,514	10	\$ 414
6/19/2018	HVAC RTU-2	\$ 14,209	10	\$ 474
6/19/2018	HVAC RTU-1	\$ 14,209	10	\$ 474
6/21/2018	HVAC Install - 3	\$ 12,758	10	\$ 425
7/31/2018	Elevator Upgrade	\$ 8,081	20	\$ 101
7/31/2018	HVAC RTU-5	\$ 12,528	10	\$ 313
9/30/2018	Hallway Mini Split	\$ 8,991	15	\$ 50
9/30/2018	Paint & Remove Metal Door Jamb	\$ 1,462	5	\$ 24
<b>Total additions for Leasehold Improvement</b>		\$ 83,515		\$ 2,894 *
<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			License No.		Report for Year Ended			Page	of
Milford Health Care Center, Inc.			1056-C		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<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				1,270,085	771,582	SL		69,747	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				83,515		SL		2,894	
C-4. Subtotal									72,641
<b>D. Total Amortization</b>									72,641

\* 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 Milford Health Care Center, Inc.	License No. 1056-C	Report for Year Ended 9/30/2018	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				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		120		
6. Square Footage		59,396		
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)		Fixed		
b. Date Mortgage Obtained		07/29/04		
c. Interest Rate for the Cost Year		6.39%		
d. Term of Mortgage (number of years)		40		
e. Amount of Principal Borrowed		9,387,600		
f. Principal balance outstanding as of 9/30/18		8,265,335		
<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
Milford Health Care Center, Inc.	1056-C	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. <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
Milford Health Care Center, Inc.		1056-C		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)				\$	4,047	4,047	
Property Interest \$2,794, Interest Admin \$1,253							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	4,047	4,047	
14. Insurance							
a. Insurance on Property (buildings only)				\$	16,233	16,233	
b. Insurance on Automobiles				\$	1,136	1,136	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	10,400	10,400	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	120,028	120,028	
Liability \$78,285; Mortgage \$41,743							
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$	147,797	147,797	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$	13,704,717	13,704,717	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Milford Health Care Center, Inc.				1056-C	9/30/2018	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.	10	12M	Salaries not related to Resident Care	\$ 28,365	28,365		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.	13	8c	Resident Care Physicians **	\$ 34,518	34,518		
6.	13	10a	Occupational Therapy	\$ 473,512	473,512		
7.			Other - See attached Schedule	\$ 92,144	92,144		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 8,398	8,398		
11.			Telephone	\$			
12.	15	lh2	Cellular Telephone	\$ 4,483	4,483		
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.			Automobile Expense (e.g. personal use)	\$			
18.	16	m1/m	Unallowable Advertising *	\$ 31,287	31,287		
19.	15	lj	Income Tax / Corporate Business Tax	\$ 2,386	2,386		
20.			Fund Raising / Contributions	\$			
21.	15/16	ld/ M	Unallowable Management Fees	\$ 245,158	245,158		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 165,195	165,195		
<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)				\$ 1,085,445	1,085,445		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B2	Dentist	\$ 6,753		
13	B12	Consulting Fees - Nursing	\$ 15,265		
13	B12	Consulting Fees - Rehab Therapy and Ancillary - PTS	\$ 7,556		
13	B8a	Medical Director (over the limit)	\$ 39,026		
13	B3	Pharmacist	\$ 13,424		
13	B6	Consulting Fees - Social Service	\$ 10,120		
<b>Total Other Fees Adjustments</b>			\$ 92,144	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L3	Gifts to residents & staff	\$ 11,199		
16a	M13	Bank Charges	\$ 33,660		
16a	M13	Miscellaneous Expenses	\$ 3,462		
16a	M13	Crime Insurance	\$ 812		
15	1a	Benefits on salaries not related to resident care	\$ 8,464		
15	1a1	Retro Workers Compensation Expense	\$ 92,774		
16	m13	Prior Period Expense	\$ 14,764		
16	m8	Dues - Administration	\$ 60		
<b>Total Other A&amp;G Adjustments</b>			\$ 165,195	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Milford Health Care Center, Inc.				1056-C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,085,445	1,085,445		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 509,048	509,048		
28.	20	5d	Ambulance/Limousine	\$ 6,071	6,071		
29.	20	5f	X-rays, etc	\$ 33,039	33,039		
30.	20	5h	Laboratory	\$ 65,920	65,920		
31.	20	5c	Medical Supplies	\$ 18,313	18,313		
32.	20	5e2	Oxygen (non emergency)	\$ 21,400	21,400		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 92,784	92,784		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 4,152	4,152		
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	\$ 15,162	15,162		
<b>Page 27 - Insurance</b>							
40.	27	14c3	Mortgage Insurance	\$ 41,743	41,743		
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	\$ 2,188	2,188		
<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>				\$ 1,895,265	1,895,265		

\*\*\* 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.

Milford Health Care Center, Inc.  
9/30/2018

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	IV Therapy Supplies	\$ 9,932		
20	51	Equipment Rental - Nursing	\$ 52,181		
20	51	Equipment Rental - Rehab Therapy & Ancillary	\$ 13,459		
20	51	Equipment Rental - Respiratory	\$ 8,261		
20	Misc	Procare disallowed price markup	\$ 495		
20	5i	Cable TV Expense - Resident Rooms	\$ 8,456		
<b>Total Other Ancillary Costs</b>			\$ 92,784	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Depreciation on Mattresses & TV's	\$ 4,152		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 4,152	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6e	Auto Lease	\$ 13,668		
27	14b	Auto Insurance	\$ 1,136		
16	L6	Auto Expense	\$ 358		
<b>Total Other Property Adjustments</b>			\$ 15,162	\$ -	\$ -



Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Misc. Other Income	\$ 636		
27	12D	Other interest expense	\$ 1,253		
30	IV5	Interest Income	\$ 299		
<b>Total Other Adjustments</b>			\$ 2,188	\$ -	\$ -

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
Milford Health Care Center, Inc.	1056-C	9/30/2018		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> )	\$ 12,413,160	12,413,160			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,942,796)	(5,942,796)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 5,316,441	5,316,441			
b. Medicare Room and Board Contractual Allowance **	\$ (15,881)	(15,881)			
4. a. Private-Pay Residents and Other	\$ 2,917,800	2,917,800			
b. Private-Pay Room and Board Contractual Allowance **	\$ (771,249)	(771,249)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 397,648	397,648			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (385,913)	(385,913)			
c. Prescription Drugs - Non-Medicare	\$ 59,333	59,333			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (59,333)	(59,333)			
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	\$ 816,648	816,648			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (726,308)	(726,308)			
c. Physical Therapy - Non-Medicare	\$ 55,108	55,108			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (55,107)	(55,107)			
4. a. Speech Therapy - Medicare	\$ 243,870	243,870			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (206,257)	(206,257)			
c. Speech Therapy - Non-Medicare	\$ 22,676	22,676			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (22,676)	(22,676)			
5. a. Occupational Therapy - Medicare	\$ 931,937	931,937			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (848,390)	(848,390)			
c. Occupational Therapy - Non-Medicare	\$ 70,205	70,205			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (70,205)	(70,205)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 25,890	25,890			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 17	17			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,166,618	14,166,618			
<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> )	\$ 299	299			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 45,455	45,455			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 45,754	45,754			
<b>VI. Total All Revenue</b> (III +V)	\$ 14,212,372	14,212,372			

\* 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.



### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	48,329
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,129,561
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	38,943
5. Prepaid Expenses			\$	169,222
a. Taxes (personal property, real estate, corp)	84,530			
b. Managemenet Fees	41,227			
c. Insurance (General, Workers Comp)	26,656			
d. See Schedule	16,809			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	1,274,253
Patient Funds	26,068			
Escrow Deposits	160,489			
Due From Related Party	1,087,696			
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	3,660,308
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,353,600</u>		\$	509,377
	Accum. Depreciation <u>844,223</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>984,209</u>		\$	344,535
	Accum. Depreciation <u>639,674</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	853,912

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

(Carry Total forward to next page)

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

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

Name of Facility Milford Health Care Center, Inc.		License No. 1056-C	Report for Year Ended 9/30/2018	Page 32	of 37
Account				Amount	
Total Brought Forward:				\$	4,514,220
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> )					
Security Deposits				11,500	
Reserve for Replacement				281,660	
See Schedule				56,709	
\$					
349,869					
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>					
\$					
349,869					
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>					
\$					
4,864,089					

\* 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	
Page 31	A5	Prepaid Expense Other	16,453
Page 31	A5	Loans and Exchanges	356
<b>Total Prepaid Expenses</b>			<b>\$ 16,809</b>

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Due From Related Long Term	\$ 25,564
32	D7	Net Deferred Tax Asset	31,145
<b>Total Other Assets</b>			<b>\$ 56,709</b>

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

Page Ref	Line Ref	Description	
31	A8	Pension Accrual	\$ 68,774
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 68,774</b>

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

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

## 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
Milford Health Care Center, Inc.		1056-C	9/30/2018	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,066,952
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	448,891
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
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> )				\$	1,873,217
Accrued Expenses		91,005	Revenue Assessment	177,093	
Patient Funds		26,068	Accounting Fee	30,855	
Due to Third Party		15,033	Due to Related Party - Sh	1,106,131	
Due to Realty		358,258	See Schedule	68,774	
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	3,389,060

\* 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 Milford Health Care Center, Inc.	License No. 1056-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				3,389,060
<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> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
Due to Related Party - Long Term		89,328		
See Schedule				89,328
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 89,328
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 3,478,388



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

Name of Facility	License No.	Report for Year Ended	Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2018	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			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	877,046
6. Gain or Loss for Period			\$	507,655
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	1,385,701
<b>C. Total Reserves and Net Worth</b>			\$	1,385,701
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,864,089

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Milford Health Care Center, Inc.	1056-C	9/30/2018	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	1,346,046		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,212,372		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,704,717		
D. Net Income or Deficit			\$	507,655		
E. Balance			\$	1,853,701		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
Comissioner of Revenue Service Refund	11,000					
2. Other <i>(itemize)</i>						
F-3. Total Additions					\$	11,000
G. Deductions						
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	480,000		
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount			
Marvin Ostreicher, 184 Wildacare Ave, Lawrence, NY 11559		President	240,000			
Agnes Zitter, 9 Dogwood Lane, Lawrence, NY 11559		Secretary	240,000			
2. Other Withdrawings <i>(Specify)</i>			\$			
Purpose		Amount				
3. Total Deductions			\$	480,000		
H. <b>Balance at End of Period</b>			\$	1,384,701		
				09/30/18		

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

Name of Facility Milford Health Care Center, Inc.	License No. 1056-C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<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		Title		Date Signed
Printed Name of Preparer				
Blum Shapiro & Company, P.C.				
Address Address			Phone Number	
2 Enterprise Drive Shelton, CT 06484-1488			(860) 561-6853	
Annual Report Contact			Phone Number	
George Thomas			(860) 561-6853	
Annual Report Contact Email Address				
GTHOMAS@blumshapiro.com				