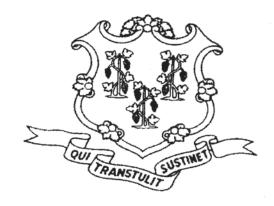
State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as l	licensed)							
RegalCare at Waterbo	ury, LLC							
Address (No. & Stree	et, City, State, Z	Cip Code)						
177 Whitewood Road	d, Waterbury, C	T 06708						
Type of Facility								
Chronic and C Nursing Home	Convalescent e only (CCNH)		Rest Home with Supervision only (RHNS)	_		(Specify)		
Report for Year Begi	nning		Report for Year	Ending				
10/1/2017			9/30/2018					
License Numbers:	CCNH 2356	RHNS		(Specify)			dicare Provider 07-5219	
Medicaid Provider Numbers: CC 000009001			CNH	RH	RHNS ICF-IID			F-IID
For Department Us	e Only							
Sequence Number	Signed and	Date	Sequence N	umber	Signad	and Motoria	ad	Date Received
Assigned	Notarized	Received	Assigne	ed	Signed	and Notariz	ea	Date Received
			<u> </u>					

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
RegalCare at Waterbury, LLC	2356	9/30/2018	11	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 RegalCare at Waterbury, LLC [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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.

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Craig Dumont			Printed Name (Owner) Eliyahu Mirlis	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public	J			

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
RegalCare at Waterbury, LLC				10/1/2017	9/30/2018
Address of Facility					
177 Whitewood Road, Waterbury, CT 06708					
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-96	500	12/21/2018	<u></u>
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$			<u> </u>	
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

Phone No. o					Report for Yes	ar Ended	Page		of
		203-757-9491			9/30/2018		2	<u> </u>	37
Name of Facility (as shown on license)		Address (No. & Street, City, State, Z							
RegalCare at Waterbury, LLC			177 Whitewood Road, Waterbury, CT 0670						
	CCNH		RHNS	(Specify)			Medicare Provider No.		
License Numbers:	2356						07-5219		
Type of Facility (Check appropriate box(es))								
☐ Chronic and Convalescent Nursing Home only (CCNH)			Home with I ervision only		~ 11	(Specify))		
Type of Ownership (Check appropriate box))								
O Proprietorship • LLC O	Partnership	0	Profit Corp.		Non-Profit Cor		Government	0	Trust
If this facility opened or closed during repor	t year provide:	:		Date	Opened	Date Clo	sed		
Has there been any change in ownership									
or operation during this report year?		0	Yes	•	No	If "Yes,"	explain full	у.	
Administrator									
Name of Administrator					Nursing Ho				
Craig Dumont			Administrator'			1	1		
	1	/C 11	4 (1)	- C -1 - '	License N	No.:			
Other Operators/Owners who are assistant a Name	idministrators	(IIII)	or part time)	or thi	License 1	Jo :			
N/A					License	١٠٠.١			

General Information and Questionnaire Partners/Members

Name of Facility RegalCare at Waterbury, LLC		License No. 2356	Report for Y 9/30/2018	ear Ended	Page of 3 37
Legal Name of Part	nership/LLC	Business A		State(s) and/o Which R	or Town(s) in
RegalCare OP Holding Compa		5 Barlow Road, 08817	Edison, NJ	NJ	•
Name of Partners/Members	Business Ac	ldress	,	Title	% Owned
Eliyahu Mirlis	5 Barlow Road, Edison	, NJ 08817	Member		98
Corinne Debacco	519 Cedar Ridge Dr Glastonbury, CT 06033		Member		2

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	ded	Page of
RegalCare at Waterbury, LLC	2356	9/30/2018		3A 37
If this facility is owned or operated as a corpo	ration, provide the	following informatio	n:	
Legal Name of Corporation		s Address		ch Incorporated
N/A				
·				
Name of Directors, Officers	Busines	s Address	Title	No. Shares
				Held by Each
N/A				
	ĺ		i	
	!			
Names of Stockholders Owning at Least 10%				
of Shares				
N/A				
			•	
	ĺ			
1	1		I	J

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of									
RegalCare at Waterbury, LLC	2356	9/30/2018	3B 37									
If this facility is owned or operated as an individua												
Owner(s) of Facility												
N/A												
•												
<u> </u>												

State of Connecticut
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CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

Name of Facility RegalCare at Waterbury, LLC	, LLC	License	No. 2356	R.	Report for Year Ended 9/30/2018		Page 4	of 37
Are any individuals recemarriage, ability to cont	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	cility rels	ited throug	0	Yes O No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	e Name/Add	dress and ge 11 of the report.
Are any individuals or c	Are any individuals or companies which provide goods or services,	or servic	es,					
including the rental of p related through family a	including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business	o this fac	cility, or busines	S	O Yes O No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fa	cility?			If "Yes," provide the following information:	e following	information:
		Also	Also Provides Goods/Services to	- t		Indicate Where Costs are Included		
Name of Related	Business	Non-R	Non-Related Parties	ies	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	% oN	**%	Provided	Page # / Line #	Reported	Related Party
RegalCare OP Holding Company, LLC	5 Barlow Road, Edison, NJ 08817	0	0	Li	Line of Credit Interest	Pg 27 / Line 12d	61,684	61,684
Regal Care Rehab	26 Firemens Memorial Drive, Suite 205 Pomona, NY 10970	0	0	<u>K</u>	Physical Therapy	Pg 13 / Line B5a	255,977	255,977
Regal Care Rehab	26 Firemens Memorial Drive, Suite 205 Pomona, NY 10970	0	0	Sp	Speech Therapy	Pg 13 / Line B9a	53,796	53,796
Regal Care Rehab	26 Firemens Memorial Drive, Suite 205 Pomona, NY 10970	0	0	Ŏ	Occupational Therapy	Pg 13 / Line B10a	262,614	262,614
		0	0	M	Workers Compensation	Pg 15 / Line lal	238,973	238,973
	COMMON PLANS	0	0	He	Health Insurance	Pg 15 / Line 1a5	1,055,817	1,055,817
		0	0	Pr	Property Insurance	Pg 27 / Line 14a	9,246	9,246
	ノ 	0	0	Li	Liability Insurance	Pg 27 / Line 14c3	76,030	76,030
Various Due To/From Intercompany Loans		0	0	Int	Intercompany Loans	Pg 32 / Line D6		
J	٠.							

* Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.	,	Report for Year Ended	Page of	f						
RegalCare at Waterbury, LLC	2356		5 37	7							
If the facility is licensed as CDH and/or RCH or	r provides A	AIDS or TBI services with special Medicaid rates, costs									
must be allocated to CCNH and RHNS as follow	ws:										
Item			Method of Allocation								
Dietary		Number of	meals served to residents								
Laundry		Number of	pounds processed								
Housekeeping		Number of	square feet serviced								
			hours of routine care provided	-							
Nursing		employee c	lassification, i.e., Director (or C	harge Nurse),	,						
		_	Nurses, Licensed Practical Nur	ses, Aides and	i						
		Attendants									
Direct Resident Care Consultants		Number of	hours of resident care provided	by EACH							
		specialist (See listing page 13)								
Maintenance and operation of plant		Square feet									
Property costs (depreciation)		Square feet									
Employee health and welfare		Gross salaries									
Management services			e cost center involved								
All other General Administrative expenses			rect and Allocated Costs								
The preparer of this report must answer the follow	owing questi	ons applical	ole to the cost information provi	ided.							
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why such	allocation wa	as						
costs allocated as required?	O Tes	O NO	not made.	_							
N/A											
2. Explain the allocation of related company exp	penses and a	ttach copy of	of appropriate supporting data.								
N/A											
				_							
3. Did the Facility appropriately allocate and se	lf-disallow d	irect and in	direct costs to non-nursing hom	e cost centers?	?						
(e.g., Assisted Living, Home Health, Outpation	ent Services,	Adult Day	Care Services, etc.)								
	O 11	0 11	If "No," explain fully why such	allocation wa	as						
	Yes	O No	not made.								
N/A											

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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

-	_	_	_	_	_	_												_
	Page of	6 37				Amount	Claimed											
					Annual	Amount	of Lease	300										
	ear Ended			1,550		Term of	Lease											
	Report for Year Ended	9/30/2018				Date of	Lease**											
	License No.	2356					Description of Items Leased											
			Related * to	Owners,	Operators,	Officers	No	0	0	0	0	0	0	0	0	0	0	
			Relat	O	Oper	Off	Yes	0	0	0	0	0	0	0	0	0	0	
should not be included in these amounts.	Name of Facility	RegalCare at Waterbury, LLC					Name and Address of Lessor											

Is a Mileage Log Book Maintained for All Leased Vehicles?

0N (O

O Yes

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

Name of Facility	License No.		Report for Year Ended		Page	of
RegalCare at Waterbury, LLC	2356		9/30/2018		7	37
The records of this facility for the p	period covered by this	report v	were maintained on the following basis:			
	Modified Cash					
Is the accounting basis for this						
	Yes		If "No," explain.			
previous period?	No					
N/A						-
Independent Accounting Firm						
Name of Accounting Firm			Address (No. & Street, City, State, Zip Code)		
1 Marcum LLP			555 Long Wharf Drive, 8th Floor, New	Haven, CT	06511	
2						
3						
4						
Services Provided by This Firm (de	escribe fully)					
1 Management Advisory Services / Cos	t Report Preparation			\$	16,795	
2				\$	_	
3				\$,
4				\$		
				Charge fo	r Services P	rovided
				\$	16,795	
Are These Charges Reflected in the Expend	liture Portion of This Repo	ort? If Yes	s, Specify Expense Classification and Line No.	, ,	10,773	
⊙ Yes O No	Page 15, Line 1d	J. 11 1 C.	s, specify Expense chastification and Ellic No.			
Legal Services Information	10					
Name of Legal Firm or Independen	nt Attorney			Telephon	e Number	
l LeClair Ryan		A=14,	709	804-783-		
2 Murtha Cullina	TI	he Facilit	ty self disallowed 14,709 for legal	860-240-		
3 Goldman, Gruder & Woods L.	LC e	xpenses	. No accounting fees within this	203-899-		
4 CNH Finance		dia allacce		203-742-		
5 See Attached	C	disallowa	nce.	various	,057	
Address (No. & Street, City, State,	Zip Code)			11000		
1 PO Box 780054 Philadelphia,	•					
2 185 Asylum Street, Hartford,						
3 200 Connecticut Avenue, Nor						
4 2 Greenwich Plaza, Greenwich						
5 Various	, 01 0000					
Services Provided by This Firm (de	escribe fully)					
1 Settlement Negotiations (Disallowed	\$127 on Pg 28) A			\$	254	
2 Licensing / General Legal assistance (Disallowed \$1,016 on Pg	28) A		\$	3,420	
3 Insurance Claims / Drafting Letters				\$	357	
4 Line of Credit Financing (Disallowed	l on Pg 28) A			\$	9,916	
5 See Attached (Disallowed \$3650 on	Pg. 28) A			\$	8,130	
				Charge fo	r Services P	rovided
				\$	22,077	
Are These Charges Reflected in the Expend	diture Portion of This Repo	ort? If Ye	s, Specify Expense Classification and Line No.			
• Yes O No	Page 15, Line 1e					

General Information and Questionnaire Accounting Basis

Name	of Facility	License No.	Report for Year I	Ended	Page	of
Regal	Care at Waterbury, LLC	2356	9/30/2	018	7a	37
Legal	Services Information					
Name	of Legal Firm or Independent Attorney			Telephone	Number	
1	Robinson & Cole LLP			203-462-7	500	
2	American Arbitration Association			215-732-5	002	
3	Yifat Schnur Esquire LLC			347-268-5	347	
4	Donahue, Durham & Noonan, P.C.			203-458-9	168	
5	Treasurer State of CT			860-702-3	000	
5	State Marshall			860-713-5	372	
7	Richard G. Boulanger, Esq			508-831-9	988	
3	Naugatuck Probate Court			203-720-7	046	
Addre	ess (No. & Street, City, State, Zip Code)					
l	280 Trumbull Street, Hartford, CT 06103					
2	230 S Broad Street Fl 12, Philadelphia, P.	A 19178				
3	22 Prescott St, Edison, NJ 08817					
1	741 Boston Post Road, Guilford, CT 0643	37				
5	55 Elm Street, Ste 5, Hartford, CT 06106					
5	450 Columbus Blvd, Suite 1403, Hartford	l, CT 06103				
7	PO Box 358, Grafton, MA 01519					
3	229 Church Street, Ste 4, Naugatuck, CT	06770				
Servi	ces Provided by This Firm (describe fully)					
	General Legal Services / NLRB Compliance / Settl	ements (Disallowed \$	16 on Pg 28) A	\$	97	
:	Initial Admin Fees			\$	275	
	Employee Settlements / District of CT Matter (Dis	allowed \$181 on Pg 2	8) A	\$	3,455	
,	NEHC Case (Disallowed on Pg 28) A			\$	702	
5	Conservatorship (Disallowed on Pg 28)			\$	1,263	
5	Conservatorship (Disallowed on Pg 28)			\$	280	
,	Arbitration (\$850 Disallowed on Pg 28) A			\$	1,700	
3	Conservatorship (Disallowed on Pg 28) A			\$	358	
				Charge for	Services	Provided
				\$	8,130	
Are Th	ese Charges Reflected in the Expenditure Portion of This	Report? If Yes, Spe	cify Expense Classification	and Line No.		
	O Yes O No	Page 15, Line 1e				

State of Connecticut Annual Report of Long-Term Care Facility CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility RegalCare at Waterbury, LLC			License No. 235	No. 2356			Report for 9/30/2018	Report for Year Ended 9/30/2018	R		Page 8	of 37
						Period 10/1 Thru 6/30	1 Thru 6/	30		Period 7/1 Thru 9/30	Thru 9/3	0
	Total All	Total CCNH	Total RHNS	Total								
	Levels	Level	Level	(Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHINS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120	V 200 15		120	120		
B. On last day of THIS report period	120	120			120	120		1000	120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	114	114			114	114			110	110		
B. As of midnight of THIS report period	Ξ	==			011	110			1111	111		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,100	4,100	-		3,145	3,145			955	955		
B. Medicaid (Conn.)	34,908	34,908			26,114	26,114			8,794	8,794		
C. Medicaid (other states)												
D. Private Pay	534	534			412	412			122	122		
E. State SSI for RCH				3.0		6						
F. Other (Specify) HMO & Private Insurance	856	856			959	959			200	200		
G. Total Care Days During Period (3A thru F)	40,398	40,398			30,327	30,327			10,01	10,01		
4. Total Number of Days Not Included in Figures in 3G												
for Which Revenue Was Received for Reserved Beds					200-1-10							
A. Medicaid Bed Reserve Days	135	135			135	135						
B. Other Bed Reserve Days	27	27			12	12			15	15		
5. Total Resident Days (3G + 4A + 4B)	40,560	40,560			30,474	30,474			10,086	10,086	1000	

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licer	ise No.				Report	for Year	Ended		Page	of
RegalCare at	Waterbu	ıry, LLC		2	2356			1		9/30/201	8		9	37
			in the certified b	ed ca	pacity du	ring t	he repo	rt yea	r?	0	Yes	0	No	
	•	•	lowing informat		. ,			•						
			f Change		Cł	ange	in Bed	s		Car	pacity Afte	er Change		
Date of		RHNS	(Specify)	\vdash	Lost			Gaine	1		1			
	CCIVII	Idii	(Specify)	\vdash	Lost	-	`							
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	or Change
	\-\-\-	(-)	(2)		()	(0)		(-/				(=		
5 If there is	voc onv	ohonaa	in certified bed	onnooi	ty durina	ther	enort v	aar (ac	ranort	ad in itan	1 above)	provide the nun	ober of	
		_				the r	eport y	car (as	героп	ed in item	1 4 above)	provide the num	ilder of	
RESIDE	ENIDA	YS for	90 days following	ig the	cnange.									
													/0	
			Change in R	esider	nt Days					CC	NH	RHNS	(Spe	cify)
1st change														
2nd char														
3rd chan 4th chan													<u> </u>	
		lents an	d Rates on Septe	ember	30 of Co	st Ye	ar							
0	01110011		Medicare		Medi			Γ		Se	elf-Pay		Other Stat	e Assisted
				l										
	Item		CCNH	Ιc	CNH	RI	HNS	Lca	CNH	l RF	INS	(Specify)	R.C.H.	ICF-MR
No. of R			8		99				4			(,		
Per Dien										130				
a. One b	ed rm.		Various		259.64				376,00					
b. Two	bed rms.		Various		259.64				353.00					
c. Three	or more	e						l						
bed 1	ms.							<u></u>						
										!				
			al Therapy Treat	ments	;					TO	TAL	CCNH	RHNS	(Specify)
	Medica									Shipper Market Market	2,519	2,519	Carlo Carlo Carlo Carlo	
в.			lusive of Part B) e Treatments)							224	224		
			Treatments								224	224		
	Other	wative	Treatments								10,271	10,271		
		Physical	Therapy Treat	ments							15,035	15,035		
			Therapy Treatn								11.5			
	Medica									STREET, STREET	451	451	ENGINE SPECIFICATION AND A CONTROL	ATTENNESS AND AND AND THE PARTY OF THE
B.	Medica	aid (Exc	lusive of Part B))						444		The second second		170-17
			e Treatments								26	26		
		torative	Treatments								236	236		
	Other										979	979		
			Therapy Treatm							Entratholisasina 1796	1,692	1,692	\$1000 DECEMBER 1975 - AVAILABLE 1970	4-500-04-00-00-00-00-00-00-00-00-00-00-00-0
			ational Therapy	reatr	nents					Service Services		100		
	Medica		t B lusive of Part B	. —				-			2,216	2,216		
В.			e Treatments	,						Mark Records Services	208	208		
			Treatments								1,877	1,877		
C.	Other										11,054	11,054		
		Occupat	ional Therapy	Treatr	nents						15,355	15,355		

Report of Expenditures - Salaries & Wages

Report of Ex	*	- Dararre				
Name of Facility	License No.		Report for Year	Ended	Page	of
RegalCare at Waterbury, LLC	2356		9/30/2018		10	37
Are time records maintained by all individuals receiving con	npensation?	0	Yes	0	No	
	al.		Total Cost a	nd Houre		
	7		10tai Cost a	nu riouis		Ι''' '
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*	CCNH	nouis	KIINS	Hours	(Specify)	Hours
1. Operators/Owners (Complete also Sec. I						
of Schedule A1)			Section (Constitution (Constit	BANKARAN KANDAN KAND		E STATE OF THE PERSON NAMED IN
2. Administrator(s) (Complete also Sec. III					100000000000000000000000000000000000000	
of Schedule A1)	160,183	2,610				
Assistant Administrator (Complete also Sec. IV	引题及是长 源。	100000		52.43		Y2-17
of Schedule A1)						
Other Administrative Salaries (telephone	Q 25 (4) (4) (4) (4)					147.00
operator, clerks, receptionists, etc.)	176,024	10,659				
Dietary Service	2 4 y 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				图 是	
a. Head Dietitian	64,126	1,602				
b. Food Service Supervisor	51,264	1,832				
c. Dietary Workers	433,228	22,323	kinoshiosi okusomioan kizala Pkikati	Manual Assessment Seconds	H ROKENSKI SKRIPTER PRODUCE FOR STORY	edito-issuestraturarentae
6. Housekeeping Service	22.404	1.061				A SASASIN
Head Housekeeper Other Housekeeping Workers	33,494 323,326	1,861 18,890			ļ	
7. Repairs & Maintenance Services	323,320	10,090		· 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图	多质 1.存在 1. 原序	
a. Engineer or Chief of Maintenance	59,695	2,086		SA BA		and a supplier of the
b. Other Maintenance Workers	62,778	3,055				
Laundry Service	""	27.02				
a. Supervisor		DAMAGE STATE OF THE STATE OF TH		Particular Control of Property		
b. Other Laundry Workers	98,586	5,642				
Barber and Beautician Services						
10. Protective Services	MINERAL SEASON SERVICES			per ten unt rativida nun cutation	C #4000 till millette vilke vilke var state til state vilke	Dawn College and College and
11. Accounting Services		design of the same		G-6941 of (A)	14.952.40mm.200	東京県 140
a. Head Accountant						
b. Other Accountants 12. Professional Care of Residents		POLICE DE L'ANGER DE L		No. 100 AND AND ADDRESS OF THE PARTY.		Property and the second
	105.419	4 2 1 2	LOCAL MANAGEMENT	Military Fran		10216
a. Directors and Assistant Director of Nurses b. RN	195,418	4,212		RESERVED ACTOR OF THE	DOTGLASSING PROGRAM	historialisasianini
	518,015	12,826		British & Court	intaxethana	
Direct Care Administrative**	320,269	10,926				
c. LPN	320,209	10,920			NEW TOTAL	
Direct Care	1,541,544	43,268				KARGOSIAN BALLANI
2. Administrative**	1,011,011	10,200			<u> </u>	
d. Aides and Attendants	1,790,522	88,174				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	111,176	5,281	VATORINAL MODE CANNOT DO NOT	Tel domontino de la constante del		STATE STATE OF THE
i. Physicians	The second section			Semon in the	电影总量的 基	\$. #A
Medical Director Utilization Review	 				ļ	ļ
3. Resident Care***			 		 	
4. Other (Specify)					PACE TO THE	
1. Other (Speedity)	M(S45) Lu35 (DX10) 8 (0.01)	SHOPE SHEET BY	English States (ETT)			
j. Dentists	1					
k. Pharmacists			1		1	†
Podiatrists						
m. Social Workers/Case Management	86,323	3,023				
n. Marketing	33,709	2,092				
o. Other (Specify)	注题参数基	2 20 30 3	79432			
See Attached Schedule	244,257					
A-13. Total Salary Expenditures	6,303,937	249,149	L	I		<u> </u>

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

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

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

Schedule of Other Salaries and Wages (Page 10)

	CCN	H	RI	INS	(S _I	ecify)
Position	S	Hours	S	Hours	S	Hours
for any procedure of the contract of the contr		Service 1			100	
Clinical Services	\$ 14,904	1,251				1,35%
Medical Records	23,648	1,333	San State of the	Laurent We		
Admissions	205,705	6,203				J. Land
					publika Sublika	1
CONTRACTOR OF THE STATE OF THE	100 March 100 Ma		1000			
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				<u> </u>	-	
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and the second s						
		- 44-1-3			1	
State Company of the State of the		Talanta a	7 17 24	J- 100 Mg		
			10 10			
The second secon	2,000				1	
1 4 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	# 184	3.00	7/2 13	-		. Direction
Total	\$ 244,257	8,787	\$ -	- 7	\$ -	-

Schedule of Other Fees (Page 13)

	C	CNH	RI	HNS	(S)	ecify)
Service	\$	Hours	\$	Hours	S	Hours
	0					13.7
Respiratory Therapist	\$ 63,634	1,240			1000	F. 100 (100)
Pulmonary Rehab services	45,500	Monthly Fee				
IV Insertion Nurse	18,885	77				
				ļ		-
						-
		 		 		-
40 January 1980						
						-
		1				+
			and which are	e le condu	10.00	
	the state of the s			Profession -		
Total	\$ 128,019	1,317	\$	arm Live	\$ -	

State of Connecticut
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CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

The second secon		7	Assistant	t Administra	Administrators and Other Related Parties*	Relate	d Parties	+		
Name of Facility				License No.		Report for	Report for Year Ended		Page	Jo
RegalCare at Waterbury, LLC				2356		9/30/2018			11	37
		Salary Paid	p							
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section I - Operators/Owners										
Corinne DiBacco	72,361			Non Discriminatory	Nursing Administrator	524	A12b2	RegalCare at New Haven	519	71,606
								RegalCare at West Haven	518	71,515
				į				RegalCare at Torrington	518	71,515
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).			74							
1	:				9. T. T].				

^{*} 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.

State of Connecticut
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Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

		<i>t</i>	issistam	Administra	Assistant Administrators and Other Related Parties 7	Related	rarnes	Service of the servic		A CONTRACTOR OF THE PARTY OF TH
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended	E)	Page	Jo
RegalCare at Waterbury, LLC				2356		9/30/2018			12	37
		Salary Paid	1							
				ringe Benefits and/or Other			Line Where		Total	
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours	Compensation Received
Section III - Administrators***										
Craig Dumont (8/21/18-9/30/18)	16,292			Non Discriminatory	Administrator	290 A2	A2			
Tom Quinn (1/10/18-8/21/18)	29,890			Non Discriminatory	Administrator	576 A2	A2			
William Pond (10/1/17-1/9/18)	114,001			Non Discriminatory	Administrator	1,744 A2	A2			
Section IV - Assistant Administrators										
						3 - 11 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	TOTAL HELD			
**************************************	1.	7 1 1	., 0.110		3					

^{*}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

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y	ear Ended	Page	of
RegalCare at Waterbury, LLC	23:	56	9/30/2018		13	37
1000 A COMP 中世代 1000 A COMP 1			Total Cost	and Hours		
_						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
B. Direct care consultants paid on a fee		4.4				(F) (F)
for service basis in lieu of salary					Lader Control	
(For all such services complete Schedule B1)	(基)對於(對)		Sund	1. 2. 24.29		377
1. Dietitian		105		-		
2. Dentist	7,200	195	ļ			
3. Pharmacist	13,056	No Hours				-
4. Podiatrist						
5. Physical Therapy	255.077	2.750				
a. Resident Care	255,977	3,759			 	
b. Other					 	
6. Social Worker						
7. Recreation Worker	CROSS CANADA SAN AND AND AND AND AND AND AND AND AND A			TO STANSAND NO.		C2:16:17:11:1
8. Physicians		410 505				
a. Medical Director (entire facility)	60,000	412 - EST	Name of the state			\$1000 NO.
b. Utilization Review	建分值及 如			1		
(Title 18 and 19 only) monthly meeting			ļ			
c. Resident Care**		06 (00) 3 (00)		A Section Control of the Control of	MESSERVER ASSESSED	ORDER SERVICE
d. Administrative Services facility Infection Control Committee		40.123.1342				
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings)					<u></u>	
Staff Development Committee						
(Once annually)		No aprili de la casa				
e. Other (Specify)		M. 414 (1.00)				220
9. Speech Therapist			Control Section	a see a see a see a		715,
a. Resident Care	53,796	423	Mark Budenasas	A STATE OF THE PARTY.		
b. Other	33,790	723	 	<u> </u>	 	
10. Occupational Therapist	国际基础等的			建筑建筑	公开 的400年55.40	
a. Resident Care	262,614	3,839	Mark the second	B MASSA DISTRIBLA		
b. Other	202,014	3,037			 	
11. Nurses and aides and attendants	Grant of the season		1000		· · · · · · · · · · · · · · · · · · ·	
a. RN						
1. Direct Care		T 12.4 (1) 42.				
2. Administrative***			<u> </u>			
b. LPN	分析能於公司在北 沙人					
1. Direct Care	Carry Land Co.	10000000000000000000000000000000000000	Termorrowa W	HATTA MATERIAL S		
2. Administrative***			 	+		
c. Aides					-	-
d. Other			<u> </u>	 	 	
12. Other (Specify)			Mark to supplied		in the Arministra	
See Attached Schedule	128,019	77				
B-13 Total Fees Paid in Lieu of Salaries	780,662	8,293		+	-	

^{*} 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 RegalCare at Waterbury, LLC	License No. 2356		Report for \\ 9/30/2018	ear Ended	Page 14	of 37
Regarcare at waterbury, LLC		Related**	* to Owners,	<u> </u>	14	37
Name & Address of Individual	Full Explanation of Service		rs, Officers	'Expla	nation of Rela	tionship
LTCM LTCM CT	D 11	Yes	No	N/A		
LTC Management 174 Scott Road, Prospect, CT 06712	Dentist	0	•	N/A		
Integra Scripts, 160 Airport Road, Lakewood, NJ 08701	Pharmacist	0	•	N/A		
RegalCare Rehab 26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970	Physical, Occupational & Speech Therapy	0	0	Common One	rship	
Marc N. Raad, M.D503 Wolcott Road, Wolcott, CT 06716	Medical Director	0	0	N/A		
INPT & SNF Quality Care, LLC 31 Ridgecrest Dr, Wolcott, CT 06716	Medical Director	0	0	N/A		
Technical Gas Products, Inc. 101 North Plains Industrial Road, 1B Suite 1, Wallingford, CT	Respiratory Therapist	0	0	N/A		
O2 Safe Respiratory Services, 101 North Plains Industrial Road, 1B Suite 1, Wallingford, CT	Respiratory Pulmonary Rehab Program	0	0	N/A		
MedWiz Solutions, 167 Route 304, Bardonia, NY 10954	IV Insertion	0	0	N/A		
Waterbury Pulmonary Associates LLC	Pulmonary Rehab Services	0	0	N/A		
Waterbury Hospital	ST Expense	0	0	N/A		
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0		4.	
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4		0	0			
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20 / 32 - 27 / 32		0	•	- 1/122		THE PARTY OF THE P

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

Annual Report of Long-Term Care Facility

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C. Expenditures Other Than Salaries - Administrative and General

Andrew Andrew Control of the Control	cense No.		Report for Ye	ear Ended	Page	of
RegalCare at Waterbury, LLC	2356	4	9/30/2018		15	37
Item			Total	CCNH	RHNS	(Specify)
. Administrative and General			100			
a. Employee Health & Welfare Benefits						
Workmen's Compensation		\$	238,973	238,973	(2020 A) (100 A) (100 A) (200 A) (200 A)	MAGNINGA CARLINGADO
Disability Insurance		\$				
Unemployment Insurance		\$				
4. Social Security (F.I.C.A.)		\$	571,889	571,889		
5. Health Insurance		\$	1,055,817	1,055,817		
6. Life Insurance (employees only)		1		Park I	127	9.7
(not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$	328,101	328,101		
(not-owners and not-operators)						
8. Uniform Allowance		\$				
9. Other (Specify)		\$	45,115	45,115	1111	
See Attached Schedule	222	and the same			高學學樣則	
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and		The same				A second
Operators (Discriminatory)*		*				
		on the same				
c. Bad Debts*		\$	23,318	23,318		
d. Accounting and Auditing		\$	16,795	16,795		
e. Legal (Services should be fully described on	Page 7)	\$	22,077	22,077		
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*		Divino	1 1 1 1 1 1 1 1		and the state of the	13,25,24
g. Office Supplies		\$	11,886	11,886		
h. Telephone and Cellular Phones		CARPONE	17.00	La Wilde		
Telephone & Pagers		\$	15,545	15,545		
Cellular Phones		\$	1,979	1,979	242	
i. Appraisal (Specify purpose and		\$				
attach copy)*		No.		VA (1)	1 - 200	
	000000000000000000000000000000000000000				1000	
j. Corporation Business Taxes (franchise tax)		\$	428	428		
k. Other Taxes (Not related to property - See F	'age 22)	100000000000000000000000000000000000000		A 400 (40) (40)		
1. Income*		\$				
2. Other (Specify)		\$			1	
See Attached Schedule		22 100				
Resident Day User Fee		\$	758,207	758,207		
ubtotal		\$	3,090,130	3,090,130		

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

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

RegalCare at Waterbury, LLC 9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	(CCNH	RHNS		(Sp	ecify)
Market Commencer		0				
Union Training Fund	\$	42,855		1000		Trans
Employee Background Checks		2,260				
		Selection of				
	1.00					
				3 5024	100	
						_
			i diament			
	M. 1945		Mile Ev			12
		1 gen24				

			graw jese		XIII	5.44
Total	\$	45,115	\$		\$	

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
	e de la companya de l		100
The property of the control of the c	reserved the second		
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
RegalCare at Waterbury, LLC	2356		9/30/2018		16	37
Item			Total	CCNH	RHNS	(Specify)
	otals Brought Forwar	rd.	3,090,130	3,090,130	KIINS	(Specify)
Travel and Entertainment	nuis Brought I orwar		3,090,130	3,070,130		
Resident Travel and Entertainment		\$			Sept. Control of the	Parties of the Control of the Contro
Holiday Parties for Staff		\$	325	325		
Gifts to Staff and Residents		\$	- 320	020		
4. Employee Travel		\$	18,014	18,014	. 2 - 111-1	
Education Expenses Related to Seminars	and Conventions	\$	1,924	1,924		
6. Automobile Expense (not purchase or de		\$,		-
7. Other (Specify)		\$				
See Attached Schedule					4	
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expen	ses)	\$	4,306	4,306	CONTRACTOR AND	and the second
2. Advertising Telephone Directory (all such		\$				
3. Advertising Other (Specify)***		\$	30,533	30,533		
See Attached Schedule				No. of the last		7. 1
4. Fund-Raising***		\$				
Medical Records		\$	17-25			
6. Barber and Beauty Supplies (if this service	e is supplied	\$				
directly and not by contract or fee for serv			, 107			
7. Postage		\$	1,849	1,849		
* 8. Dues and Membership Fees to Profession	al	\$	10	10		
Associations (Specify)						- 1
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other No	on-Allowable Org.***	\$				
9. Subscriptions		\$	280	280		
10. Contributions***		\$				
See Attached Schedule	100				2.000	STATE OF THE STATE
11. Services Provided by Contract (Specify an	nd Complete	\$	272,285	272,285		
Schedule C-2, Page 21 for each firm or i	ndividual)					
 Administrative Management Services** 		\$				
13. Other (Specify)		\$	81,101	81,101		
See Attached Schedule				1		(C)=0+57 .
C-14 Total Administrative & General Expenditure	25	\$	3,500,757	3,500,757		

^{*} 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)
	0	Leave State	Market Market Control
		The first and the second	
	PER TON		77 B.E.
	100 E 100 C	35 ·	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g in	
Total Other Travel and Entertainment	S -	\$	s -

Schedule of Other Advertising

Description	CC	NH	RHN	s	(Speci	fy)
		0				
Marketing & Advertising	s	30,533			-	
Total Other Advertising	\$	30,533	s	-	\$	

Schedule of Dues

Description		CCNH	RHNS	(Specify)
		0		
ACHE Dues		10		L. H. A. Li
				سكان المالية
		Conductor Adm		in in the little
464				
	10 10 A 1			
	A CONTRACTOR OF THE PROPERTY O			
Total Dues		\$ 10	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
			12.455
			1
Total Contributions	s -	s -	\$

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	- O		
Licenses	2,964		
Fines, Penalties & Settlements	1,543		100
Late Fees 18.	4,550	Jan San San S	A Committee
Bank Fees	53,147		
Employee Food	1,628	169, 1696 597	
Employee Relations	4,769		
Discriminatory Bonus	12,500		
		11. 3.33	GRAND CAR
		113/25/025	
Total Other Administrative and General	\$ 81,101	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility RegalCare at Waterbury, LLC	License No. 2356	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 #
N/A			7

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

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

Man	ne of Facility		License	No.	Report fo	or Year Ended	Page	of
RegalCare at Waterbury, LLC			License	2356	9/30/2		18	37
Reg	alcare at wateroury, EEC			2330	7/30/2	1	10	37
	Item			Total	CCN	H RHNS	(Sp	pecify)
2.	Dietary a. In-House Preparation & Service							
-	Raw Food Non-Food Supplies		<u>\$</u>		242,	446		
	3. Other (Specify)		\$	17,440	17,	440		
	3. Other (speedy)		- Ψ					
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$					32.4
	c. Other (Specify)		. \$					
2D.	Total Dietary Expenditures (2a + b + c + d)		\$	260,012	260,	012		
2F.	Dietary Questionnaire			Total	CCN	H RHNS	(S _I	pecify)
G.	Resident Meals: Total no. of meals served per	day	·:*	<u> </u>				
H.	Is cost of employee meals included in 2E?	0	Yes	•	No			
I.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.		
J.	Where is the revenue received reported in the	Cos	t Report	? (Page/Line It	em)			
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	0	Yes	0	No	If yes, specify cost.		3114483149
L.	Is any revenue collected from these people?	0	Yes	•	No	If yes, specify amt.		1000
M.	Where is the revenue received reported in the	Cos	t Report	? (Page/Line It	tem)			
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes	0	No	If yes, specify cost.		
O.	Is any revenue collected from employees?	0	Yes	•	No	If yes, specify amt.		
P.	Where is the revenue received reported in the	Cos	t Report	? (Page/Line I	tem)			

^{*} 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)

	e of Facility		License				ear Ended	Page	of
Reg	alCare at Waterbury, LLC			2356	9/30)/2018		19	37
	Item			Total	CC	CNH	RHNS	(S	pecify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,		Lbs.						
	gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$		Ĺ				
	Employee items including uniforms, gowns, etc. washed, ironed and/or		Lbs.						
U	processed.***		Amt. \$						
	3. Personal clothing of residents		Lbs.						
	washed, ironed, and/or processed.***		Amt. \$					acroma yez a a j	
	4. Repair and/or purchase of linens.***		Lbs.						
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		Amt. \$				14 14 14 14 14 14 14 14 14 14 14 14 14 1		
210	c. Other (Specify) Laundry Supplies		\$		With the	7,798			
3D.	Total Laundry Expenditures (3a + b + c) Laundry Questionnaire	-	\$	7,798	<u> </u>	7,798		<u></u>	
G.	Is cost of employee laundry included in 3E?	0	Yes	0	No		If yes, specify cost.		1,000
Н.	Did you receive revenue from employees?	0	Yes	•	No		If yes, specify amt.		
I.	Where is the revenue received reported in the Co	ost]	Report?		(Pag	ge/Line	Item)		
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	0	Yes	0	No		If yes, specify cost.		1865 F.W. 4 - 112 V
K.	Did you receive revenue from these people?	0	Yes	•	No		If yes, specify amt.		
L.	Where is the revenue received reported in the Co	ost	Report?		(Pag	ge/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)

	ne of Facility	License No.	Repo	ort for Year E	nded	Page	of
Reg	alCare at Waterbury, LLC	2356		9/30/2018		20	37
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	 Supplies - Cleaning (Mops, 	Amt.	\$		1	5/8	
	pails, brooms, etc.)						<u> </u>
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)						1
	C. Other (Specify)		\$	31,662	31,662		
	Housekeeping Supplies			114			
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	31,662	31,662		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	Own Pharmacy		\$				
	2. Purchased from	The Property of	\$	245,843	245,843		
	Need pharmacy vendor						SALE S
	b. Medicine Cabinet Drugs		\$	2,681	2,681		
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$	647	647		
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$	8,337	8,337		
	f. X-rays and Related Radiological		\$	9,715	9,715		
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***	1614 THE	\$	23,273	23,273		
	i. Recreation		\$	24,061	24,061		
180 - 0	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$		215775		
	l. Other (Specify)****	B200-10	\$	230,758	230,758		
	See Attached Schedule						3,183-19
5M.	Total Resident Care Expenditures (5a - 5	ij)	\$	545,315	545,315		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
	0		4.4. F
Supplies	\$ 154,052		
Incontinence Supplies	230		4 5 2 4 5 6 7 5 2 6 7 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Sanitation & Incineration	527		
Equipment Rental	61,551		<u></u>
Data Processing	14,398		
A decreased the second			
and the state of the			
Total Other Resident Care	\$ 230,758	\$	\$ -

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CSP-21 Rev. 10/2001

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

									- 1	[
Name of Facility RegalCare at Waterbury, LLC				License No. 2356	Report for Year Ended 9/30/2018				Page 21	ot 37
		Related ** to Owners	Owners						6-	
		Operators, Officers	Officers		•		Total Cost/	Total Cost/Page Ref.***		
Name of Individual or Company	Address	Yes	%	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg I	Line
Caretech Group	1123 McDonald Ave, Brooklyn, NY 11230	0	•	N/A	Purchasing Company	24,000			16 m11	-E
On-Time IT	407B, Monroe, NY, 10950	0	0	N/A	П	15,858			16 m11	==
USA Hauling & Recycling Inc	POB 808 East Windsor, CT 06088	0	•	N/A	Garbage	20,040			22 6f	J.
ADP	1 ADP Plaza, Milford, CT 06460	0	•	N/A	Payroll Services	32,395			16 m11	II.
Wescom Solutions Inc.	4, Mississauga, L5N 8E9, Canada	0	0	N/A	Training Database / Software	24,701			16 m11	==
LTC Consulting Services	7 Randolph Road, Howell, NJ 07731	0	0	N/A	Fiscal Services	118,649			16 m11	n11
		0	•							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	•							

^{*} 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 Yo	ear Ended		Page	of
RegalCare at Waterbury, LLC	2356	9/30/2018			22	37
Item		Total	CCNH	RHNS	(Sp	ecify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	36,062	36,062		<u> </u>	
b. Heat	\$	105,416	105,416			
c. Light & Power	\$	109,972	109,972			
d. Water	\$	46,918	46,918			
e. Equipment Lease (Provide detail on p						
f. Other (itemize)	\$	79,210	79,210			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a	- 6f) \$	377,578	377,578			
7. Depreciation (complete schedule page 23	3*)					
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	31,514	31,514			
*7e. Total Depreciation Costs (7a + b + c + c	d) \$	31,514	31,514			
8. Amortization (Complete att. Schedule Pa	ige 24*)					
a. Organization Expense	\$	8,526	8,526			
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	8,085	8,085			
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c +	d) \$	16,611	16,611			
9. Rental payments on leased real property l	ess					
real estate taxes included in item 10b	\$	236,463	236,463			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	136,715	136,715			
c. Personal property taxes	\$	5,550	5,550			
11. Total Property Expenses (7e + 8e + 9 +	10) \$	426,853	426,853			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	0		
Supplies	\$ 5,951		
Sanitation & Incineration	20,449		
Extermination	1,342		
Snow Removal	12,037		
Landscaping	3,140		
Fire Drill	5,674	+	
Contracted Services	30,617		
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growth and the second s		20 2 W-3 - 1 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	A CONTRACTOR OF THE CONTRACTOR		H 3
		111	
		sakara 	<u> </u>
	The second second		
			The parties
Total Other Repairs and Maintenance	\$ 79,210	\$ -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006 Depreciation Schedule

				331636	Depresation Sentante	Meanic					
Name of Facility				License No.			Report for Year Ended	nded		Page	of
RegalCare at Waterbury, LLC				2356	99		9/30/2018			23	37
				Historical			Accumulated				
				Cost	Less		Depreciation to	Method of			
				Exclusive of	Salvage	Cost to Be	Beginning of	_	Useful	Depreciation	
Property Item				Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements											が、
 Acquired prior to this report period 									007744		
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	ch schedule)										
A-4. Subtotal				教がいる						· · · · · · · · · · · · · · · · · · ·	
B. Building and Building Improvements											
1. Acquired prior to this report period											
2. Disposals (attach schedule)										2004190	
3. Acquired during this report period (attach schedule)	ch schedule)	S									
				一年 日本 日本 一番				はまないのかの			
C. Non-Movable Equipment		ì									
				20-20							
7 Dismosals (attach schadule)											
2. Disposais (aliach solicane)											
Acquired during this report period (attach schedule)	ch schedule)										
C-4. Subtotal										· · · · · · · · · · · · · · · · · · ·	
	Is a mileage logbook		Date of	Historical			Accumulated				
	maintained?		Acquisition	Cost	Less		Depreciation to	Method of			
	Yes	Ž	Year	Exclusive of Land	Salvage	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful	Depreciation for This Year	Totals
D. Movable Equipment	12000	U400								10000000000000000000000000000000000000	
								型がとなり			
and year of each vehicle)				N. C.			· 公司 · · · · · · · · · · · · · · · · · ·				を変え
a.	and the same of th										
b.											
C.											
d.						17.7					
2. Movable Equipment											
a. Acquired prior to this report period		Var	Var	138,534		138,534	51,469	S/L	Various	30,035	
b. Disposals (attach schedule)		500									
c. Acquired during this report period											
(attach schedule)		Var	Var	8,314		8,314		S/L	Various	1,479	
D-3. Subtotal									が、解		31,514
E. Total Depreciation											31,514

Useful

Useful

RegalCare at Waterbury, LLC 9/30/2018

Schedule of Land Improvements Acquired during this report period

Description of Item	Cost	Life	Depreciation	Ě
				٦
	Table Table	mist of	131 91	7
	THE RESERVE			٦
		13.30		7
	Section 1. Land Section 1.			7
royements	s -	10.00	\$ -	7
				7
			1	
		9.9		
				7
		1967	4 - 4	7
rovements	\$ -		\$ -	7
		rovements S -	Description of Item Cost Life Cost Life From the second	Description of Item Cost Life Depreciation Frovements S - S -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Description of Item	Cost	Life	Depreciation
Veneza e mierio del			
		1 1	
	5-10 ⁻⁷ - 12-78-78	1.74	
ling Improvements	\$ -		\$ -
		11	
			1.24
The second secon		1.40	
			100
ing Improvements	\$ -	-	\$ -
	ling Improvements	ling Improvements \$	Description of Item Cost Life Life S -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciatio	n
Additions:					
and September 1	Printing and the control of the cont		1.11		
		12.00		2.00	
			- 3200	3.1	
A STATE OF			make State		1
307			3 1 22	3 - 3 - 3 - 4	
Total additions for	Non-Movable Equipment	\$ -	FP LIST	\$ -	1
Deletions:					
E I TALL FROM			Si Lances D	Target 1	
			V+1.2		
			_		
1 2-24 2000					
Total deletions for	Non-Movable Equipment	\$ -		S -	*

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item		Cost	Useful Life	Depreciation
Additions:					
10/6/2017	Rebuilt Unimac Washers	\$	1,250	10	\$ 125
7/9/2018	Curtains		814	5.	163
7/19/2018	Lever Roll Towel Dispensers x10		599	-10	60
3/31/2018	CPM Machine		3,185	5	637
9/28/2018	RCS 2.0 installation, Training, EMR Integration		1,863	5	373
7/9/2018	Dell Latitude Notebooks PC		518	5	104
8/1/2018	Dell Latitude Notebooks PC		33	5	7
8/1/2018	Curtains	200	52	5	10
Total additions for	Movable Equipment	\$	8,314		\$ 1,479
Deletions:					
			7.72		
					- La alla At
Total deletions for	Movable Equipment	\$	**************************************		\$ -

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/6/2017	Entry and Passage Levers	\$ 4,975	20	\$ 249
10/10/2017	Second installment Hot Water Piping Repairs	1,645	10	165
2/27/2018	Boiler Room Repair	850	10	85
2/27/2018	Boiler Room Repair	3,860	10	386
2/27/2018	Boiler Room Repair	3,860	10	386
4/1/2018	Loadbanks and Cables Setup	2,552	10	255
7/1/2018	Catch Basin Repairs and Patch holes in parking lot	2,800	20	140
Total additions for	Leasehold Improvement	\$ 20,542		\$ 1,666
Deletions:				
				3.
			: . % / v.th	
Total deletions for	Leasehold Improvement	S -	**************************************	S -

^{*}Ties to Page 24, Line C3

^{**}Ties to Page 23, Line D2b

^{**}Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

Nan	Name of Facility			License No.		Report for Year Ended	r Ended		Page	Jo
Reg	RegalCare at Waterbury, LLC			2356	99	9/30/2018			24	37
						Accumulated				
		Date of	Jo a			Amort. to				
		Acquisition	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense	i sus								· · · · · · · · · · · · · · · · · · ·
	1. Deferred Financing Costs			5 Years	42,630	12,789 S/L	S/L		8,526	
	2.									
	3.									
A-4.	A-4. Subtotal					A CONTRACTOR OF THE PARTY OF TH	対の一般の対象		を は ない ない ない	8,526
B.	Mortgage Expense									
	1.						3-12-2			
	2.									
	3.									
B-4.	B-4. Subtotal									
C.	Leasehold Improvements and Other					72				
	1. Acquired prior to this report period	Var	Var	Various	68,074	8,392 S/L	S/L	Vario	6,419	
	2. Disposals (attach schedule)					S. C.				
	3. Acquired during this report period									1000年
	(attach schedule)	Var	Var	Various	20,542		S/L	Varior	1,666	
C-4	C-4. Subtotal									8,085
D.	Total Amortization							1		16,611

* 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; ORC. Remaining Life of Lease; ORD. Actual Life if owned by Related Party.

RegalCare at Waterbury, LLC FIXED ASSET / DEPRECIATION SCHEDULE

G/L Account	Description	Date In Service	Method	Life	Historical Cost	2017 Deprec.	2017 A/D	2018 Deprec.	2018 A/D	NBV
LEASEHOLD IMPRO	VEMENTS									
f,easchold Imp.	Sign Replacement	4/1/2016	S/L	10	1.383	138	276	138	414	969
Leasehold Imp.	Tile Flooring and labor Roof Repairs	8/1/2016 8/1/2016	\$4. \$4.	20 15	31,554	1,578 257	3.156 514	1,578	4,734 771	26.820 3.077
	IMPROVEMENTS 2016		***		36,785	1,973	3,946	1,973	5,919	30,866
Leasehold Imp.	Gas Valve	10/1/2016	SA	10	1,363	136	136	136	272	1,091
Leasehold Imp.	Boiler Repair	10/1/2016	S/L	10	6,500	650	650	650	1.300	5,200
Leasehold Imp.	Replace Cast Iron Pipe	11/1/2016	S/1.	25	3,155	126	126	126	252	2.903
Leasehold Imp	Replace Expresion Tank	11/1/2016	S/L	10	1.517	152	152	152	304	1.213
Leasehold Imp. Leasehold Imp.	Replace Pump on Laundry Hot Water Valve Replacement	11/1/2016	S/L S/L	15	1,161	204 116	204 116	204 116	408 232	2,652 929
Leasehold Imp.	Roof Repair	1/1/2017	S/L	15	4,605	307	307	307	614	3,991
Leasehold Imp.	New Fire Door	1/1/2017	\$4.	20	877	44	44	44	88	789
Leasehold Imp. Leasehold Imp.	Carpet Installation Flooring and Labor Adjustment	2/1/2017 6/1/2017	S/L S/L	5 20	(9,277)	372 (464)	372 (464)	372 (464)	744 (928)	1.116 (8.349)
Leasthold Imp	Copper Tubing	6/23/2017	S/L	7	1,495	214	214	214	428	1.067
Leasthold Imp.	Valve Replacement	6/23/2017	S/L	10	1,764	176	176	176	352	1,412
Leasehold Imp.	Carpeting	7/1/2017	\$4.	5	10,913	2,183	2,183	2,183	4,366	6,547
Leasehold Imp. Leasehold Imp.	Hot Water Piping Repair Mixing Valve Repar	9/8/2017 9/29/2017	S/L	10	1,350 946	135 95	135 95	135	270 190	1,080 756
TOTAL LEASEHOLD	IMPROVEMENTS 2017			5	31,289	4,446	4,446	4,446	8,892	22,397
Leasehold Imp.	Entry and Passage Lovers	10/6/2017	S/L	20	4,975			249	249	4,726
Leasehold Imp.	Second installment Hot Water Piping Repairs	10/10/2017	S/L	10	1,645			165	165	1,480
Leasehold Imp.	Boiler Room Repair	2/27/2018	S/L	10	850	-		85	85	765
Leasehold Imp. Leasehold Imp.	Boiler Room Repair Boiler Room Repair	2/27/2018	S/L.	10	3,860			386 386	386	3,474
Leasehold Imp	Loadbarks and Cables Setup	4/1/2018	S/L	10	2,552			255	255	2,297
Leasehold Imp.	Catch Basin Ropairs and Patch holes in parking for	7/1/2018	SA.	20	2,800			140	140	2,660
TOTAL LEASEHOLD	IMPROVEMENTS 2018				20,542			1,666	1,666	18,876
TOTAL LEASEHOLD	IMPROVEMENTS				88,616	6,419	8,392	8,085	16,477	72,139
MOVABLE EQUIPME			241	114	16560	503	1000	9.00	1368	V80
FF&E FF&E	ID Card Printer 119 Gullon Insulated Storage Tank	4/1/2016 4/1/2016	S/L.	5	1,244	249	498	249 136	747	497
FF&E	Food Blender	7/1/2016	S/L	10	1,358	136 114	272 22k	136	342	950 798
FF&E	Satellite nurse master console	8/1/2016	S/L	10	1,739	174	348	174	522	1,217
Medical Equipment	Rail system	4/1/2016	5/1.	15	12.695	846	1,692	846	2,538	10.157
Medical Equipment Computer Hardware	Stepper Recumbent stepene Somewall Network, Sec. 8 computers, server Microsoft Office Pro (8)	4/1/2016 3/1/2016	S/L S/L	5	3,942 12,638	78.6	1,576	788 2.528	2,364	1.578
Computer Hardware	Lentivo Desktop (4), Lentovo Notebook (3)	4/1/2016	S/L	5	3,952	2,528 790	1,580	790	7,584 2,370	1.582
Computer Hardware	52 Port Gigabite Ethernet Switch, Backup (12), Project Management (4)	6/1/2016	S/L	5	14,769	2,954	5,908	2,954	8.862	5.907
Computer Hardware	Lenovo Computer	6/1/2016	8/1.	5	489	98	196	98	294	195
Sales Use Tax	Lenovo Computer	6-1-2016	S-1,	5	31	6	12	6	18	13
Computer Hardware Sales Use Tax	Lenovo Computer Lenovo Computer	7/1/2016 7/1/2016	S/L.	3	489	96	196	98 6	294	13
Computer Hardware	Check Scanner	9/1/2016	\$/1.		877	175	350	175	525	352
Computer Software	3 Printers	3/1/2016	S/1.	3	747	249	498	249	747	4
Computer Software	Microsoft Office Pro (8) & Somewall Antivirus	4/1/2016	8/1.	3	2.751	917	1,834	917	2.751	
Computer Software Capital Lease	Microsoft Office Pro E-Copiers (Total = 6)	6/1/2016 3/1/2016	S/L	3	219 33,700	73 11,233	146 22,466	73 11,233	219 33,699	1
TOTAL MOVABLE E	QUIPMENT 2016				92,811	21,434	42,868	21,434	64,302	28,509
FFRE	Diethotony	2/21/2017	S/L	5	21.258	4,252	4.252	4.252	8,504	12,754
FFAE	Generator & Equipment	2/24/2017	8/1.	5	1.467	293	293	293	586	881
FF&E FF&E	Double Doors, Locks, Keypad lee Maker	3/22/2017 3/31/2017	S/L S/L	10	3,191 1,935	319 194	319 194	319 194	638 388	2,553 1,547
FFAE	New Mattress	4/26/2017	S/L	10	550	55	55	55	110	440
FFRE	Convection Oven	4/30/2017	\$/1.	10	884	88	88	88	176	708
FF&E.	A/C Units	7/31/2017	\$/1.	5	886	177	177	177	354	532
FF&F Medical Equipment	2 double doors, 1.ocks, Keypad Hijo Motor	4/4/2017 4/14/2017	S/L S/L	10	3.191 626	319 78	319 78	319 78	638 156	2,553 470
Medical Equipment	Metress	8/18/2017	S/1.	10	606	61	61	61	122	484
Computer Hardware	Chromebooks, Laptops, HP Processor, Printer, Desktop	6/16/2017	\$/1.	3	4,099	820	820	820	1,640	2,459
Computer Hardware	Chromebooks, Euplops, HP Processor, Printer, Desktop	6/16/2017	S/L	5	2,857	571	571	571	1,142	1,715
Computer Software Computer Software	Gateway Security Bundle Gateway Security Bundle	3/6/2017 4/1/2017	S/L S/L	3	1,000	333 333	333	333	666 666	334 334
Computer Software	Gisteway Socurity Bundle	5/1/2017	S/L	3	1,000	333	333	333	666	334
Sales Use Tax	E-Copiers (Total = 6)- Sales Use Tax	9/30/2017	S/L	3	908	303	303	303	606	302
Sales Use Tax Sales Use Tax	Gateway Security Bundle-Sales Use Tax Hilo Motor-Sales Tax	9/30/2017 9/30/2017	S/L S/L	3 8	190	63 5	63	63 5	126	64 30
Sales Use Tax	Mettress-Sales Tax	9/30/2017	S/L	10	35	4	4	4	8	27
TOTAL MOVABLE E	QUIPMENT 2017				45,723	8,601	8,601	8,601	17,202	28,521
FFRE	Rebuilt Unimac Washers	10/6/2017	S/L	10	1,250	8	12	125	125	1.125
FFAE	Curlains	7/9/2018	S/L	5	814		*	163	163	651
Sales Use Tax FF&E	Curtains	8/1/2018 7/19/2018	S/L S/L	10	52 599		100	10	10 60	42 539
Modical Equipment	Lever Roll Towel Dispensors x10 CPM Machine	3/31/2018	S/L	5	3,185			637	637	2,548
Medical Equipment	RCS 2.0 installation. Training, EMR Integration	9/28/2018	S/L	5	1,863		75	373	373	1,490
Computer Hardware Sales Use Tax	Dell Latitude Notebooks PC Dell Latitude Notebooks PC	7/9/2018 8/1/2018	S/L S/L	5	518	*	*	104	104	414 26
Sales Use Tax Capital Lease	Dell Lahtude Notebooks PC Leaf Copier Leases (2)	7/1/2018 7/1/2018	S/L.	5	45,837			9,167	9,167	36,670
TOTAL MOVABLE E	QUIPMENT 2018				54,151		-	10,646	10,646	43,505
TOTAL MOVABLE E	QUIPMENT				192,685	30,035	51,469	40,681	92,150	100,535
TOTAL ASSETS					281,301	36,454	59,861	48,766	108,627	172,674
TOTAL ASSETS PER	CR SCHEDULE				281,301	36,454	59,861	48,766	108,627	172,674
					281,301	A. 55.55	59,861	43,398 5,368	190,583	180,718 (8,044)
TOTAL ASSETS PER VARIANCE						36,454	37,861	3,388	8,044	4.40.5.1
					•	36,454	37,801	3,386	8,044	

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

Name of Facility	License No.	,	Report for Year En	ded		Page	of
RegalCare at Waterbury, LLC	23:	56	9/30/2018			25	37
11. Property Questionnaire							
Part A							
Is the property either owned by the	e Facility			_		If "Yes," complet	te Part B.
or leased from a Related Party?*		O	Yes	•	No	If "No," complete	
*If any owner or operator of this faci	ility is related b	y family, mar	riage, ownership, ability	to control or		, , , , , , , , , , , , , , , , , , , ,	
business association to any person or							
related party transaction.	*						
Description			Total		A THE PARTY		
Date Land Purchased							
2. Date Structure Completed	CD 1						
3. If NOT Original Owner, Date	e of Purchase	 					
4. Date of Initial Licensure			100				
5. Total Licensed Bed Capacity			120	Walle Agent			
Square Footage Acquisition Cost						Andrew Arthur	78 S. F. S.
a. Land			The second	West Street	der wilder.		
b. Building							
Part B - Owner and Related Pa	rties	·	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	200
1. Financing	11105		1st Wortgage	Ziid Wortgage	31d Wortgage	4th Mortg	age
a. Type of Financing (e.g., fi	xed. variable	e)				Andra Figure 40	
b. Date Mortgage Obtained							
c. Interest Rate for the Cost	Year						
d. Term of Mortgage (number							
e. Amount of Principal Borro							
f. Principal balance outstand							
Complete if Mortgage was I	Refinanced						Taylor State
During Current Cost Ye							avidayo.
g. Type of Financing (e.g., fi	xed, variable	e)					
h. Date of Refinancing							
i. New Interest Rate							
j. Term of Mortgage (number							
k. Amount of Principal Borro							
Principal Outstanding on						<u>L</u>	
Part C - Arms-Length Leas							
Name and Address of Lesso			perty Leased			Annual Amoun	
Independence Senior Holdings LLC, 13	3 Freedom	Building		03/04/16	20 Years		236,463
Drive, Lakewood, NJ 08707							
				ļ			

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	e No.		Report for Yea	ar Ended		Page	of
RegalCare at Waterbury, LLC	2356		9/30/2018			26	37
Item			Total	CCNH	RHNS	(Spe	cify)
12. Interest			70141	COM	101110	Орс	(0113)
A. Building, Land Improvement & N	Non-Movable						
Equipment							
First Mortgage		\$		United the North State of the S	ATTER STATEMENT OF STATE STATEMENT		
Name of Lender		Rate	12.0				
Address of Lender			to be the same				
2. Second Mortgage		\$		的现在分词 医囊斑		Service Value (Color	
Name of Lender		Rate					
Address of Lender		I					
3. Third Mortgage		\$				(A) (基) (基) (基) (基) (基) (基) (基) (基) (基) (基	
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate	等种类的				
Address of Lender			79-14-1	· 集。 / 12		1987	
B. CHEFA Loan Information							
Original Loan Amount		\$					
Loan Origination Date							
3. Interest Rate %				一直第1 年			90
4. Term					Dealer States	wall by the	44.44
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A	1 - 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 Yo	ear Ended		Page of
RegalCare at Waterbury, LLC	2356		9/30/2018			27 37
Tegureur (Tarenta), 220						
Ite	m		Total	CCNH	RHNS	(Specify)
		ought Forward:				(CPCCCS)
12. C. Movable Equipment		<i></i>				
Automotive Equipment	nt	\$				
A. Item	Rate	Amount				
	ļ					
Lender						Account to
Address of Lender				pade of the		A STATE OF THE STA
Address of Defider				+17.110		
2. Other (Specify)		\$				
A. Item	Rate	Amount		经收益 医原	100	
Lender						
Address of Lender			"我们是我们			2 2 5 CON 190
				- 美国特别		
B. Item	Rate	Amount	37 1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
Lender						
			模型的		金利, 沙鞋	
Address of Lender						
12. C. 3. Total Movable Equip	ment Interest					
Expense (C1 + 2)		\$				
12. D. Other Interest Expense (S		\$	74,742	74,742		
LOC / Outstanding Baala	ance / Late Payment	Interest	and the second	100		10,000
			美术等 (1000年)		1,100	
13. Total All Interest Expense (1	12B7 + 12C3 + 12D	9) \$	74,742	74,742		
14. Insurance	-11.41	4	0.044	0.044		
a. Insurance on Property (b)		\$		9,246		
b. Insurance on Automobile c. Insurance other than Prop		\$				
c. Insurance other than Prop 1. Umbrella (Blanket Co		bove)				
2. Fire and Extended Co		\$				
3. Other (Specify)	verage	\$ \$		76,030		
General Liability / EF	PLI / Surety Bond	Ψ	70,030	70,030		
					v-10-20-7	AND THE RESERVE
14d. Total Insurance Expenditur		\$		85,276		
15. Total All Expenditures (A-1.	3 thru C-14)	\$	12,394,592	12,394,592		

D. Adjustments to Statement of Expenditures

	e of Fa		terbury, LLC	Lic	cense No. 2356	Report for Year 9/30/2018	ar Ended	Page 28	of 37
	Page	Line			Total Amount of				
No.	No.		Item Description		Decrease	CCNH	RHNS	(Spe	cify)
Page	10 - 5	Salari	es and Wages					278	
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$	33,709	33,709			
Page	13 - I	Profes	sional Fees					11.17	
5.			Resident Care Physicians **	\$					
6.	13	B10a	Occupational Therapy	\$	262,614	262,614			
7.			Other - See attached Schedule	\$	128,019	128,019			
Page	s 15 &	: 16 -	Administrative and General		人起生物情			\$30.50	
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	23,318	23,318			
10.			Accounting	\$					
10a.	15	1e	Legal	\$	14,709	14,709			
11.			Telephone	\$					
12.	15	h2	Cellular Telephone	\$	539	539			
13.			Life insurance premiums on the life						
	L		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	\$					19-40-2014/05-21-21-40-5
16.	16	L4	Travel for purposes of attending		Maria Santa			100	
			conferences or seminars outside the			A CONCESSION AND A SECOND AND A SECOND ASSESSMENT AND A SECOND ASSESSMENT ASS		OFFICIAL PARTY	
			continental U.S. Other out-of-state				Maria Language		
			travel in excess of one representative	\$	11,128	11,128	de l'accession de la constant de la	A STATE OF THE PARTY OF THE PARTY OF	A PORTAGO MARCO PORTAGO PORTAG
17.			Automobile Expense (e.g. personal use)	\$				1	
18.	16	m2/3	Unallowable Advertising *	\$	30,533	30,533			
19.	15	1j	Income Tax / Corporate Business Tax	\$	178	178			
20.			Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	61,638	61,638			
Page	18 - 1	Dietar	y Expenditures			TO SEE SEE SEE		10 NO.	K 1 (8) (8)
24.			Meals to employees, guests and others					Constant	4.00
			who are not residents	\$					
Page	19 - 1	auna	ry Expenditures			H. S.			
25.			Laundry services to employees, guests					450	
			and others who are not residents	\$					
Page	20 - I	House	keeping Expenditures				多方。"发表"		
26.			Housekeeping services to employees, guests					SHOP	
			and others who are not residents	\$		1		The second secon	
			Subtotal (Items 1 - 26)	\$	566,385	566,385		·	

^{*} All except "Help Wanted".

⁽Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A12n	Marketing Salaries	\$ 33,709	gageti i	
CONTROL OF THE	William Co.		ALL STATES		
Agriera III				12.1%	
2.45.71.55					
4				1000	
				1 545	
otal Othe	r Salaries	Adjustment	\$ 33,709	S -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b12o	Respiratory Therapist	\$ 63,634		
13	b12o	Pulmonary Rehab services	45,500		
13	b12o	IV Insertion Nurse	18,885		
d Laser H					
Textors,		AND THE RESERVE OF THE PERSON	1 102471277	100	1.00
H stellar	Cases Caparity		En Charles and American		
N. K. A. S.	-0.4866		TV TEST		
4.80世界27				100	100
Total Othe	r Fees Adj	ustments	\$ 128,019	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
16	m13	Fines, Penalties & Settlements	= ,	1,543		
16	m13	Late Fees		4,550	111	1
16	m13	Non Routine Bank Fees		36,648		
16	m13	Employee Food		1,628	-	
16	m13	Employee Relations		4,769		
16	m13	Discriminatory Bonus		12,500		
otal Othe	er A&G Ad	justments	\$	61,638	\$	\$ -

RegalCare at Waterbury, LLC Disallowance Schedule for Cell Phones September 30, 2018

Table UN	Amount	
Total Cell Phone Expense	1,979	TB Linked
Cell Phone Allowed Based on Bed Capacity	4	
Monthly Allowable amount per Cell Phone	\$ 30	
Months in Cost Report Year	12	_
Allowable Per Year	1,440	
Percentage of Year (365 Days / 365 Days)	100%	<u>ó</u>
Total Allowable Cost	\$ 1,440	
Disallowed Cell Phone (Page 28, Line 12)	\$ 539	=

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

			D. Adjustments to Stateme						
	e of Fa			Lic	ense No.	Report for Y	ear Ended	Page	of
Rega	Care	at Wa	terbury, LLC		2356	9/30/2018		29	37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	ecify)
			Subtotals Brought Forward	\$	566,385	566,385			
Page	20 - F	Reside	nt Care Supplies***			3 连注 全国的			
27.	20	5a2	Prescription Drugs	\$	245,843	245,843			
28.	20	5d	Ambulance/Limousine	\$	647	647			
29.	20	5f	X-rays, etc	\$	9,715	9,715			
30.	20	5h	Laboratory	\$	23,273	23,273			
31.			Medical Supplies	\$					
32.	20	5e2	Oxygen (non emergency)	\$	8,337	8,337			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	17,989	17,989			
Page	22 - N	<i>Mainte</i>	enance and Property						
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					
36.			Depreciation on Unallowable			1917			
			Motor Vehicles	\$					
37.			Unallowable Property and Real					5	
			Estate Taxes	\$			ACCORDING TO SECURITION OF THE	NATIONAL PARTIES.	
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$	8,526	8,526			
Page	27 - I	nsura	nce						
40.			Mortgage Insurance	\$				THE PARTY OF THE P	THE REPORT OF THE PROPERTY OF
41.			Property Insurance	\$		ĺ			
Othe	r - Mis	scellar	neous		6.69			48 3 7 E	
42.			Other - Indirect	\$					
43.			Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$					
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$	74,796	74,796			
Not I	For Pr	ofit P	roviders Only			74 (S. 14)			
48.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule	\$					
49.	Total	Amoi	unt of Decrease (Items 1 - 48)	\$	955,511	955,511			

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	(CCNH	RHNS	(Specify)
20	5i	Cable TV Disallowance (See Attached)	\$	4,997		
20	51	Non-Allowable Nursing Supplies		8,197		
20	5l	Non-Allowable Nursing Equipment	A.B	4,795		
	1200244002				larga (i	
Total Othe	r Ancillar	y Costs	.\$	17,989	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Natawa 4	Sance .		7-1		
			8116		
British of the					
	Fried		THE REST THE LA	E al la	
Massel .			-01		and Trans
	1.				
Total Exce	ss Movabl	e Equipment Depreciation	\$ -	\$	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	8a	Amortization Expense	\$ 8,526		
			Service estra		
			to a secure of		
			gaman jakhan a ah		
N. 1.0. 425 43553		THE PARTY OF THE PROPERTY OF T			, mass ,
	variation.		Parateola in 1911.	Assertation .	
				7	1
Total Othe	r Property	y Adjustments	\$ 8,526	\$ -	\$ -

Page Ref Line Ref		Description	CCNH	RHNS	(Specify)
27	12D	Interest on Line of Credit	\$ 61,684		
27	12D	Interest on Outstanding Balances	11,893		
27	12D	Interest on Late Payments	1,164	DARCON CONTRACTOR	
30	IV 8	Medical Records Revenue	55		
	200			and have	
					:
. Lenaului					
Total Othe	r Adjustm	ents	\$ 74,796	\$ -	S -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
				-	
	· · · · · · · · · · · · · · · · · · ·				
	. 1 :::				
	Taile A				
500004	kedata sakod sa				
Project Jack So					
Total Unal	lowable Bu	illding Interest	\$ -	\$ -	\$ -

RegalCare at Waterbury, LLC Disallowance Schedule for Cable TV September 30, 2018

	Amount			
Total Cable TV Expense acct #80-232-00	\$	8,597 TB Linked		
Monthly Allowable amount	\$	300		
Months in Year		12		
% of Actual Days in Cost Year (365 Days)		100%		
Total Allowable Cost	\$	3,600		
Disallowed Cable TV	-\$	4,997		
	-			

F. Statement of Revenue

F. Statement of Re-				
Name of Facility License No. RegalCare at Waterbury, LLC 2356	Report for Y 9/30/2018	ear Ended		Page of 30 37
regarded with a strong property of the strong	7.00.2010			
Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue				6.7. 3.6.4
1. a. Medicaid Residents (CT only)	\$ 8,969,107	8,969,107		
b. Medicaid Room and Board Contractual Allowance **	\$			
2. a. Medicaid (All other states)	\$			
b. Other States Room and Board Contractual Allowance **	\$ 			
3. a. Medicare Residents (all inclusive)	\$ 2,592,058	2,592,058		
b. Medicare Room and Board Contractual Allowance **	\$ (45,495)	(45,495)		
4. a. Private-Pay Residents and Other	\$ 546,549	546,549		
b. Private-Pay Room and Board Contractual Allowance **	\$ (490)	(490)		
II. Other Resident Revenue				
a. Prescription Drugs - Medicare	\$ 212,141	212,141		
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (212,141)	(212,141)		
c. Prescription Drugs - Non-Medicare	\$			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$			
2. a. Medical Supplies - Medicare	\$			
b. Medical Supplies - Medicare Contractual Allowance **	\$			
c. Medical Supplies - Non-Medicare	\$			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$			
3. a. Physical Therapy - Medicare	\$ 365,730	365,730		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (297,190)	(297,190)		
c. Physical Therapy - Non-Medicare	\$ 81,367	81,367		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (79,924)	(79,924)		
4. a. Speech Therapy - Medicare	\$ 118,429	118,429		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (80,171)	(80,171)		
c. Speech Therapy - Non-Medicare	\$ 36,592	36,592		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (32,702)	(32,702)		
5. a. Occupational Therapy - Medicare	\$ 387,238	387,238		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (325,311)	(325,311)		
c. Occupational Therapy - Non-Medicare	\$ 82,389	82,389		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (78,955)	(78,955)		
6. a. Other (Specify) - Medicare	\$ 4,399	4,399		
b. Other (Specify) - Non-Medicare	\$ 96,388	96,388		
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,340,008	12,340,008	armenia ar armenia a selección em los	
IV. Other Revenue*				
Meals sold to guests, employees & others	\$ 			
2. Rental of rooms to non-residents	\$ 			
3. Telephone	\$			
Rental of Television and Cable Services	\$			
5. Interest Income (Specify)	\$ 5	. 5		
6. Private Duty Nurses' Fees	\$ 			<u> </u>
7. Barber, Coffee, Beauty and Gift shops	\$ 			
8. Other (Specify)	\$ 55	55		
V. Total Other Revenue (1 thru 8)	\$ 60	60		L
VI. Total All Revenue (III +V)	\$ 12,340,068	12,340,068		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		1
30 II 6a	Other Ancillary Rev>Medicare B	\$ 4,399		
, piez 5 išleci		lika Parkabaha Téhda		
		MANAGEMENT OF STREET		12 3 A TEXT II
TOTAL S	The state of the s		s lexibe - 195 Malito	kukt (Citi Taik
Total Othe	r Resident Revenue - Medicare	\$ 4,399	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Bertham on the Bresh and the state of the st	0		
30 II 6b	Other Ancillary Rev>Medicaid	\$ 1,071		
30 II 6b	Other Ancillary Rev>Medicaid>C/A	(1,071)		
30 II 6b	Revenue Adjustments>HMO	2,421		
30 II 6b	Revenue Adjustments>Hospice	(52)		
30 II 6b	Revenue Adjustments>Medicaid	94,019		
Total Other	er Resident Revenue	\$ 96,388	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
30 IV 5	Other Revenue>Interest	N/A	\$ 5		
THE REPORTS	The Part of the Control of the Contr	Per Paris a disast.	o hill what begins	80 153 AAS	ar lake to s
					* 1.4
Total Inter	rest Iucome		\$ 5	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	(Specify)
- 10/10			0		
30 IV 8	Other Rev> Medical Records	\$	55		
#					
santi iz s					
aranga Salabara					
				7	
itiya ka				-	
		1.0			-
a magazi					00, E.S. 445,
	Construction of the Constr	4		PERM	
Total Othe	r Revenue	\$	55	S	\$ -

G. Balance Sheet

Name	e of	Facility	License No.	Report for Year	r Ended	Page	of
Regal	lCa	re at Waterbury, LLC	2356	9/30/2018		31	37_
			Account			Ar	nount
Asset	S						
A.	Cu	rrent Assets					
		Cash (on hand and in banks				\$	85,838
	2.	Resident Accounts Receivab				\$	1,554,401
	3.		Excluding Owners	or Related Parties)		\$	
	4	Inventories				\$	
	5.	Prepaid Expenses				\$	156,840
		a					
		b					
		c					424
		d. See Schedule		156,840		94945	"一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
		Interest Receivable				\$	
	7.	Medicare Final Settlement R	eceivable			\$	
	8.	Other Current Assets (itemiz	e)			\$	
						_	
		See Schedule					
A-9.	To	tal Current Assets (Lines A1	thru 8)			\$	1,797,079
B.	Fix	ced Assets					
	1.	Land				\$	
	2.	Land Improvements	*Historical Cost			\$	
			Accum. Deprecia	tion	Net		
	3.	Buildings	*Historical Cost			\$	
			Accum. Deprecia	tion	Net	1	
	4.	Leasehold Improvements	*Historical Cost	88,616		\$	72,139
		_	Accum. Deprecia	tion 16,477	Net		
	5.	Non-Movable Equipment	*Historical Cost			\$	
			Accum. Deprecia	tion	Net	}	
	6.	Movable Equipment	*Historical Cost	146,848		\$	63,865
			Accum. Deprecia		_		
	7.	Motor Vehicles	*Historical Cost			\$	
			Accum. Deprecia	tion	Net		
	8.	Minor Equipment-Not Depre				\$	
	9.	Other Fixed Assets (itemize))			\$	44,714
		F/S vs C/R NBV		44,714			-
		See Schedule				7	
B-10.		Total Fixed Assets (Lines B	1 thru 9)			\$	180,718

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	P	age of		
RegalCare at Waterbury, LLC	2356	9/30/2018	3	32 37		
	Account			Amount		
		Total Brought Forward	1: \$	1,977,797		
C. Leasehold or like property r	ecorded for Equity Purpos	ses.				
1. Land			\$			
2. Land Improvements	*Historical Cost					
	Accum. Depreciat	ion Net	\$			
3. Buildings	*Historical Cost					
	Accum. Depreciat	ion Net	\$			
 Non-Movable Equipment 	nt *Historical Cost					
	Accum. Depreciat	ion Net	\$			
Movable Equipment	*Historical Cost					
	Accum. Depreciat	ion Net	\$			
6. Motor Vehicles	*Historical Cost					
	Accum. Depreciat	ion Net	\$			
7. Minor Equipment-Not I			\$			
C-8 Total Leasehold or Like Pr			\$			
D. Investment and Other Asset	S					
Deferred Deposits			\$	5,305		
2. Escrow Deposits			\$			
Organization Expense	*Historical Cost	42,630				
	Accum. Depreciat	ion 21,315 Net	\$	21,315		
4. Goodwill (Purchased O			\$	694,573		
5. Investments Related to	Resident Care (itemize)		\$			
6. Loans to Owners or Rel			\$	75,228		
Name and Addre	ess Amount	Loan Date		SEPTEMBER STREET		
Due from Prospect,	· I		3 m 21	Part and the second		
Fairview Mgmt	75,2	28		ALL PARTY		
7. Other Assets (<i>itemize</i>)			\$	351,238		
				SAZ F		
	See Schedule 351,238					
	D-8. Total Investments and Other Assets (Lines D1 thru 7)					
D-9. Total All Assets (Lines A9	+ R10 + C8 + D8)		\$	3,125,456		

^{*} 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

	age reer	Line reci	Description	
ſ	31	A5	Prepaid Expenses	\$ 3,117
	31	A5	Prepaid Expenses>Insurance	31,413
Г	31	A5	Prepaid Expenses>Taxes	2,673
Г	31	A5	Prepaid Expenses> Workers Comp	119,637
Г				
Г				
Г				
-	Total Prepaid Expenses			\$ 156,840

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

Dogo Dof	I inc Dof	Description

Total Other Current Assets (Itemize)			\$	-		

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

Page Ref Line Ref Description

Total Other Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Due From>Old Owner	\$ 55,959
32	D7	Due To/(From)>Maplewood Rehab	164
32	D7	Due To/(From)>Saugus Rehab	163
32	D7	Due To/(From)>Medicaid	271,100
32	D7	Due To/(From)>Vendor	6,244
32	D7	Due To/(From)>Other L&E	17,608
Total Other	r Assets		\$ 351,238

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Total Notes	Payable	\$	
			_

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

Page Ref Line Ref Description

33	A12	Accrued Expenses	\$ 201,672
33	A12	Accrued Expenses>Tamkar Brokerage	5,329
33	A12	Accrued Expenses>Capital Lease>Copier	40,326
33	A12	Accrued Expenses>Utilities(Assumed)	(6,745)
33	A12	Accrued Expenses>Insurance-General	26,837
33	A12	Accrued Expenses>Welfare(Assumed)	2,359
33	A12	Accrued Expenses>Year End Adjustment	8,669
33	A12	Accrued Expenses>Workers Comp	114,703
33	A12	Accrued Expenses>Health Insurance	(5,306)
Total Other	r Current L	iabilities (Itemize)	\$ 387,844

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

Page Ref Line Ref Description

34	B4	Due To/(From)>TSM Holdings	\$ 6
34	B4	Due To/(From)>Twin Oaks Rehab	922
34	B4	Due To/(From)>HMO	2
34	B4	Due To/(From)>Income	11,548
34	B4	Due To>Patient Spend Down	2,154
34	B4	Due To>Old Owner	12,280
Total Other Current Liabilities (Itemize)			\$ 26,912

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year	Ended	Page	of	
RegalCare at Waterbury, LLC		2356	9/30/2018		33	37	
	7A		Account			A	mount
Liabilities A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			9	\$	1,955,386
	2.	Notes Payable (itemize)			5	5	1,090,000
		Notes Payable>Tamkar	4	1,090,00	00		
		Section 1997 1997 1997					
		See Schedule					
	3.	Loans Payable for Equipm	ant (Current nortion	n)(itamiza)		S	
	٥.	Name of Lender	Purpose	Amount	Date Due	P	W.
****		Name of Bender	1 dipose	Amount	Bate Bue		
						100	. Land
						114	4
					l la		
			1				
				1			7 6 7 f
				1			WEST .
			1				
	4.	Accrued Payroll (Exclusiv	e of Owners and/or	Stockholders only)	9	5	232,947
	5.	Accrued Payroll (Owners	and/or Stockholders	only)		\$	
	6.	Accrued Payroll Taxes Pa	yable		5	\$	
	7.	Medicare Final Settlement	Payable			\$	3,788
	8.	Medicare Current Financia	ng Payable		9	§	
	9.	Mortgage Payable (Current	nt Portion)			\$	
	10	. Interest Payable (Exclusiv	e of Owner and/or R	Related Parties)		§	
	11	. Accrued Income Taxes*				\$	
	12	. Other Current Liabilities (itemize)		5	B	387,844
		<u> </u>	***************************************				17.00
		9-37/207-3	Mary 1989	Service (194			
							1#* 2
				See Schedule	387,844	AT NOTE OF	
A-13	. To	tal Current Liabilities (Li	nes A1 thru 12)			§	3,669,965

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
RegalCare at Waterbury, LLC	2356	9/30/2018		34	37
	Account			Aı	nount
		Total Broug	ht Forward:		3,669,965
Liabilities (cont'd)					
B. Long-Term Liabilities 1. Loans Payable-Equipme	nt (itemize)		5	5	
Name of Lender	Purpose	Amount	Date Due		
					1000
	ĺ				
		\$2 \$2			
				等 注意 4	
	,	tii			
2. Mortgages Payable				5	
Loans from Owners or F	Related Parties (itemize)		9	<u> </u>	991,312
Name and Address of Lender	Amount	Loan D	ate		
F2					CONTRACTOR OF THE PARTY OF THE
Due to Torr, NH, Mgmt					
Holdings, Norwich,	,	E.		ARK THE	
Employee, Sthprt	991,312				
Employee, Sulpit	771,312				
			B		
		<u> </u>			
4. Other Long-Term Liabil	ities (itemize)				26,912
					ile w
				澳大大大	
See Schedule		26,912			
B-5. Total Long-Term Liabilities					1,018,224
C. Total All Liabilities (Lines	A-13 + B-5)			\$	4,688,189

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description

rage Act	Line Mei	Description		
31	A5	Prepaid Expenses	\$	3,117
	A5	Prepaid Expenses>Insurance		31,413
31	A5	Propaid Expenses>Taxes		2,673
31	A5	Prepaid Expenses> Workers Comp	100	119,637
	10.00			1 0 10
Maria de la			W. 60	30848.2
	34 W 1955 W		W (5)	25,550
Total Prep	aid Expens	es	\$	156,840

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

Page Ref	Line Ref	Description

	77		
	Look Leeble 3		
19 (5) (5)	111		erijakki
SC 751	77.7		
Batta.	17.7		
Production 1	25 × 1		
182.1.	10 kg (14)		
Total Othe	r Current /	Assets (Itemize)	\$ -

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

Dage	Dof	I inc Dof	Description

	100	The state of the s	
Wang Color	64U.154C.00		22.50
			indii.
	4-11-4		initer in
Adama	Carlo San		m cold
Total Othe	r Other Fix	ed Assets (Itemize)	

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

r age Rei	Time tees	DESCRIPTION	
. 32	D7	Due From>Old Owner	\$ 55,959
32	D7	Due To/(From)>Maplewood Rehab	. 164
32	D7	Due To/(From)>Saugus Rehab	163
32	D7	Due To/(From)>Medicaid	271,100
32	D7	Due To/(From)>Vendor	6,244
32	D7	Due To/(From)>Other L&E	17,608
Total Othe	r Assets		\$ 351,238

Schedule of Notes Payable (Hemize) Page 33 Line A2

Page Ref	Line Ref	Description

Total Notes	Payable		\$	Ξ
1111111				
/ * / * / · / / / / / / / / / / / / / /	200	ta/25 ta ta to talk a Article College		
	60.00			_
			10.0	_
			. :	
10 0 10 to				
- L. Crissian				

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

Page Ref Line Ref Description

33	Al2	Accrued Expenses	3	201,672
33	Al2	Accrued Expenses>Tamkar Brokerage	5.26	5,329
33	A12	Accrued Expenses>Capital Lease>Copier		40,326
33	Al2	Accrued Expenses>Utilities(Assumed)		(6,745)
33	A12	Accrued Expenses>Insurance-General	V 8000 1110	26,837
33	A12	Accrued Expenses>Welfare(Assumed)		2,359
33	A12	Accrued Expenses>Year End Adjustment	Taliyari Sarana	8,669
33	A12	Accrued Expenses>Workers Comp	.5 :	114,703
33	A12	Accrued Expenses>Health Insurance	10.1	(5,306)
Total Othe	r Currer	at Lia bilities (Itemize)	S	387,844

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

Page Ref Line Ref Description

34	B4	Due To/(From)>TSM Holdings	\$	6
34	B4	Due To/(From)>Twin Oaks Rehab		922
34	B4	Duc To/(From)>HMQ	Γ	2
34	B4	Due To/(From)>Income	T	11,548
34	B4	Due To>Patient Spend Down	T	2,154
34	B4	Due To>Old Owner		12,280
Total Othe	r Cum	nt Liabilities (Itemize)	S	26,912

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

	ne of Facility	License No.			ear Ended	Page	of
Reg	alCare at Waterbury, LLC	2356	9/30/	2018		 35	37
Α.	Reserves	Account				 Am	ount
A.							
<u> </u>	1. Reserve for value of leased la					\$ 	
	2. Reserve for depreciation valu	e of leased building	ngs and ap	ppurtena	inces		
	to be amortized					\$ 	
	3. Reserve for depreciation valu	e of leased persor	al proper	ty (Equi	(ty)	\$ 	
	4. Reserve for leasehold real pro-	operties on which	fair renta	l value is	s based	\$ 	
	5. Reserve for funds set aside a	s donor restricted				\$ 	
	6. Total Reserves					\$	
B.	Net Worth						
	1. Owner's Capital					\$	(2,509)
	2. Capital Stock					\$	
	3. Paid-in Surplus					\$	
	4. Treasury Stock					\$	
	5. Cumulated Earnings					\$ 	(1,501,901)
	6. Gain or Loss for Period	10/1/20	017	thru	9/30/2018	\$ <u></u> .	(58,323)
	7. Total Net Worth					\$ 	(1,562,733)
C.	Total Reserves and Net Worth					\$ 	(1,562,733)
D.	Total Liabilities, Reserves, and	Net Worth				\$ 	3,125,456

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of		
RegalCare at Waterbury, LLC	2356	9/30/2018		36	37		
	Account	**************************************		A	mount		
A. Balance at End of Prior Period	d as shown on Report o	f 09/30/2017		\$	(1,510,940)		
B. Total Revenue (From Stateme	nt of Revenue Page 30)		\$	12,340,068		
C. Total Expenditures (From Sta	tement of Expenditures	Page 27)		\$	12,398,391		
D. Net Income or Deficit				\$	(58,323)		
E. Balance				\$	(1,569,263)		
F. Additions							
Additional Capital Contrib	outed (itemize)						
Expenses Per Page 27	\$12,394,592						
F/S vs C/R Depreciati	ion \$3,799						
Total F/S Expenses	\$12,398,391						
**							
2. Other (itemize)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Prior Period Adjustme	ent	6,530					
ľ				88 B	ALTER MANAGEMENT		
					277		
F-3. Total Additions				\$	6,530		
G. Deductions							
Drawings of Owners/Open	ators/Partners (Specify)		\$			
Name and Address (No.,	City, State, Zip)	Title	Amount				
				1000	1.36		
2. Other Withdrawings (Spec	2. Other Withdrawings (Specify)						
Purpose		Amo	unt		公籍 掛於 夏		
				基 义是是			
3. Total Deductions				\$			
H. Balance at End of Period	09/3	30/18		\$	(1,562,733)		
	07/3			-	(1,502,755)		

I. Preparer's/Reviewer's Certification

Name of Facility					Report for Year Ended	Page	of
RegalCare at Waterbury, LLC		2356		9/30/2018	37	37	
Check appropriate category							
	Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with Nursing Supervision only (RHNS)	_	□ (Specify)		
Preparer/Reviewer Certification							
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.							
Signatu	The of Proparer States		PRINCIPAL		Date Signed 2 6 1 9		
Printed Name of Preparer							
Matthew S. Bavolack							
Addres Address					Phone Number		
555 Long Wharf Drive, New Haven, CT 06511					203-781-9600		
Annual Report Contact					Phone Number		
Eli Mirlis							
Annual Report Contact Email Address							