## **State of Connecticut**



## Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed)		an a
Wintonbury Care Center LLC		
Address (No. & Street, City, State, Zip Code)		
140 Park Avenue, Bloomfield, CT 06002		
Type of Facility	· · · · · · · · · · · · · · · · · · ·	
☑ Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019	

License Numbers:	CCNH RHNS 2221-C		(Specify)	Medicare Provider 07-5264
Medicaid Provider Numbers:	CC 10876	CNH	RHNS	ICF-IID

### For Department Use Only

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

Name of Facility (as licensed)		License No	). Re	port for Year Ended	Page
Wintonbury Care Center LLC		2221-C	9/	30/2019	1
	Admin	istrator's/Ow	ner's Certificatio	n	
MISREPRESENTAT COST REPORT MAY FEDERAL LAW.					
I HEREBY CERTIFY Cost Report and support cost report period begins knowledge and belief, the provider(s) in acco	orting schedules inning October 1 it is a true, corre	prepared for Wir , 2018 and endir ct, and complete	ntonbury Care Center ng September 30, 201 statement prepared f	LLC [facility name]	, for the st of my
I hereby certify that I hav of Resident Statistics, St this Facility in accordan specified above.	tatements of Repor	rted Expenditures,	Statements of Revenu	es and the related Bala	nce Sheet of
I have read this Repor knowledge under the p this Report as a basis incurred to provide res been retained as requir	penalty of perjury for securing reim sident care in this	7. I also certify the sourcement for T s Facility. All su	hat all salary and non itle XIX and/or other pporting records for	-salary expenses press State assisted reside the expenses recorded	sented in nts were d have
		[			_ · · · · · · · · · · · · · · · · · · ·
Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Heather Rodriguez		Printed Name (C Chris Wright	wner)		
Subscribed and Sworn	State of	Date	Signed (Notary I	Public)	Comm. Expires
1					
o before me:					, , ,
Address of Notary Public	I				
	1	ï			

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# State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	of		
	 		1 <b>A</b>	37
Name of Facility	Period Cov	ered:	From	То
Wintonbury Care Center LLC	 		10/1/2018	9/30/2019
Address of Facility 140 Park Avenue, Bloomfield, CT 06002				
Report Prepared By	Phone Nun	nber	Date	
iCare Management, LLC	860-570-21	.40	2/15/2020	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$ 			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

•

**DO NOT include Fringe Benefit Costs.** 

## **General Information and Questionnaire**

<b>Type of Facilit</b>	y - Orga	nization	Structure
------------------------	----------	----------	-----------

1		1 *		Report for Year Ende		Page	of	
		0-243-9591		9/30/2019		2	37	
Name of Facility (as shown on license)				Street, City, Sta				-
Wintonbury Care Center LLC			/enue	e, Bloomfield, C	1 06002			Ne
License Numbers: CCNH 2221-C		RHNS		(Specify)		Medicare I 07-5264	TOVIDET	INØ.
Type of Facility (Check appropriate box(es))	1					I		
<ul> <li>✓ Chronic and Convalescent Nursing Home only (CCNH)</li> <li>✓ Rest Home with Nursing Supervision only (RHNS)</li> <li>□ (Specify)</li> </ul>								
Type of Ownership (Check appropriate box)								
O Proprietorship O LLC O Partnership	С	Profit Corp.	0	Non-Profit Cor	p. O	Government	О Т	rust
		MILLION 111 1	Date	e Opened	Date Clo	sed		
If this facility opened or closed during report year provide	e:			- :				
Has there been any change in ownership or operation during this report year?		) Yes		No	If "Yes "	explain full		
or operation during this report year?		105		110	<u>п тоз,</u>	capitani tun	y.	
Administrator								
Name of Administrator				Nursing Ho				
Heather Rodriguez				Administrat		1691		
Other Operators/Owners who are assistant administrator	e (ful	l or part time)	of th	License 1	NO			
Name	s (tui	n or part time)	<u>or ur</u>	License 1	No ·			
				Dicember				

## General Information and Questionnaire Partners/Members

Name of Facility Wintonbury Care Center LLC		License No. 2221-C	Report for 9/30/2019	Year Ended	Page of 3 37	
Wintonbury Care Center LLC					d/or Town(s) in	
Legal Name of Partnership/LLC Wintonbury Care Center LLC		Business 140 Park Aver Bloomfield, C	-	Which CT	Registered	
Name of Partners/Members	Business A	ddress		Title	% Owned	
V. Robert Salazar	2500 18th Street, Suite CO 80211	Member	Member			
David Sebbag	245 South Benton Stre Lakewood, CO 80226	et, Suite 100,	Member	Member		
Ari Krausz	245 South Benton Stre Lakewood, CO 80226	Member		21.3		
Solomon Melamed	245 South Benton Stre Lakewood, CO 80226	Member		1		
Christopher Wright	341 Bidwell Street, Ma 06040	Member		5		
Premier First Investors	245 S. Benton Street, I 80226	D Member		10		
Global World Investors	245 S. Benton Street, 1 80226	Lakewood, CO	Member		10	
	1					

## **General Information and Questionnaire** Corporate Owners

Name of Facility	License No.	Report for Yea	r Ended	Page of
Wintonbury Care Center LLC	2221-C	9/30/2019		3A 37
If this facility is owned or operated as a corpo	pration, provide t	the following inform	mation:	
Legal Name of Corporation	Busi	ness Address	State(s) in V	Which Incorporated
Name of Directors, Officers	Busi	ness Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares				
		Ne Malan		

## General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of					
Wintonbury Care Center LLC	2221-C	9/30/2019	3B   37					
If this facility is owned or operated as an individu	al proprietorship.	provide the following inform:	ition					
Owner(s) of Facility								
		·····						
	······································	uutettiinneenna taanny <sub>dettiinee</sub> n aantaa kuutuu <sub>mmeen</sub>						
	······							
		·······						

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2221-C

Name of Facility Wintonbury Care Cent		License No. Report for Year Ended				Page 4	of   37	
Willonbury Gale Gena	SI, LLO	1		, ,,,				<u> </u>
Name of Related Business		Also Provides Goods/Services to Non-Related Parties		ces to	Description of Goods/Services	Indicate Where Costs are Included in Annual Report	Cost	Actual Cost to the Related
Individual or					Provided	Page # / Line #	Reported	
Сотралу	Address	Yes	No	%**		rage # / Line #	Керонеч	Party
Bidwell Care Center,								
LLC	Manchester, CT 06040			<u> </u>	Shared Employees		(18,309)	18,309
	25 Lorraine St. Hartford,							
Center, LLC	CT 06105	ļ			Shared Employees		(11)	11
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088				Shared Employees		(3,220)	3,220
	20 Scott Swamp Rd.						(5,220)	9229
Center, LLC	Farmington, CT 06032				Shared Employees		(25,466)	25,466
	96 Prospect Hill Rd. East					+	<u> </u>	,,
Center, LLC	Windsor, CT 06088				Shared Employees		32,837	(32,837
Meriden Care								
Center, LLC (Silver	33 Roy St. Meriden, CT 06450							
Springs)	06450				Shared Employees		2,825	(2,825
Trinity Hill Care	151 Hillside Ave. Hartford,							
Center, LLC	CT 06106				Shared Employees		2,467	(2,467)
Westside Care	349 Bidwell St.							
	Manchester, CT 06040				Shared Employees		323	(323
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002				Shared Employees		-	-
	60 West Street, Rocky Hill, CT 06067				Shared Employees		2,894	(2,894)
Universal Healthcare Holdings, LLC	5 Greenwood Street, Hartford, CT 06106				Shared Employees		(137)	137
Touchpoints at	1838 Silas Deane Hwy,							
Homecare LLC	Rocky Hill, CT 06067				Shared Employees			-
Elevate Counseling Services LLC	341 Bidwell St. Manchester, CT 06040				Shared Employees		-	_
Touchpoints	341 Bidwell St.							
Therapy LLC	Manchester, CT 06040				OT/PT/ST	13 5,8,10	432,627	(432,627
Realty	N/A				Building Lease & Rent	22,22,27 10,9,14		
iCare Management,	341 Bidwell St.							
LLC	Manchester, CT 06040				iCare Helt-Legal, Postage, Emp Recruitment & Marketing	16,15 M,E	17,598	(17,598
iCare Health	341 Bidwell St.							
Management, LLC	Manchester, CT 06040				Shared EEs not part of mgmt agmt		161,455	(161,455
¥					Management Services, Direct	20 5j	216,956	(216,956
					Management Services, Indirect	20 5j	30,369	(30,369)
					Management Services, Administrative	16 M12	384,218	(384,218
				-		<u> </u>		
All Care Centers, mgmt co, realty cos					Share Common 401k, Pension and Insurance plans, courier,	legal and various other	r services	
* Use additional sheet					penare common rong, reason and monance plans, counci,	regar and ranous out		1

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					
Wintonbury Care Center LLC	2221-C		9/30/2019	5	37					
If the facility is licensed as CDH and/or RCH o	r provides Al	DS or TBI	services with special Medicaid	rates, cos	ts					
must be allocated to CCNH and RHNS as follo	-		the second s							
Item			Method of Allocation							
Dietary		Number of	meals served to residents							
Laundry			pounds processed							
Housekeeping			square feet serviced							
			hours of routine care provided							
Nursing		1 P	lassification, i.e., Director (or	-						
		•	Nurses, Licensed Practical Nu	rses, Aides	s and					
		Attendants			-					
Direct Resident Care Consultants			hours of resident care provide	1 by EACH	1					
		specialist (See listing page 13)								
Maintenance and operation of plant		Square fee								
Property costs (depreciation)		Square fee								
Employee health and welfare		Gross sala								
Management services			te cost center involved							
All other General Administrative expenses			irect and Allocated Costs							
The preparer of this report must answer the foll	lowing questi	ons applica								
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why suc	h allocatio	n was					
costs allocated as required?	<u> </u>	<ul><li>✓ 140</li></ul>	not made.							
			<u></u>							
2. Explain the allocation of related company ex	penses and a	ttach copy	of appropriate supporting data	•						
		··								
3. Did the Facility appropriately allocate and s				ne cost cei	nters?					
(e.g., Assisted Living, Home Health, Outpat	ient Services	, Adult Day	y Care Services, etc.)							
	• Yes	s O No If "No," explain fully why such allocati not made.								

### State of Connecticut Annual Report of Long-Term Care Facility CSP-6 Rev. 9/2002

## General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Y			Page	of
Wintonbury Care Center LLC			2221-C	9/30/2019			6	37
		d * to						
		ners,				Annual		
	Operators, Officers			Date of	Term of		Amo	ount
		No	Description of Items Leased	Lease**	Lease		Clai	med
Accelerated Care Plus Corp. 4850 Joule Street, Suite A-1 Reno,	0	۲	Omnistim Electrotherapy and Omnisound Therapeutic Ultrasound Equipment	05/18/10	1 yr with automatic	18,768	18,768	
ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	0	۲	Time Clocks and Payroll Punch Equip	06/01/10	60 months & automatic	8,953	8,953	
GE Capital C/O Wells Fargo, P.O.Box 41564, Philadelphai, PA 19101	0	Θ	Copier	03/05/14	48 months & automatic	12,127	12,127	
Pitney-Bowes P.O. Box 856390, Louisville, KY 40285-6390	0	۲	Postage Rental	02/01/02	Month to month	1,134	1,134	
	0	Θ						
	0	Θ			-			
	0	Ο						
	0	٥						
	0	۲						
	0	٥						
Is a Mileage Log Book Maintained for All Le	eased Ve	hicles f	? O Yes	s O	No	Total ***	40,982	

\* 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 FacilityLicense No.Wintonbury Care Center LLC2221-C	Report for Year Ended 9/30/2019	1	Page 7	of   37
The records of this facility for the period covered by this report	,	<u> </u>	1	51
	were maintained on the following cubic.			
O Accrual O Cash O Modified Cash				
Is the accounting basis for this				
period the same as for the • Yes	If "No," explain.			
previous period? O No				
Independent Accounting Firm	WINNEL AND A WYNEL DY DODDODD A CLEAR A	<u> </u>		
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)	)		
1 O'Connor, Davies LLP	100 Great Meadow Road, Ste 401, Weth		06109	
2				
3				
4		<u> </u>		
Services Provided by This Firm (describe fully)				
1 Taxes, financial statements, accounting support		\$	9,123	
2		\$		
3		\$		
4		\$		
		Charge for	Services	Provided
		\$	9,123	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yo	es, Specify Expense Classification and Line No.			
⊙ Yes O No 15D				
Legal Services Information				
Name of Legal Firm or Independent Attorney		Telephone		
1 iCare Health Management, LLC		860-570-2		
2 Starble and Harris		860-678-7		
3 Durant Nichols / Robinson & Cole, LLP		860-275-8	200	
<ul> <li>Various others (American Arbitration, Various Arbitration</li> <li>Starble and Harris, iCare Health Management LLC</li> </ul>	i, Murtha Cullina, Jackson Lewis))	060 670 7	775 8-06	0 570 2140
Address (No. & Street, City, State, Zip Code )		1000-078-7	115 @ 80	0-570-2140
1 341 Bidwell Street, Manchester CT				
2 32 Main Street, Avon, CT				
3 280 Trumbull St, Hartford, CT				
4				
5 32 Main Street, Avon, CT & 341 Bidwell Street, Manches	ster CT			
Services Provided by This Firm (describe fully)				
1 Lease and contract issues, general legal advice, Labor Law		\$	12,933	,
2 Lease and contract issues, general legal advice, union funds advice		\$		
3 Employment law, arbitrations, contract negotiations		\$		
4 Employment Arbitrations, healthcare law		\$	935	;
5 Conservatorships & Collections		\$	2,146	<u>.</u>
		Charge for	Services	Provided
		\$	16,013	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yo	es, Specify Expense Classification and Line No.		· · ·	
• Yes O No 15E				
	······			

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

### Schedule of Resident Statistics

Name of Facility	License N	Ňо.			Report fo	r Year Ende	d		Page	of		
Wintonbury Care Center LLC			2221-C				9/30/201	9			8	37
						Period 10/	'1 Thru 6/	30	Period 7/1 Thru 9/30			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
<ol> <li>Certified Bed Capacity         <ul> <li>A. On last day of PREVIOUS report period</li> </ul> </li> </ol>	150	150			150	150			150	150		
B. On last day of THIS report period	150	150			150	150			150	150		
<ol> <li>Number of Residents         <ul> <li>A. As of midnight of PREVIOUS report period</li> </ul> </li> </ol>	141	141			141	141			142	142		
B. As of midnight of THIS report period	148	148			142	142			148	148		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,032	4,032			3,023	3,023			1,009	1,009		
B. Medicaid (Conn.)	47,135	47,135			35,306	35,306			11,829	11,829		
C. Medicaid (other states)												
D. Private Pay	696	696			371	371			325	325		
E. State SSI for RCH												
F. Other (Specify) Insurance	468	468			394	394			74	74		
G. Total Care Days During Period (3A thru F)	52,331	52,331			39,094	39,094			13,237	13,237		
<ol> <li>Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds</li> <li>A. Medicaid Bed Reserve Days</li> </ol>												,
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	52,331	52,331			39,094	39,094			13,237	13,237		

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

Name of Facility         Liceme No.         Report for Year Ended.         Page of 9(3)/2019         Page of 9(3)/2019         Page of 9(3)/2019         Page of 9(3)/2019         Page of 9(3)/2019           4. Were there any changes in the certified bed capacity during the report year?         O Yes         0 No         0				Sch	edu	lle of	Res	sider	<u>it S</u>	tatis	stics (	Cont'd	l)				
4. Were there any changes in the certified bed capacity during the report year?       O       Yes       Ø       No         1" YTRS", provide the following information:       Place of Change       Change       Change in Beds       Capacity Alter Change         O Lot       CONH NINS       (Specify)       Lot       Cameed       Connect       Reason for Change         (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (2)       Reason for Change         (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2)       (2) </td <td>Name of Faci</td> <td>lity</td> <td></td> <td></td> <td>Licer</td> <td>1se No.</td> <td></td> <td></td> <td></td> <td>Report</td> <td>for Year</td> <td>Ended</td> <td></td> <td>Page</td> <td>of</td>	Name of Faci	lity			Licer	1se No.				Report	for Year	Ended		Page	of		
If "YES", provide the following information:         Place of Change       Change in Beds       Capacity After Change         Change       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (2)       (3)       (1)       (2)       (3)       (2)       (3)       (1)       (2)       (3)       (2)       (3)       (1)       (2)       (3)       (2)       (3)       (2)       (3)       (2)       (3)       (2)       (3)       (2)       (3)       (2)       (3)       (2)       (3)       (3)       (3)       (3)       (3)       (3)       (2)       (3)       (3)       (4)       (4)       (5)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)	Wintonbury (	Care Cer	nter LLC	2	22	221-C					9/30/201	9		9	37		
Place of ChangeChange is BedsCapacity After ChangeDate ofCNNIRHNS(Specify)LostGainedGainedReason for Change(1)(2)(3)(1)(3)(3)(3) </td <td></td> <td>•</td> <td>•</td> <td></td> <td></td> <td>pacity du</td> <td>ring t</td> <td>he repo</td> <td>ort yea</td> <td>r?</td> <td>0</td> <td>Yes</td> <td>٥</td> <td>No</td> <td></td>		•	•			pacity du	ring t	he repo	ort yea	r?	0	Yes	٥	No			
Date of Change         CCNH         RHNS         (Specify)         Lost         Gained         Reason for Change           Change         (1)         (2)         (3)         (1)         (1)         (2)         (3)         (1)         (2)         (3)         (1)         (2)         (3)         (2)		Y******				Ch	ange	in Bed	s		Ca	pacity Afte	er Change				
(1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (1)       (2)       (3)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (	Date of	CCNH	RHNS	(Specify)		Lost		(	Gaine	đ							
(1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (1)       (2)       (3)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (2)       (3)       (1)       (2)       (3)       (1)       (	Change																
RESIDENT DAYS for 90 days following the change.         Change in Resident Days       CCNH       RHNS       (Specify)         2nd change	Change	ge (1) (2) (3)		(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	or Change		
RESIDENT DAYS for 90 days following the change.         Change in Resident Days       CCNH       RHNS       (Specify)         2nd change																	
RESIDENT DAYS for 90 days following the change.         Change in Resident Days       CCNH       RHNS       (Specify)         2nd change																	
RESIDENT DAYS for 90 days following the change.         Change in Resident Days       CCNH       RHNS       (Specify)         2nd change				:				Ì	<u> </u>								
1st change	1		-		-	-	the r	eport y	ear (as	s report	ed in iten	1 4 above)	provide the nun	nber of			
1st change				Change in R	esider	nt Davs						NTH	RHNS	(Spe	cify)		
3rd change       Image of the sidents and Rates on September 30 of Cost Year       Other State Assisted         6. Number of Residents and Rates on September 30 of Cost Year       Self-Pay       Other State Assisted         Item       CCNH       CCNH       RHNS       CCNH       RHNS       (Specify)       R.C.H.       ICF-MR         No. of Residents       13       130       s       Image of the second se	1 st chan	ge		onunge in re	00100	n Duji								(*F			
4th change																	
6. Number of Residents and Rates on September 30 of Cost Year       Medicare       Medicaid       Self-Pay       Other State Assisted         Item       CCNH       CCNH       RHNS       CCNH       RHNS       (Specify)       R.C.H.       ICF-MR         No. of Residents       13       130       5       ICF-MR       ICF-MR       ICF-MR         a. One bed rm.       418.00       251.00       340.00       ICE       ICE       ICE         b. Two bed rms.       ICF       ICF       ICF       ICE				·······													
Medicare         Medicaid         Self-Pay         Other State Assisted           Item         CCNH         CCNH         RHNS         CCNH         RHNS         (Specify)         R.C.H.         ICF-MR           No. of Residents         13         130         5         9			lents an	d Rates on Septe	ember	- 30 of Co	st Ye	ar					I	<u> </u>			
No. of Residents         13         130         s         Image: Constraint of the second											Se	elf-Pay		Other Sta	te Assisted		
No. of Residents         13         130         s         Image: Constraint of the second																	
No. of Residents         13         130         s         Image: Constraint of the second		T4				VON HIT				-у <b>л</b> т т	1	TN TO	(Breed & A	DOU			
Per Diem Rate         Allow         251.00         340.00         Allow	No. of R		8					HINS		JNH S	KTINO		KTINƏ		(Specify)	K.C.H.	KF-MR
a. One bed rm.       418.00       251.00       340.00       Image: Constraint of the second sec							******										
c. Three or more bed rms.       Image: Constraint of Physical Therapy Treatments       TOTAL       CCNH       RHNS       (Specify)         7. Total Number of Physical Therapy Treatments       70 TAL       CCNH       RHNS       (Specify)         A. Medicare - Part B       2,266       2,266       2,266       2         B. Medicaid (Exclusive of Part B)       955       955       955       955         2. Restorative Treatments       1,411										340.00							
bed rms.TOTALCCNHRHNS(Specify)7. Total Number of Physical Therapy Treatments2,2662,2660B. Medicaid (Exclusive of Part B)2,2662,26601. Maintenance Treatments95595502. Restorative Treatments1,4111,4110C. Other7,2517,2510D. Total Physical Therapy Treatments11,88311,88308. Total Number of Speech Therapy Treatments13713709. Total Number of Speech Therapy Treatments14514501. Maintenance Treatments14514502. Restorative Treatments14514501. Maintenance Treatments14514502. Restorative Treatments14514509. Total Speech Therapy Treatments75475409. Total Speech Therapy Treatments1,2261,2260B. Medicaid (Exclusive of Part B)1,2261,22601. Maintenance Treatments63763709. Total Number of Occupational Therapy Treatments6376371. Maintenance Treatments63763701. Maintenance Treatments1,0341,03402. Restorative Treatments1,0341,0340																	
7. Total Number of Physical Therapy TreatmentsTOTALCCNHRHNS(Specify)A. Medicare - Part B2,2662,26622			е														
A. Medicare - Part B2,2662,266B. Medicaid (Exclusive of Part B)	bed	rms.															
A. Medicare - Part B2,2662,266B. Medicaid (Exclusive of Part B)																	
B. Medicaid (Exclusive of Part B)9559551. Maintenance Treatments9559552. Restorative Treatments1,4111,411C. Other7,2517,251D. Total Physical Therapy Treatments11,88311,8838. Total Number of Speech Therapy Treatments137137B. Medicaid (Exclusive of Part B)137137I. Maintenance Treatments1451452. Restorative Treatments472472D. Total Speech Therapy Treatments7547549. Total Number of Occupational Therapy Treatments1,2261,226B. Medicaid (Exclusive of Part B)1,2261,2261. Maintenance Treatments6376373. Restorative Treatments6376374. Medicare - Part B1,0341,034					ments	5					TO			RHNS	(Specify)		
1. Maintenance Treatments9559552. Restorative Treatments1,4111,411C. Other7,2517,251D. Total Physical Therapy Treatments11,88311,8838. Total Number of Speech Therapy Treatments137137A. Medicare - Part B137137B. Medicaid (Exclusive of Part B)1451451. Maintenance Treatments145145C. Other472472D. Total Speech Therapy Treatments7547549. Total Number of Occupational Therapy Treatments1,2261,226B. Medicaid (Exclusive of Part B)1,2261,2261. Maintenance Treatments6376379. Total Number of Occupational Therapy Treatments6376371. Maintenance Treatments6376372. Restorative Treatments6376372. Restorative Treatments1,0341,034												2,266	2,266				
2. Restorative Treatments1,4111,411C. Other7,2517,251D. Total Physical Therapy Treatments11,88311,8838. Total Number of Speech Therapy Treatments137137A. Medicare - Part B137137B. Medicaid (Exclusive of Part B)1451451. Maintenance Treatments145145C. Other472472D. Total Speech Therapy Treatments7547549. Total Number of Occupational Therapy Treatments1,2261,226B. Medicaid (Exclusive of Part B)1, Maintenance Treatments4376371. Maintenance Treatments6376374472. Restorative Treatments6376374473. C. Other1,0341,034447					, ,							955	955				
D. Total Physical Therapy Treatments11,88311,8838. Total Number of Speech Therapy Treatments137137A. Medicare - Part B137137B. Medicaid (Exclusive of Part B)1451451. Maintenance Treatments145145C. Other472472D. Total Speech Therapy Treatments7547549. Total Number of Occupational Therapy Treatments1,2261,226B. Medicaid (Exclusive of Part B)1,2261,2261. Maintenance Treatments1,3371,0342. Restorative Treatments6376371. Maintenance Treatments1,0341,034		2. Res			***							1,411	1,411				
8. Total Number of Speech Therapy Treatments       137       137         A. Medicare - Part B       137       137         B. Medicaid (Exclusive of Part B)       145       145         1. Maintenance Treatments       145       145         2. Restorative Treatments       145       145         C. Other       472       472         D. Total Speech Therapy Treatments       754       754         9. Total Number of Occupational Therapy Treatments       1,226       1,226         B. Medicaid (Exclusive of Part B)       1,226       1,226         1. Maintenance Treatments       637       637         2. Restorative Treatments       1,034       1,034			07 1	1 (H)1 (H)													
A. Medicare - Part B137137B. Medicaid (Exclusive of Part B)1451451. Maintenance Treatments1451452. Restorative Treatments145145C. Other472472D. Total Speech Therapy Treatments7547549. Total Number of Occupational Therapy Treatments1,2261,226B. Medicaid (Exclusive of Part B)1,2266371. Maintenance Treatments6376372. Restorative Treatments1,0341,034						1						11,883	11,883				
B. Medicaid (Exclusive of Part B)1451. Maintenance Treatments1452. Restorative Treatments145C. Other472472472D. Total Speech Therapy Treatments7549. Total Number of Occupational Therapy TreatmentsA. Medicare - Part B1. Maintenance Treatments1. Maintenance Treatments2. Restorative of Part B)1. Maintenance Treatments2. Restorative Treatments1. Maintenance Treatments1. Maintenance Treatments1. Maintenance Treatments1. Maintenance Treatments1. Maintenance Treatments1. Other1. 7,5331. 7,5331. 7,533					ICIUS							137	137				
2. Restorative TreatmentsImage: constraint of the constrain					)												
C. Other472472D. Total Speech Therapy Treatments7547549. Total Number of Occupational Therapy Treatments1,2261,226B. Medicaid (Exclusive of Part B)6376371. Maintenance Treatments6376372. Restorative Treatments1,0341,034C. Other7,5337,533		and the second se										145	145				
D. Total Speech Therapy Treatments7547549. Total Number of Occupational Therapy TreatmentsA. Medicare - Part B1. Medicaid (Exclusive of Part B)1. Maintenance Treatments6376376372. Restorative Treatments1,034C. Other7,5337,533			torative	Treatments													
9. Total Number of Occupational Therapy Treatments       1,226         A. Medicare - Part B       1,226         B. Medicaid (Exclusive of Part B)       1000         1. Maintenance Treatments       637         2. Restorative Treatments       1,034         C. Other       7,533			Sneech	Therany Treatm	onts	*******							1				
A. Medicare - Part B1,226B. Medicaid (Exclusive of Part B)1. Maintenance Treatments6372. Restorative Treatments1,034C. Other7,5337,533						ments						154	134				
1. Maintenance Treatments         637         637           2. Restorative Treatments         1,034         1,034           C. Other         7,533         7,533	A	Medica	are - Pai	tB								1,226	1,226				
2. Restorative Treatments         1,034         1,034           C. Other         7,533         7,533	B				)												
C. Other 7,533 7,533		and the second se									<u> </u>			ļ			
	C		wianve	ricamients							1		1				
			Оссира	tional Therapy	Freat	ments											

## State of Connecticut Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

### Report of Expenditures - Salaries & Wages

Name of Facility         License No.         Report for Year Ended         Page           Wintonbury Care Center LLC         2221-C         9/30/2019         10           Are time records maintained by all individuals receiving compensation? <ul> <li>Yes</li> <li>No</li> </ul> Item         CCNH         Hours         RHNS         Hours         (Specify)           A. Salaries and Wages*	of 37 Hours
Are time records maintained by all individuals receiving compensation?       O       Yes       O         Are time records maintained by all individuals receiving compensation?       O       Yes       O       No         Are time records maintained by all individuals receiving compensation?       O       Yes       O       No         Are time records maintained by all individuals receiving compensation?       O       Yes       O       No         Are time records maintained by all individuals receiving compensation?       O       Yes       O       No         Are time records maintained by all individuals receiving compensation?       O       Yes       O       No         Are time records maintained by all individuals receiving compensation?       O       Yes       O       No         Are time records maintained by all individuals receiving compensation?       O       Yes       O       No         Are time records maintained by all individuals receiving compensation?       O       Yes       O       No         Are time records maintained by all individuals receiving compensation?       O       Yes       No       No         Are time records and solution instructive Sharies (lelephone operator, clerks, receptionists, etc.)       183,850       8,326       No       No       No         Are thead Hours(cept Survices	
Item       CCNH       Hours       RHNS       Hours       (Specify)         A. Salaries and Wages*       1. Operators/Owners (Complete also Sec. I       0	Hours
Item         CCNH         Hours         RHNS         Hours         (Specify)           A. Salaries and Wages*         1. Operators/Owners (Complete also Sec. I	Hours
A. Salaries and Wages*       . Operators/Owners (Complete also Sec. I of Schedule A1)	Hours
A. Salaries and Wages*       .         1. Operators/Owners (Complete also Sec. I       .         of Schedule A1)       .         2. Administrator(s) (Complete also Sec. IV       .         of Schedule A1)       .         3. Assistant Administrator (Complete also Sec. IV       .         of Schedule A1)       .         4. Other Administrative Salaries (telephone       .         operators/or, clerks, receptionists, etc.)       .         183,850       8,326         5. Dictary Service       .         a. Head Dicitian       .         b. Food Service Supervisor       .         5. Bietary Workers       .         4. Head Dictitian       .         b. Food Service Supervisor       .         a. Head Housekceping Service       .         a. Head Housekceping Workers       .         10. Other Housekceping Workers       .         10. Other Maintenance Services       .         a. Laundry Service       .         a. Supervisor       .         b. Other Maintenance Workers       .         c. Differ Laundry Workers       .         d. Supervisor       .         a. Head Accountant       .         b. Other Laundry	Hours
A. Salaries and Wages*       .         1. Operators/Owners (Complete also Sec. I       .         of Schedule A1)       .         2. Administrator(s) (Complete also Sec. IV       .         of Schedule A1)       .         3. Assistant Administrator (Complete also Sec. IV       .         of Schedule A1)       .         4. Other Administrative Salaries (telephone       .         operators/ored       .         a. Head Dietitian       .         b. Food Service Supervisor       .         5. Dietary Korkers       .         4. Head Dietitian       .         b. Food Service Supervisor       .         6. Housekceping Service       .         a. Head Housekceper       .         b. Other Housekceping Workers       .         7. Repairs & Maintenance Services       .         a. Engineer or Chief of Maintenance       .         77,150       2,022         b. Other Maintenance Workers       .         4. Supervisor       .         a. Supervisor       .         b. Other Accountants       .         c. Differ Laundry Workers       .         10. Protective Services       .         11. Accounting Services	
1. Operators/Owners (Complete also Sec. II         of Schedule A1)         2. Administrator(s) (Complete also Sec. III         of Schedule A1)         161,371         2. Administrator(s) (Complete also Sec. IV         of Schedule A1)         161,371         2. Administrator(s) (Complete also Sec. IV         of Schedule A1)         161,371         2. Administratory Solutions         of Schedule A1)         161,371         2. Other Administrative Salaries (telephone         operator, clerks, receptionists, etc.)         183,850         8. Diotary Service         a. Head Diottitan         b. Food Service Supervisor         a. Head Housekceper         b. Other Housekceping Workers         318,429       19,490         7. Repairs & Maintenance Services         a. Engineer or Chiel of Maintenance         77,150       2,022         b. Other Maintenance Workers         34,339       2,272         8. Laundry Services         a. Supervisor         b. Other Laundry Workers         b. Other Administratician Services         c. Dietary Services         10. Protective Services         11. Accountint <td></td>	
of Schedule A1)       2. Administrator(s) (Complete also Sec. III         of Schedule A1)       161,371       2,086         3. Assistant Administrator (Complete also Sec. IV       0       0         of Schedule A1)       161,371       2,086         4. Other Administrative Salaries (telephone       0       0         operator, clerks, receptionists, etc.)       183,850       8,326         5. Dictary Service       4       4         a. Head Dieitiian       1       1         b. Food Service Supervisor       58,648       2,086       1         c. Dietary Workers       490,286       26,942       1         d. Head Housekceper       1       1       1         b. Other Housekceping Workers       318,429       19,490       1         7. Repairs & Maintenance Services       318,429       19,490       1         8. Laundry Service       34,339       2,272       1         b. Other Haintenance Workers       34,339       2,272       1         b. Other Aliantenance Workers       45,566       2,283       1       1         b. Other Laundry Workers       45,566       2,283       1       1         10. Protective Services       1       1       1 <t< td=""><td></td></t<>	
of Schedule A1)       161,371       2,086         3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	
of Schedule A1)	
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)       183,850       8,326         5. Dietary Sorvice       183,850       8,326         a. Head Dietitian	
operator, clerks, receptionists, etc.)       183,850       8,325         5. Dietary Service       200         a. Head Dietitian       200         b. Food Service Supervisor       58,648       2,086         c. Dietary Workers       490,286       26,942         6. Housekceeping Service       200       200         a. Head Housekceping Workers       318,429       19,490         7. Repairs & Maintenance Services       2,022       200         a. Engineer or Chief of Maintenance       77,150       2,022         b. Other Maintenance Workers       34,339       2,272         8. Laundry Service       200       200         a. Supervisor       2,283       2,272         9. Barber and Beautician Services       2,283       2,272         10. Protective Services       2,283       2,272         11. Accounting Services       2,283       2,283         11. Accounting Services       2,283       2,283         12. Professional Care of Residents       2,384       3,394         a. Head Accountant       2,395       3,395         12. Professional Care of Residents       3,386,625       6,765         b. RN       1. Direct Care       344,408       7,790	
5. Dietary Service	
a. Head Dietitian       58,648       2,086         b. Food Service Supervisor       58,648       2,086         c. Dietary Workers       490,286       26,942         6. Housekeeping Service       200,286       26,942         a. Head Housekeeper       200,286       20,942         b. Other Housekeeping Workers       318,429       19,490         7. Repairs & Maintenance Services       200,222       200,222         a. Engineer or Chief of Maintenance       77,150       2,022         b. Other Maintenance Workers       34,339       2,272         8. Laundry Service       200,222       200,222         a. Supervisor       200,222       200,222         b. Other Laundry Workers       45,566       2,283         9. Barber and Beautician Services       200,223       200,223         10. Protective Services       200,223       200,223         a. Head Accountant       200,223       200,223         b. Other Accountants       200,223       200,233         12. Professional Care of Residents       200,233       200,233         a. Direct Care       34,408       7,790       200,233         2. Administrative**       270,431       7,434       200,233         3. Lower C	
b. Food Service Supervisor58,6482,086c. Dietary Workers490,28626,9426. Housekeeping Service490,28626,942a. Head Housekeeper19,49010b. Other Housekeeping Workers318,42919,4907. Repairs & Maintenance Services20,22210a. Engineer or Chief of Maintenance77,1502,022b. Other Maintenance Workers34,3392,2728. Laundry Service2020a. Supervisor20b. Other Laundry Workers45,5662,2839. Barber and Beautician Services2010. Protective Services20a. Head Accountant20b. Other Accountants2012. Professional Care of Residents368,625a. Direct Care344,4087,7902. Administrative**2. Administrative**273,4317,43420	
c. Dietary Workers       490,286       26,942         6. Housekeeping Service	
a. Head Housekeeper       19,490         b. Other Housekeeping Workers       318,429       19,490         7. Repairs & Maintenance Services       19,490       19,490         a. Engineer or Chief of Maintenance       77,150       2,022         b. Other Maintenance Workers       34,339       2,272         8. Laundry Service       19,430       19,430         a. Supervisor       10,000       10,000         b. Other Laundry Workers       45,566       2,283         9. Barber and Beautician Services       10,000       10,000         10. Protective Services       11,000       10,000         11. Accounting Services       10,000       10,000         a. Head Accountant       10,000       10,000         b. Other Accountants       10,000       10,000         12. Professional Care of Residents       10,000       10,000         a. Director and Assistant Director of Nurses       368,625       6,765         b. RN       1,0000       1,000       1,000         1. Direct Care       344,408       7,790       1,000         1. Direct Care       1,212,115       44,257       44,257	
b. Other Housekeeping Workers318,42919,4907. Repairs & Maintenance Servicesa. Engineer or Chief of Maintenance77,1502,022b. Other Maintenance Workers34,3392,2728. Laundry Servicea. Supervisorb. Other Laundry Workers45,5662,2839. Barber and Beautician Services10. Protective Servicesa. Head Accountantb. Other Accountants12. Professional Care of Residentsa. Directors and Assistant Director of Nurses368,6256,765b. RN1. Direct Care344,4087,7902. Administrative**273,4317,434	
7. Repairs & Maintenance Services       77,150       2,022         b. Other Maintenance Workers       34,339       2,272         8. Laundry Service       34,339       2,272         a. Supervisor	
a. Engineer or Chief of Maintenance       77,150       2,022         b. Other Maintenance Workers       34,339       2,272         8. Laundry Service       45,566       2,283         a. Supervisor       45,566       2,283         b. Other Laundry Workers       45,566       2,283         9. Barber and Beautician Services       10. Protective Services       11. Accounting Services         10. Protective Services       11. Accounting Services       11. Accountants         11. Accounting Services       11. Accountants       11. Accountants         12. Professional Care of Residents       368,625       6,765         b. RN       1. Direct Care       344,408       7,790         2. Administrative**       273,431       7,434       1. Direct Care         1. Direct Care       1,212,115       44,257       1. 212,115	
b. Other Maintenance Workers       34,339       2,272         8. Laundry Service	
8. Laundry Service	
a. Supervisor	
9. Barber and Beautician Services	
10. Protective Services	
11. Accounting Services	
a. Head Accountant	
b. Other Accountants       Image: Constraint of the second s	000000000000000000000000000000000000000
a. Directors and Assistant Director of Nurses       368,625       6,765         b. RN	
b. RN         344,408         7,790           1. Direct Care         344,408         7,790           2. Administrative**         273,431         7,434           c. LPN         1. Direct Care         1,212,115         44,257	
1. Direct Care         344,408         7,790           2. Administrative**         273,431         7,434           c. LPN         1. Direct Care         1,212,115         44,257	
2. Administrative**         273,431         7,434           c. LPN	
c. LPN 1. Direct Care 1,212,115 44,257	
1. Direct Care 1,212,115 44,257	
	a
2. Administrative**	
d. Aides and Attendants 2,211,052 117,018	
e. Physical Therapists	
f. Speech Therapists	
g. Occupational Therapists       h. Recreation Workers       168,046       8,308	
i. Physicians	
1. Medical Director	
2. Utilization Review	
3. Resident Care***	
4. Other (Specify)	pana ang kana ang ka
j. Dentists	<u> </u>
k. Pharmacists	
1. Podiatrists	
m. Social Workers/Case Management 158,487 5,840	
n. Marketing	+
o. Other (Specify)       See Attached Schedule       158,455       6,233	
See Attached Schedule         158,455         6,233           A-13. Total Salary Expenditures         6,264,258         269,151	

 \* 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)

CCNH RHNS	(Specify)			
S Hours S Hours	S S	Hours		
S 33,564 2,051	\$ -			
3S \$ 42,851 2,088	\$ -			
<b>\$</b>	\$			
ARIES \$ 82,041 2,094	\$ -	12.111.12.12.		
y la fili substanti de la contracta de la contr Actual de la contracta de la co	n yang sana sana sana sana sana sana sana s			
na na serie de la constance de En la constance de la constance		i dende billet. Maria dan den de		
\$ 158.455 6.223 \$	¢			
\$ 158,455 6,233 <b>\$</b>		- <b>S</b> -		

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### Schedule of Other Fees (Page 13)

	CCI	NH	RH	INS	(Specify)		
Service	\$	Hours	\$	Hours	\$	Hours	
MEDICAL RECORDS CONTRACT SERVICE	\$ 3,727	(32)			\$	•	
ADMISSIONS C/S LABOR	\$ 50,118	963			<b>S</b> -	-	
CENTRAL SUPPLY CONTRACT SERVICE	\$ 2,001	58			\$ ~		
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 111,337	2,984			\$ -		
RESPIRATORY THERAPY CONTRACT SERVICES	\$ (46,948)	(1,029)			<b>\$</b> -		
PHYSICAL THERAPY C/S MEDICIAD	\$ 38,227	635			<b>\$</b> -	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. <del>.</del>	
SPEECH THERAPY C/S Medicaid	\$ 3,947	65			\$ -		
OCCUPATIONAL THERAPY C/S MEDICIAD	\$ 27,162	447			<b>S</b> -		
Total	\$ 189,570	4,091	\$ -		\$ -	en a servici 🖕 d	

### State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

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

Assistant Administrators and Other Related Pa	'arties*
---	----------

Name of Facility     License No.     Report for Year Ended     Page     of											
Name of Facility				License No.	1 7	Year Ended		Page	of		
Wintonbury Care Center LLC				2221-C		9/30/2019			11	37	
Name	CCNH	Salary Pai	d (Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received	
Iname	CUNI	Kriino	(Specify)	(describe fully)	Services Kendered	worked	Page 10	Other Employment**	worked	Received	
Section I - Operators/Owners											
Section II - Other related											
parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).											
									^		

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

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

### State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

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

Assistant	Administrators	and C	Other	Related	l Parti	es*

			License No.	Report for Y	ear Ended	Page	of		
			2221-C	9/30/2019			12	37	
	Salary Pai	đ	Hringe Kenetits						
CCNH	RHNS	(Specify)	and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
0			same as employees less union funds	Administrator	0	A2			
161,371			employees less union funds	Administrator	2,086	A2			
			employees less union funds	Administrator		A2			
	0	CCNH RHNS	0	Salary Paid     Fringe Benefits and/or Other Payments (describe fully)       CCNH     RHNS     (Specify)       Image: Constraint of the state of the st	Salary Paid       Fringe Benetits and/or Other Payments         CCNH       RHNS       (Specify)         (describe fully)       Full Description of Services Rendered         0       same as employees less union funds         161,371       and or funds         161,371       same as employees less         161,371       same as employees less	Salary Paid       Fringe Benefits and/or Other Payments       Full Description of Services Rendered       Total Hours Worked         CCNH       RHNS       (Specify)       (describe fully)       Services Rendered       Total Hours         0        same as employees less union funds       Administrator       0         161,371        same as employees less       Administrator       2,086	2221-C9/30/2019Salary PaidFringe Benetits and/or Other PaymentsFringe Benetits and/or Other PaymentsFull Description of Services RenderedLine Where Claimed on WorkedCCNHRHNS(Specify)(describe fully)Services RenderedNotePage 10OSame as employees less union fundsAdministrator0A2161,371Same as employees lessAdministrator2,086A2161,371Same as employees lessAdministrator2,086A2	2221-C9/30/2019Salary PaidFringe Benefits and/or Other Payments (describe fully)Full Description of Services RenderedIne Where Claimed on Page 10Name and Address of All Other Employment**CCNHRHNS(Specify)(describe fully)Services RenderedTotal Hours WorkedIneName and Address of All Other Employment**CCNHRHNS(Specify)same as employees less union fundsAdministrator0A2Ine161,371same as employees less union fundsAdministrator2,086A2IneIne161,371same as employees less union fundsAdministrator2,086A2IneIne	Image: Salary Paid2221-C9/30/201912Salary PaidFringe Benefits and/or Other PaymentsFull Description of Services RenderedLine Where Claimed on Page 10Total HoursCCNHRHNS(Specify)(describe fully)Services RenderedTotal Hours WorkedName and Address of All Page 10Total HoursCCNHRHNS(Specify)(describe fully)Services RenderedTotal Hours WorkedPage 10Name and Address of All HoursHours Worked0Image: Same as employees less union fundsAdministrator0A2Image: Same as Image: Same as employees lessImage: Same as AdministratorImage: Same as Image: Same as employees lessImage: Same as Image: Same as employees lessImage: Same as Image: Same as Image: Same as employees lessImage: Same as Image: Same as Image: Same as Image: Same as employees lessImage: Same as Image: Same as Imag

\*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.

### State of Connecticut Annual Report of Long-Term Care Facility CSP-13 Rev. 9/2002

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

B. Report of E. Name of Facility	License No.		Report for Y		Page	of
Wintonbury Care Center LLC	222	1-C	9/30/2019		13	37
·			Total Cost a	and Hours		
				[	[	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	41,600	832				
2. Dentist						
3. Pharmacist	30,953	343				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	134,019	1,830				
b. Other						· · ·
6. Social Worker	79,061	1,457				
7. Recreation Worker	22,785	35+Cable				35+Cable
8. Physicians						
a. Medical Director (entire facility)	44,400	454				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility 1. Infection Control Committee						
(Quarterly meetings)						
2. Pharmaceutical Committee			[			
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
Physician Care Contract Services	25,152	159				
<ol> <li>Speech Therapist         <ol> <li>Resident Care</li> </ol> </li> </ol>	10.210					
b. Other	18,319	141				
10. Occupational Therapist						
a. Resident Care	102.006	1 200		[		
b. Other	123,226	1,390				
11. Nurses and aides and attendants						
a. RN						
a. KN 1. Direct Care	77 015	664		l		
2. Administrative***	77,815	760				
b. LPN	45,051	100				
1. Direct Care	122,278	1 002		ŧ		
2. Administrative***	122,278	2,883				
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	189,570	4,091		¥		
B-13 Total Fees Paid in Lieu of Salaries			<u> </u>			
* Do not include in this section management consultants are service which	954,230	15,005				l

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

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

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

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of	
Wintonbury Care Center LLC	2221-C		9/30/2019		14	37	
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relations		elationship	
Tocuhpoints Therapy	Therapy	Yes O	No 0	Common Own	Common Ownership		
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	•	0	Common Own	ership		
Pharm Scripts	Pharmacy Contract	0	٥	· · · ·			
Guardian Consulting Srv	Pharmacy Consulting	0	•				
Healthdrive Physician Services	Audiology, Dental and Podiatry	0	0				
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	0	•				
Dr. Villanueva	Medical Director	0	٥				
Dr Bogacki Robert	Medical Director	0	0				
		0	٥				
		0	•			**************************************	
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\* Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

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

Name of Facility Lic	ense No.		Report for Ye	ar Ended	Page	of
Wintonbury Care Center LLC	2221-C		9/30/2019		15	37
Item			Total	CCNH	RHNS	(Specify)
1. Administrative and General			10101		Turning	(0)
a. Employee Health & Welfare Benefits 1. Workmen's Compensation	Γ	\$	229,001	229,001		
2. Disability Insurance		\$	225,001	207,001		
3. Unemployment Insurance		\$				
4. Social Security (F.I.C.A.)		\$	518,311	518,311		
5. Health Insurance		\$	978,746	978,746	<u>}</u>	
6. Life Insurance (employees only)		Ψ	770,710			
(not-owners and not-operators)		\$				*************************************
7. Pensions (Non-Discriminatory)			344,652	344,652		
(not-owners and not-operators)		Ŷ				
8. Uniform Allowance		\$				
9. Other (Specify)		, \$		31,381		
See Attached Schedule	L	· ·	,			
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and		<b>T</b>				
Operators (Discriminatory)*						
oportuors (Disorminiatory)						
c. Bad Debts*		\$	60,337	60,337		
d. Accounting and Auditing		\$		9,123	1	
e. Legal (Services should be fully described on	Page 7)	\$		16,013		
f. Insurance on Lives of Owners and		\$				
Operators ( <i>Specify</i> )*						
g. Office Supplies		\$	18,766	18,766		
h. Telephone and Cellular Phones						
1. Telephone & Pagers		\$	21,671	21,671		
2. Cellular Phones		\$	5 1,418	1,418		
i. Appraisal (Specify purpose and		\$	3			
attach copy )*						
j. Corporation Business Taxes (franchise tax)		\$	3 250	250		
k. Other Taxes (Not related to property - See I	age 22)					
1. Income*		9	5			
2. Other (Specify)		9	S			
See Attached Schedule						
3. Resident Day User Fee		9	5 1,099,998	1,099,998		
Subtotal	<u> </u>	9	and the second se	3,329,668		
* Facility should self-disallow the expense on Page 28 of t	ha Cast Bans			(Carry Subt	otals forward	to next nag

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

 $\mathbf{V}$ 

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

Attachment Page 15

### Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)	
UNION TRAINING	\$ 31,381		\$ -	
Total	\$ 31,381	\$ -	\$ -	

### **Schedule of Other Taxes**

\*\*\*\*\*\*\*\*\*\*\*

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

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

Name of Fa	cility	License No.		Report for Y	ear Ended	Page	of
Wintonbury	/ Care Center LLC	2221-C		9/30/2019		16	37
	Item			Total	CCNH	RHNS	(Specify)
	Subtotal	ls Brought Forwar	d:	3,329,668	3,329,668		
1. Trave	el and Entertainment						
1. F	Resident Travel and Entertainment		\$				
2. F	Holiday Parties for Staff		\$	337	337		
3. (	Gifts to Staff and Residents		\$	221	221		
4. E	Employee Travel		\$	11,108	11,108		
5. E	Education Expenses Related to Seminars and	Conventions	\$	4,140	4,140		
6. A	Automobile Expense (not purchase or depre	ciation)	\$	49	49		
7. (	Other (Specify)		\$	2,135	2,135		
S	See Attached Schedule						
m. Other	Administrative and General Expenses						
1. A	Advertising Help Wanted (all such expenses	)	\$	12,243	12,243		
2. <i>A</i>	Advertising Telephone Directory (all such ex	cpenses )***	\$				
	Advertising Other (Specify)***		\$	24,924	24,924		
5	See Attached Schedule						
4. F	Fund-Raising***		\$				
5. N	Medical Records		\$				
6, E	Barber and Beauty Supplies (if this service is	s supplied	\$				
	directly and not by contract or fee for service						
7. F	Postage		\$	3,963	3,963		
* 8. I	Dues and Membership Fees to Professional		\$	10,174	10,174		
1	Associations (Specify)						
5	See Attached Schedule						
8a. I	Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$				
9. 5	Subscriptions		\$				
10. (	Contributions***		\$	330	330		
S.	See Attached Schedule						
11. \$	Services Provided by Contract (Specify and	Complete	\$	141,558	141,558		
	Schedule C-2, Page 21 for each firm or indu	ividual)					
	Administrative Management Services**		\$	384,218	384,218		
	Other (Specify)		\$	24,832	24,832		
	See Attached Schedule						
C-14 Total	Administrative & General Expenditures		\$	3,949,902	3,949,902		

\* 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.

#### Attachment Page 16

#### Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
MEALS	\$ 2,135		\$ -
			Burbline Break
Total Other Travel and Entertainment	\$ 2,135	\$ -	\$

#### Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
COMMUNICATIONS SPECIAL EVENTS	\$ 24,924		\$ -
Total Other Advertising	\$ 24,924	\$	\$

#### Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM			
CAHCF Dues	\$ 10,014	t de la tradada	\$
OTHER DUES	\$ 160		\$
	Nggan sangga sa	2011년 - Colester	
	48900-88188		
	1222232	yaya karing	
Total Dues	\$ 10,174	<b>\$</b> –	\$

#### Schedule of Contributions

Description	CCNH	RHNS	(Specify)
CONTRIBUTIONS	\$ 330		\$
Total Contributions	\$ 330	\$ -	<b>S</b> -

#### Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
SOCIAL SERVICE SUPPLIES	\$ -		s -
SOC SVC MINOR EQUIPMENT	S -	e e e e e e e e e e e e e e e e e e e	\$
ADMINISTRATIVE MINOR EQUIPMENT	\$ 2,457	방송 관계	\$ -
EMPLOYEE RELATIONS	\$ 8,633		\$
EMPLOYEE RELATIONS-OTHER	\$ 641		\$
PERMITS & LICENSES	\$ 2,938	(je po je	\$ ÷
VOLUNTEER EXPENSE	<b>s</b> -		\$
BANK FEES	\$ 7,800		\$ -
CMS REVISIT USER FEES	\$ -	n de la companya de l	<b>S</b> -
PENALTIES	\$	889. B 693	\$
LATE FEES	\$ 449		<b>S</b> -
INTERNET EXPENSES	\$ 1,915		\$
Rounding	\$ (0)		
Total Other Administrative and General	\$ 24,832	\$	\$

Name of Facility	License No.	Report for Year Ended	Page of
Wintonbury Care Center LLC	2221-C	9/30/2019	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 #
iCare Management, LLC/iCare Health Management, LLC	384,218	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	216,956	MANAGEMENT FEES- DIRECT CARE	Рд 20 ј
iCare Management, LLC/iCare Health Management, LLC	30,369	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

\* 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)

		N€	ote on	Page 5)				
Nam	e of Facility	]]	License		Report for Y		Page	of
	tonbury Care Center LLC		, ,	2221-C	9/30/2019		18	37
	Item			Total	CCNH	RHNS	(SI	pecify)
2.	Dietary							
	a. In-House Preparation & Service							
	1. Raw Food		\$	320,758	320,758			
	2. Non-Food Supplies		\$	33,475	33,475			
	3. Other (Specify)		\$	20,133	20,133			
	DIETARY SUPPLEMENTS							
	b. Purchased Services (by contract other		\$	534	534			
	than through Management Services)							
	(Complete Schedule C-2 att. Page 21)							
	c. Other (Specify)	<u> </u>	\$	3,738	3,738			
	DIETARY MINOR EQUIPMENT							
2D.	Total Dietary Expenditures (2a + b + c + d)		\$	378,638	378,638		ļ	
<u>2E.</u>	Dietary Questionnaire			Total	CCNH	RHNS	(S	pecify)
F.	Resident Meals: Total no. of meals served per d	ay:	*	430	430		<u> </u>	
G.	Is cost of employee meals included in 2D?	С	Yes	$\odot$	No			
H.	Did you receive revenue from employees?	С	Yes	0	No	If yes, specify amt.		
I.	Where is the revenue received reported in the C	ost	Report	? (Page/Line I	tem)			
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board		Yes	۵	No	If yes, specify		
J.	Members, Guests) included in 2D?	0	103	Ŭ	110	cost.		
K.		0	Yes	٥	No	If yes, specify amt.		
L.	Where is the revenue received reported in the C	ost	Report	? (Page/Line I	tem)			
				·····				
14	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings)	$\cap$	Yes	٩	No	If yes, specify		
М.	provided to employees included in 2D?	0	105	Ŭ	1.0	cost.		
	Protrada to emproyees monadou in 20 ,							
N.	Is any revenue collected from employees?	0	Yes	۲	No	If yes, specify amt.		
0.	Where is the revenue received reported in the C	`ost	Renor	? (Page/Line)	[tem]			
<u>,</u>			Trobou		,			

\* 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			leport for Y	ear Ended	Page	of
Win	conbury Care Center LLC		2	221 <b>-</b> C		9/30/2019		19	37
	Item			Total		CCNH	RHNS	(S)	pecify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Lbs. Amt. \$						
	<ol> <li>Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***</li> </ol>		Lbs. Amt. \$						
	<ol> <li>Personal clothing of residents washed, ironed, and/or processed.***</li> </ol>	_	Lbs. Amt. \$						
	4. Repair and/or purchase of linens.***	-	Lbs. Amt. \$						
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	230,495	5	230,495			
3D.	c. Other ( <i>Specify</i> ) LAUNDRY MINOR EQUIPMENT <i>Total Laundry Expenditures</i> (3a+b+c)		\$			3,290 233,785			
3E.	Laundry Questionnaire			<u>i,,</u>				L	
F.	Is cost of employee laundry included in 3D?	0	Yes	٥	יו	No	If yes, specify cost.		
G.	Did you receive revenue from employees?	0	Yes	0	) ]		If yes, specify amt.		
H.	Where is the revenue received reported in the Cos	st R	leport?			(Page/Line	Item)		
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	0	Yes	O	)	Ňo	If yes, specify cost.		
J.	5 1 1		Yes		) ]		If yes, specify amt.		
Κ.	Where is the revenue received reported in the Cos	*******		**********		(Page/Line	ltem)		

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3D.

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

	A B C D	E	F	G	H	Ι	J
1	State of Connecticut				] 11	1	I
2	Annual Report of Long-Term Care Facility						
3	CSP-20 Rev. 9/2018						
4							
	C. Expenditures Other Than Sa	laries (co	nt!/	t) - House	kaaning a	nd Dasid	nt Coro
_							
5	Basis for Alloca	tion of Co	STS	(See Note	on Page	5)	
6							
7	Name of Facility	License No.	Rep	ort for Year E	Ended	Page	of
8	Wintonbury Care Center LLC	2221-C		9/30/2019		20	37
	•						
9	Item			Total	CCNH	RHNS	(Specify)
10	4. Housekeeping	Sq. Ft. Serviced					
11	a. In-House Care	by Personnel					
12	1. Supplies - Cleaning (Mops,	Amt.	\$	28,157	28,157		
13	pails, brooms, etc.)						
14	b. Purchased Services (by contract other	Sq. Ft. Serviced					
15	than through Management Services)	by Personnel					
16	(Complete Schedule C-2 att.	Amt.	\$	42,364	42,364		
17	Page 21)						
18	C. Other ( <i>Specify</i> )		\$	754	754		
19	HOUSEKEEPING MINOR EQUI						
	4D. Total Housekeeping Expenditures (4a +	b+c)	\$	71,275	71,275		
	5. Resident Care (Supplies)**						
22	a. Prescription Drugs***						
23	1. Own Pharmacy		\$				
24	2. Purchased from		\$	224,592	224,592		****
25 26	PHARMACY						
20	b. Medicine Cabinet Drugs		\$	8,651	8,651		
27	c. Medical and Therapeutic Supplies d. Ambulance/Limousine***	·····	\$	126,033	126,033		
28			\$	5,259	5,259		
30	e. Oxygen 1. For Emergency Use		ሰ	6.054	6051		
31	2. Other***		<u>\$</u> \$	6,854	6,854		
32	f. X-rays and Related Radiological		<u> </u>	10,122	10,120		
33	Procedures***		Φ	10,132	10,132		
34	g. Dental (Not dentists who should be inc	luded under	\$				
35	salaries or fees)	uncu unuct	φ				
36	h. Laboratory***		\$	27,970	27,970		
37	i. Recreation		\$	41,210	21,710		
38	j. Direct Management Services*		\$				
39	k. Indirect Management Services*		\$			+	
40	1. Other (Specify)****	·····	\$	390,088	390,088		
41	See Attached Schedule		-				
	5M. Total Resident Care Expenditures (5a - 5	j)	\$	799,578	799,578		
43	* Schedule C-1, Page 17 must be fully completed or	this expenditur	e wil	l not be allowed	-		
44	** Do not include any fees to professional staff, these	should be repo	rted o	on Page 13, or, if	f paid on salarv	basis, on Page 1	o.
45	*** Facility should self-disallow the expense on Page 2	29 of the Cost R	leport	t / /	- ,	,,	
46	**** ICFMR's should provide a detailed schedule of all						

	Α		В	С	D
1					
2					
3				Attachment Pag	e 20
4					
5					
7	Schedule of Other Resident Care				
8					
9	Description		CCNH	RHNS	(Specify)
10	NURSING ADMIN SUPPLIES	\$	296		\$ -
11	NURSING MINOR EQUIP	\$	8,208		\$ -
12	MEDICAL RECORDS SUPPLIES	\$	20		\$ -
13	MEDICAL RECORDS MINOR EQUIPMENT	\$			\$ -
14	MANAGEMENT ALLOCATIONS - DIRECT	\$	216,956		\$ -
15	NON-COVERED PPS DR. VISITS	\$	3,449		\$
	RESIDENT CARE SUPPLIES	\$	(241)		\$ -
17	CENTRAL SUPPLY MINOR EQUIPMENT	\$	12,675		\$ -
	PERSONAL CARE SUPPLIES	\$	538		\$ -
19	INCONTINENCY SUPPLIES	\$	106		\$ -
	VACCINE RESIDENTS	\$	534		\$ -
	PATIENT SPECIAL NEEDS	\$	485		\$ -
22	PHYSICAL THERAPY SUPPLIES	\$			\$
23	PHYSICAL THERAPY EQUIPMENT RENT	\$			\$ -
	PHYSICAL THERAPY MINOR EQUIPMENT	\$			\$ -
	OCCUPATIONAL THERAPY SUPPLIES	\$	÷		\$ -
	OCCUPATIONAL THERAPY EQUIP RENTAL	\$			\$ -
	OCCUPATIONAL THERAPY MINOR EQUIP	\$			\$ -
	SPEECH THERAPY SUPPLIES	\$	H		\$
	SPEECH THERAPY EQUIPMENT RENT	\$	-		\$ -
	SPEECH THERAPY MINOR EQUIPMENT	\$	4		\$
	RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$	55,895		\$ -
-	EQUIPMENT RENTAL: AIDS UNIT	\$	-		\$ -
	PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$	6,478		\$ -
_	PEN THERAPY FOOD NOT BILLABLE TO PART B	\$			\$ -
	HI LOW BED RENTAL & MATTRESSES	\$	21		\$ -
	IV THERAPY SUPPLIES	\$	42,550		\$ -
	IV THERAPY CONTRACT SERVICE	\$			<u>\$</u>
	MEDICAL WASTE CONTRACT SERVICE ACTIVITIES SUPPLIES	\$	3,044		\$ -
	ACTIVITIES MINOR EQUIPMENT	\$ •	4,985		\$ -
	MANAGEMENT ALLOCATION - INDIRECT	\$	529		<u>\$</u> -
	ADMISSIONS SUPPLIES	\$ \$	30,369		\$ - ¢
	MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	3 \$			<b>\$</b> -
	STRIKE COSTS NON REIMBURSABLE	ծ \$	- 3,192		\$ - \$ -
45		¢	3,172		<b>₩</b>
46					
47					
48					
	Total Other Resident Care	\$	390,088	<b>S</b> -	\$ -
50		<u>. 78-11</u>		Terrage en en la plana participation de la plana de	<u>r - Conser Frei die Verdige</u>
51					

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

Name of Facility				License No.	Report for Year Ende	đ			Page	
Wintonbury Care Center LLC	2			2221-C	9/30/2019			Statute	21	37
		Related ** Operators					Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	0	٥	VENDOR	Housekeeping Services	42,364		· · · · · · · · · · · · · · · · · · ·	20	4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	0	۲	VENDOR	Laundry Services	230,495			19	36
Eagle Elevator		0	٥	VENDOR	Elevator Contract				22	6F
Bioserve, Inc.		0	o	VENDOR	Medical Waste	3,044			22	6F
Brightview Landscapes LLC/Gileaus Lawn Services		0	۲	VENDOR	Snow Removal/Landscaping	21,762			22	6F
CWPM		0	•	VENDOR	Trash removal Software Maintenance	25,684			22	6F
American HealthTech	<b>D</b> 0001007	0	•	VENDOR	Contract	19,871			16	M1
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	0	•	VENDOR	Payroll Services	50,928			16	5 M11
National Datacare Corp		0	•	VENDOR	Resident Trust Software Computer Consulting	3,763			16	M1
Prime Care Technologuy services		0	o	VENDOR	Services	37,273			16	M11
Priotiry Express	-	0	0	VENDOR	Courier Services	3,156			16	5 MI
Point Right Inc		0	٥	VENDOR	Nursing Software	4,680	·		16	5 M1
		0	٥	VENDOR					22	2 6F
		0	o	VENDOR				<u> </u>		

\* 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 Y	ear Ended		Page	of
Wintonbury Care Center LLC	2221-C	9/30/2019			22	37
Item		Total	CCNH	RHNS	(Spec	cify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	5	36,015	36,015			
b. Heat	3	35,266	35,266			
c. Light & Power		84,016	84,016			
d. Water	Ģ	52,183	52,183			
e. Equipment Lease (Provide detail on	page 6) 9	6 40,982	40,982			
f. Other ( <i>itemize</i> )	S	80,302	80,302			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a	a - 6f) S	328,764	328,764			
7. Depreciation (complete schedule page 2	23*)					
a. Land Improvements	ç	6				
b. Building & Building Improvements	(	5 23,396	23,396			
c. Non-Movable Equipment		5				
d. Movable Equipment	ę	52,242	52,242			
*7e. Total Depreciation Costs (7a+b+c+	· d) 5	5 75,638	75,638			
8. Amortization (Complete att. Schedule P	Page 24*)					
a. Organization Expense		6				
b. Mortgage Expense		6				
c. Leasehold Improvements		§ 106,339	106,339			
d. Other (Specify)		6				
*8e. Total Amortization Costs (8a+b+c+	- d) .	\$ 106,339	106,339			
9. Rental payments on leased real property	<sup>,</sup> less					
real estate taxes included in item 10b		\$ 556,869	556,869			
10. Property Taxes	eren einen er en i die Weitenbergen er einen ver einen der der der der einen der einen der einen der einen der	na an an ann an Anna a				
a. Real estate taxes paid by owner	:	5				
b. Real estate taxes paid by lessor		\$ 107,813	107,813			
c. Personal property taxes		\$ 17,748	17,748			
11. Total Property Expenses (7e + 8e + 9	+ 10)	\$ 864,407	864,407			

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

### Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
PLANT SUPPLIES	\$ 8,415		\$ -
PLANT CONTRACT SERVICE LABOR	\$ -		<b>S</b> -
ELEVATOR CONTRACT SERVICE	\$ -		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 4,208		<b>\$</b> -
LANDSCAPING CONTRACT SERVICE	\$ 9,000		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 12,762		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 25,684		\$ -
HVAC CONTRACT SERVICE	<b>S</b> -		\$ -
SECURITY CONTRACT SERVICE	<b>\$</b> -		\$ -
PLANT CONTRACT SERVICE OTHER	<b>\$</b> 6,151		\$ -
PLANT MINOR EQUIPMENT	\$ 14,082		\$ -
RENT AUTO	<b>\$</b> -		<b>\$</b> -
RENT EQUIPMENT	<b>\$</b> -		<b>\$</b> -
RENT OTHER	<b>\$</b> -		\$ -
Total Other Repairs and Maintenance	\$ 80,302	\$ -	\$ -

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

					Deprec	ciation So	chedule					
Name of Facility					License No.			Report for Year E	Ended		Page	of
Wintonbury Care Center LLC					222	1-C		9/30/2019			23	37
					Historical		T	Accumulated	 	I	[	
					Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item					Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta-	ch sch	edule)										
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period					153,552		153,552	60,870			23,396	
2. Disposals (attach schedule)					1		· · · · ·					
3. Acquired during this report period (atta	ch sch	edule)										
B-4. Subtotal		<u>_</u>										23.396
C. Non-Movable Equipment	·· ·· ·											
1. Acquired prior to this report period					12,259		12,259	12,259				
2. Disposals (attach schedule)												
3. Acquired during this report period (attac	ch sche	edule)										
C-4. Subtotal												
	Tan	nileage	T		l		Ī					
		meage book	1		Historical			Accumulated				
		ained?		te of aisition	Cost	Less		Depreciation to	Method of			
		T	11040	T	Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment					Laid	Value	Depreciated	rears operations	Depreciation		101 This Tear	101415
1. Motor Vehicles (Specify name, model												
and year of each vehicle)												
a. Van Repair: Hillside Automotive Cer	x				14,156		14,156	14,156				
b.		<u> </u>		1	14,150		14,190	17,120				
C.			<u> </u>	1								
d.		*******	1									
2. Movable Equipment												
a. Acquired prior to this report period				1	930,787		930,787	723,819			49,086	
b. Disposals (attach schedule)												
c. Acquired during this report period												
(attach schedule)				T	37,805						3,155	
D-3. Subtotal												52,242
E. Total Depreciation			p	£	L							75,638

### Schedule of Land Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				1
fotal additions for La	ad Improvements	s -		S -
Deletions:				
		no-destarta		ang tan ing ta
Total deletions for Lan	d Improvements	<u> </u>		
*Ties to Page 23, Line		•		\$ -

\*\*Ties to Page 23, Line A2

#### Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Destription of feeth			Depreciation
otal additions for I	Building Improvements	s -		s -
)eletions:		<u> </u>		
		Antonio de la com		
otal deletions for B	uilding Improvements	s -		\$

\*\*Ties to Page 23, Line B2

### Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:		Cost	Life	Depreciation
<b>Fotal additions for I</b>	Non-Movable Equipment	s -		S -
Deletions:				
		Antala da barr		g autor and a sec
이 같은 것 같은 것 같이 같이 같이 같이 같이 않는 것이 않는 것이 않는 것이 않는 것이 없다. 나는 것이 않는 것이 없는 것이 않는 것이 없는 것이 않는 것이 않는 것이 없는 것이 없이 않이				
otal deletions for N	Non-Movable Equipment	\$ -		\$ -
*Ties to Page 23, I			<u>ine a casa in the</u>	•

-----

\*\*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:				Depreciation	
10/31/2018	Storage Containe: Supreme Storage Trailer Co	\$ 6,367	180	\$ 389	
10/23/2018	Furniture: Medline	\$ 4,434		\$ 406	
11/9/2018	Floor Lift: Direct Supply	\$ 2,545	120	\$ 212	
12/30/2018	Bed & Mattress: Medline	\$ 3,493	60	\$ 524	
12/10/2018	Humidifier: Health Complex Media Inc	\$ 2,500	60	\$ 375	
1/23/2019	Bed & Mattress: Medline	\$ 4,553	60	\$ 607	
4/23/2019	Floor Mixer: Direct Supply	\$ 4,340	60	\$ 362	
6/15/2019	Bed & Mattress: Medline	\$ 2,727	60	\$ 136	
7/18/2019	AC/ PTAC Units Direct Supply	\$ 3,469	60	\$ 116	
8/27/2019	Oven/Stove repairs & ignition replacement: Proline (HPC Foodsve)	\$ 3,377	120	\$ 28	
<b>Fotal additions for</b>	Movable Equipment	\$ 37,805		\$ 3,155	
Deletions:					
1.1.0-0 (2.4 <u>.</u> -					
e en 1936 per pe					
<b>Fotal deletions for</b>	Movable Equipment	\$ -		\$ -	

\*Ties to Page 23, Line D2c \*\*Ties to Page 23, Line D2b

### Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:	Description of item		Lile		
10/30/2017	Concrete Repair & Electrical work: Marvelous Masonry	\$ 11,337	240	\$ 1,032	
3/14/2018	Aluminum Wiring: The Able Electric	\$ 8,378	240		
1/16/2019	Bathroom Floor Replacement: Medailion Svcs	\$ 16,511	240	\$ 550	
	Leasehold Improvement	\$ 36,226		\$ 2,210	
Deletions:					
			12월 24일 연습권		
	Leasehold Improvement Line C3	S -		\$ -	

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

## **Amortization Schedule\***

Name of Facility Wintonbury Care Center LLC			1		Report for Year Ended			Page	of	
					9/30/2019		24	37		
			e of sition			Accumulated Amort. to Beginning of	Basis for			
	<b>T</b> 4	Month	Year	Length of Amortization	Cost to Be Amortized	Year's Operations	Computing Amortization**	Rate %	Amortization for This Year	Totals
	Item	Month	reat	Amoruzation	Amontzeu	Operations	Amoruzation	/0		10(415
А.	Organization Expense									
	1.									
	2.	· ·····								
A 4	3. Subtotal									
A-4.	Subtotal									
B.	Mortgage Expense									
	2.									
	3.	1								
<b>B-</b> 4.	Subtotal									
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period				1,898,779	1,247,609			104,129	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)				36,226				2,210	
C-4.	Subtotal									106,339
D.	Total Amortization									106,339

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR

C. Remaining Life of Lease; OR

D. Actual Life if owned by Related Party.

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

Name of Facility	License No.	Report for Year En	ded		Page	of
Wintonbury Care Center LLC	2221-C	9/30/2019			25	37
11. Property Questionnaire		·				
Part A						
Is the property either owned by th	a Facility				If "Yes," comple	ata Dart D
or leased from a Related Party?*	le raeinty	O Yes	Θ	No	If "No," complet	
*If any owner or operator of this fac	ities in active of the Country of		4		ii ino, comple	le rait C.
business association to any person o						
related party transaction.	i organication mont mitori	e ounonigo are readed, men				
Description		Total				
1. Date Land Purchased	une	04/01/99	1			
2. Date Structure Completed			1			
3. If <b>NOT</b> Original Owner, Dat	e of Purchase	04/01/99	1			
4. Date of Initial Licensure	· · · · · · · · · · · · · · · · · · ·	04/01/99	1			
5. Total Licensed Bed Capacity		150	1			
6. Square Footage		45,092	1			
7. Acquisition Cost						
a. Land			1			
b. Building			1			
Part B - Owner and Related Pa	arties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mort	gage
1. Financing	·····					
a. Type of Financing (e.g., f	ixed, variable)					***************
b. Date Mortgage Obtained						
c. Interest Rate for the Cost						
d. Term of Mortgage (numb						
e. Amount of Principal Borr	owed					
f. Principal balance outstand	ding as of					
Complete if Mortgage was	Refinanced					
During Current Cost Ye						
g. Type of Financing (e.g., f	ixed, variable)					
h. Date of Refinancing						
i. New Interest Rate						·
j. Term of Mortgage (numb						
k. Amount of Principal Borr						
I. Principal Outstanding on						
Part C - Arms-Length Leas						
Name and Address of Lesso		roperty Leased	Date of Lease	Term of Lease	Annual Amour	nt of Lease
Summit Trinity Hill SNF, LLC	151 Hills CT	side Ave, Hartford,	08/09/17	15 year with 2	\$585,000 yr 1	
				year extensior		
		981.880.000 C				
			:			
1			1	1		

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

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

Name of Facility	License No.		Report for Yea	ar Ended		Page of
Wintonbury Care Center LLC	2221-C		9/30/2019			26 37
Item			Total	CCNH	RHNS	(Specify)
<ul> <li>12. Interest</li> <li>A. Building, Land Improven Equipment</li> <li>1. First Mortgage</li> </ul>	nent & Non-Movable	\$				
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage		\$				
Name of Lender	······	Rate				
Address of Lender	999					
4. Fourth Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information	n					
1. Original Loan Amour	t	\$				
2. Loan Origination Date	e					
3. Interest Rate %		-				
4. Term						
5. CHEFA Interest Expe	nse					
12 B7. Total Building Interest Expo		\$				
9		Ψ		) Subtotals f		

(Carry Subtotals forward to next page)

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

Name of Facility Wintonbury Care Center LLC	Name of FacilityLicense No.Wintonbury Care Center LLC2221-C					Page of 27   37
			9/30/2019			
Ite			Total	CCNH	RHNS	(Specify)
	Subtotals Bro	ught Forward:				
12. C. Movable Equipment						
1. Automotive Equipment		\$	3			
A. Item	Rate	Amount				
Lender		■ <b></b>	1			
Address of Lender		. <u> </u>	1			
2. Other (Specify)		5				
A. Item	Rate	Amount				
Lender		1	1			
Address of Lender			-			
B. Item	Rate	Amount	-			
Lender	aughten	1				
Address of Lender						
12. C. 3. Total Movable Equip Expense (C1 + 2)	ment Interest	4	5			
12. D. Other Interest Expense (	Specify)		8 83,100	83,100		
INTEREST						
13. Total All Interest Expense (1	12B7 + 12C3 + 12D	)\$	83,100	83,100		
14. Insurance						
a. Insurance on Property (b		8,626	8,626			
b. Insurance on Automobile			5			
c. Insurance other than Prop				67 (A)		
1. Umbrella (Blanket Coll           2. Fire and Extended Coll			57,604 5	57,604		
3. Other (Specify)	wei age	and the second	5,661	5,661		
Other insurance, crim	e		,001	2,001		
	-					
14d. Total Insurance Expenditur	es(14a + b + c)		\$ 71,891	71,891		
15. Total All Expenditures (A-1.			\$ 13,999,829	13,999,829		

## **D.** Adjustments to Statement of Expenditures

	e of Fa	-	e Center LLC	Li	cense No. 2221-C	Report for Ye 9/30/2019	Page 28	of 37	
					Total		[		
Item	Page	Line			Amount of				
	No.		Item Description		Decrease	CCNH	RHNS	(Spe	cifv)
			es and Wages			001111	14110		
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$		[			
3,			Occupational Therapy	\$					· ·
4.			Other - See attached Schedule	\$					
	13 - F	Profes	sional Fees	Ψ					
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$		·			
7.			Other - See attached Schedule	\$					<u></u>
	s 1 Ś &	16 -	Administrative and General	ψ					
8.			Discriminatory Benefits	\$					
9.			Bad Debts	\$	60,337	60,337			
10.			Accounting	\$	00,337	00,337			
10a.			Legal	<u>پ</u> \$					
11,			Telephone						
12.			Cellular Telephone						
13.			Life insurance premiums on the life	φ					
15.			of Owners, Partners, Operators	¢					
14.			Gifts, flowers and coffee shops	\$ \$					
14.			Education expenditures to colleges or	þ					
15.			universities for tuition and related costs						
				¢					
16.			for owners and employees	\$					
10.		:	Travel for purposes of attending conferences or seminars outside the						
			continental U.S. Other out-of-state	ሐ					
17.			travel in excess of one representative	\$					
$\frac{17.}{18.}$			Automobile Expense (e.g. personal use)	\$	<b>.</b>				
18.			Unallowable Advertising *	\$	24,924	24,924			
			Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
	70 7		Other - See attached Schedule	\$	88,369	88,369			
	10 - L	netar	y Expenditures						
24.			Meals to employees, guests and others	~					
<b>D</b>	10 1		who are not residents	\$					
	17 - L	aund	ry Expenditures		L		ļ		
25.			Laundry services to employees, guests						
		×	and others who are not residents	\$					
	20 - E		keeping Expenditures		[				
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$					
			Subtotal (Items 1 - 26)	\$	173,631	173,631			

\* 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)
				spartsa.ep	
<b>Total Othe</b>	r Salaries 4	Adjustment	\$	\$ -	\$

## Schedule of Fees Adjustments

------

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Othe</b>	r Fees Adj	ustments	<b>\$</b> -	\$ -	\$ -

## Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16a		PENALTIES	\$ -		<b>\$</b>
16a		LATE FEES	\$ 449		\$
16a -		PRIOR PERIOD EXPENSES			
		rounding	\$ (0)		
		Provider User Fee for Medicare days	\$ 87,921		\$ -
<b>Total Othe</b>	r A&G Ad	justments	\$ 88,369	\$-	\$ -

## State of Connecticut Annual Report of Long-Term Care Facility CSP-29 Rev. 9/2018

Name	of Fa	aility	D. Adjustments to Stateme		ense No.	<u> </u>		D	- 6
•			Center LLC			Report for Y	ear Ended	Page	of
	Undury				2221-C	9/30/2019		29	37
Term	<b>D</b>	т :			Total				
1	Page				Amount of			10	
NO.	No.	No.	Item Description	~	Decrease	CCNH	RHNS	(S <u>1</u>	pecify)
			Subtotals Brought Forward	\$	173,631	173,631	******		
	20 - 1	leside	nt Care Supplies***						
27.			Prescription Drugs	\$					
28.			Ambulance/Limousine	\$	5,259	5,259			
29.			X-rays, etc	\$	10,132	10,132			
30.			Laboratory	\$	27,970	27,970			
31.			Medical Supplies	\$					
32.			Oxygen (non emergency)	\$					
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	3,488	3,488			
	22 - I	<b>1ainte</b>	enance and Property						
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					
36.			Depreciation on Unallowable						
			Motor Vehicles	\$				********	
37.			Unallowable Property and Real						
			Estate Taxes	\$			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page	27 - I	nsura	nce						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Other	· - Mis	cellar	reous						
42.			Other - Indirect	\$	0	0			
43.			Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$					
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$					
Not I	For Pr	1	roviders Only						
48.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule	\$					
49	Total		unt of Decrease (Items 1 - 48)	φ \$	220,481	220,481			
L				Ψ.	440,701	220,401			

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

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

### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5J		3,448.90		Pak is
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	13		
.13		ST- Resident Care (for outpatent therapy - see schedule)	13		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	13		
Total Othe	r Ancillary	( Costs	\$ 3,488	\$ -	\$ -

### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Exce</b>	ss Movabl	e Equipment Depreciation	\$ -	\$ -	1.5 -

### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Property	/ Adjustments	\$ -	\$ -	<u>s</u> -

## Schedule of Other - Indirect Adjustments

Line Ref	Description	CCNH	RHNS	(Specify)
4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ 0		
4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ 0		
6B	Heat (for outpatient Therapy see schedule)	\$ 0		
6C	Light and Power (for outpatient therapy see schedule)	\$ 0		
6D	water (for outpatient therapy see schedule)	\$ 0		
		\$ 0		
	4A1 4B 6B 6C 6D	4B         Housekeeping purchased services (for Outpatient Therapy see schedule)           6B         Heat (for outpatient Therapy see schedule)           6C         Light and Power (for outpatient therapy see schedule)           6D         water (for outpatient therapy see schedule)	4A1       Houskeeping Supplies (for Outpatient Therapy - see schedule)       \$       0         4B       Housekeeping purchased services (for Outpatient Therapy see schedule)       \$       0         6B       Heat (for outpatient Therapy see schedule)       \$       0         6C       Light and Power (for outpatient therapy see schedule)       \$       0         6D       water (for outpatient therapy see schedule)       \$       0	4A1       Houskeeping Supplies (for Outpatient Therapy - see schedule)       \$ 0         4B       Housekeeping purchased services (for Outpatient Therapy see schedule)       \$ 0         6B       Heat (for outpatient Therapy see schedule)       \$ 0         6C       Light and Power (for outpatient therapy see schedule)       \$ 0         6D       water (for outpatient therapy see schedule)       \$ 0

			age 29
I otal Other Adjustn	nents	\$ 0	S - S -

### Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	na dana barata 1916 Aliang dan sebata				
					ing second
<b>Total Othe</b>	er Adjustm	ents	\$ -	\$ -	\$

------

### Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	A.130.01				
<b>Total Othe</b>	r Adjustm	ents	\$ -	\$	\$ -

#### Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Fotal Unal</b>	lowable Br	illding Interest	s -	\$ -	\$ -

### State of Connecticut Annual Report of Long-Term Care Facility CSP-30 Rev.10/2005

## F. Statement of Revenue

Name of Facility	F. Statement of Rev License No.		Report for Y	ear Ended		Page		of
Wintonbury Care Center LLC	2221-C		9/30/2019			30	3	37
	Item		Total	CCNH	RHNS	(S)	pecify)	)
I. Resident Room, Board & Routin	e Care Revenue							
1. a. Medicaid Residents (CT on	ly)	\$	11,570,183	11,570,183	*********		********	*****
b. Medicaid Room and Board		\$						
2. a. Medicaid (All other states)		\$						
b. Other States Room and Boa		\$						
3. a. Medicare Residents (all inc	lusive)	\$	2,012,448	2,012,448				
b. Medicare Room and Board		\$						
4. a. Private-Pay Residents and (	Other	\$	444,693	444,693				
b. Private-Pay Room and Boar		\$						
II. Other Resident Revenue								
1. a. Prescription Drugs - Medic	are	\$	153,538	153,538				000300
b. Prescription Drugs - Medic		\$	(153,538)	(153,538)				
c. Prescription Drugs - Non-M		\$		59,387				
	fedicare Contractual Allowance **	\$	(59,387)	(59,387)				
2. a. Medical Supplies - Medica		\$						
b. Medical Supplies - Medica		\$						
c. Medical Supplies - Non-Me		\$						
	edicare Contractual Allowance **	\$						
3. a. Physical Therapy - Medicar		\$	270,156	270,156				
b. Physical Therapy - Medicar		\$	1	(227,214)				
c. Physical Therapy - Non-Me		\$		115,774				
	dicare Contractual Allowance **	\$	(115,774)	(115,774)				
4. a. Speech Therapy - Medicare		\$	29,950	29,950				
b. Speech Therapy - Medicare		\$	(24,332)	(24,332)				
c. Speech Therapy - Non-Med	licare	\$	18,396	18,396	-		•••	
d. Speech Therapy - Non-Med	licare Contractual Allowance **	\$	(18,396)	(18,396)				
5. a. Occupational Therapy - M		\$	290,249	290,249				
	edicare Contractual Allowance **	\$	(264,128)	(264,128)				
c. Occupational Therapy - No	on-Medicare	\$	93,643	93,643				
d. Occupational Therapy - No	on-Medicare Contractual Allowance **	\$	(91,820)	(91,820)				
6. a. Other (Specify) - Medicare		\$						
b. Other (Specify) - Non-Med	icare	\$	113,165	113,165				
III. Total Resident Revenue (Section	on I. thru Section II.)	\$	14,216,995	14,216,995				
IV. Other Revenue*								
1. Meals sold to guests, employe	es & others	\$	200020002000000000000000000000000000000			********	********	
2. Rental of rooms to non-resider		\$						
3. Telephone		\$						
4. Rental of Television and Cabl	e Services	\$						
5. Interest Income (Specify)		\$						
6. Private Duty Nurses' Fees		\$						
7. Barber, Coffee, Beauty and G	ift shops	\$		[				
8. Other (Specify)		\$		33,996				
V. Total Other Revenue (1 thru 8)		\$		33,996				
VI. Total All Revenue (III +V)		\$		1		1		
		4	14,250,991	14,250,991	1			

 $\ast$  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 Rovenue - Medicare

#### Related Exp

Lab Medicare Lab Medicare CA	\$ 116,479 \$ (116,479)		
Lab Medicare CA		1911.01.01.01.01.01.01	
Oxygen Medicare	\$ 70	line de la presenta de la compañía d	
Oxygen Medioare CA	\$ (70)	1983 (M.A.C.	
Equipment rental	\$ 7,695	Server richte	No. 10 (197
Equipment rental CA	\$ (7,695)	breden bereit	11.2.1.1.1.1
Per Therapy.	\$		final states in
Pen Therapy CA	<b>S</b>		
Therapy Beds Medicare	5		
Therapy Beds Medicare CA	\$ .		
Radiology Medicare	5 10,265		100000000
Rudiology Medicare CA	\$ (10,265)	P. P. P. P. P. P.	4,4,6,6,7
IV Therapy	\$ 38,741		
TV Therapy CA	\$ (38,741)	19.00 (s) (s)	
Medical Transportation	\$	ser Pacialis	
Medical Transportation CA	<u>s</u>	angeta er	
Glucose testing	\$		and seeing a
Glucoge lesting CA	\$		
Outpatient dicrapy Medicare	s - 1		
		<u>an na dhia</u>	1.00.000
		<u> </u>	
tal Other Resident Revenue - Medicare	\$	\$	\$ .

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

#### Related Exp

ze Ref	Description	CCNH	RHNS	(Specify)
	1.ab	12,037.21		
<u>1993 -</u>	Lab CA	(12,037.21)	en en el rener	
: :	Oxygen	5 96		\$
	Oxygen CA	\$ (96)		5
	Equipment rental	\$ 19,757		
1951	Equipment realal CA	\$ (19,757)		
	Pen Therapy	\$		
다음을	Pen Therapy CA	\$		
201	Therapy Beds	5		
	Therapy Beds CA	s -		
1.2.1	Rediology	\$ 659	Pener Leone	
: C ~ Q	Radiology CA	\$ (659)		
	Medical Transportation	\$		a de la competencia d
연습을	Medical Transportation CA	\$	de di Brag	
03 T R	Glucose Testing	\$	80.900.00	
19. H	Glucose Testing CA	\$		
<u> 1997</u>	IV therapy	\$ 11,588		\$ .
dini.	IV therapy CA	\$ (11,588)	para de seri	5
	Flu shot revenue	\$ -	90099400	
- 90	Outpatient therapy	\$ 2,375		NG 84 AV 8
	Outpetient therapy CA	\$ (373)		
100	prior period reveaue	\$ (9,185)		
<u>88 (</u> 199	Optum B	\$ 184,029	81992313	New York
ويتعقينيه	Option B.CA	\$ (55,129)	e er en er	
	C/A VBP	5 (8,552)		
199			s same da	ad group
	rounding	\$		
al Oth	er Resident Revenue	\$ 113,165	•	\$

### Interest Income

#### Account

Page Ref	Account	Balance	CCNH	RENS	(Specify)
	INTEREST INCOME		S	04.000,004.6	
		19199496			
				2.11.001.001.0	in the second
			h han da si sa		
utul Inter	ert Income		\$	s	s

#### Schedule of Other Revenue

Page Ref	Description	CONH	REINS	(Specify)
	MEALS	\$ 10	el esteres e	
	TELEVISION INCOME	\$ 14,410		
1 - 1992 - 2014 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997	CONCESSIONS / VENDING INCOME	\$		
1999 (S. 18	RESIDENT LATE FEE REVENUE	\$		
	RESIDENT ATTORNEY FEE REVENUE	5		100000000000000000000000000000000000000
	TELEPHONE INCOME	\$	i une prosense	202012
	OTHER INCOME	\$ 336		
	OPTUM DIVIDENDS REVENUE	\$ 19,240	i prostante de la competencia de la com	
ja seda Lij	OPTUM OUTLIERS	\$		
	OTHER INCOME: DEFERRED REVENUE	5		1111010404
	ALL DMHAS REVENTE	\$		10.000
Total Oth	er Revenue	\$ 33,996	\$	\$

## G. Balance Sheet

Name of	-	License No.	Report for Year Ended		age c
Wintonb	ury Care Center LLC	2221-C	9/30/2019		31 3
		Account			Amount
Assets					
A. Cu	rrent Assets				
1.	Cash (on hand and in banks	•		\$	(2,15
2.	Resident Accounts Receivab	· ·	· ·	\$	2,670,14
3.	Other Accounts Receivable	Excluding Owners or	Related Parties)	\$	
4	Inventories			\$	19,38
5.	Prepaid Expenses			\$	1,554,83
	a. Prepaid Insurance		1,510,134		
	b. Prepaid Property Taxes		43,258		
	c. Prepaid Expenses Other		1,442		
	d. See Schedule				
6.	Interest Receivable			\$	
7.	Medicare Final Settlement R	eceivable		\$	
8.	Other Current Assets (itemiz	e)		\$	(849,76
	Due From (to) Related Parties		(49,020)		
	Other Owners reserves		(800,740)		
	See Schedule				
A-9. To	tal Current Assets (Lines Al	thru 8)		\$	3,392,44
B. Fix	ked Assets		ninin kunnakarman kunda a kuna arruma minaran kuna mumumurungan kuna arruma kunnurun		
1.	Land			\$	
2.	Land Improvements	*Historical Cost		\$	
	-	Accum. Depreciati	on Net		
3.	Buildings	*Historical Cost	153,552	\$	69,28
	-	Accum. Depreciati			ŕ
4.	Leasehold Improvements	*Historical Cost	1,935,005	\$	581,05
	*	Accum. Depreciati			
5.	Non-Movable Equipment	*Historical Cost	12,259	\$	
		Accum. Depreciati	on 12,259 Net		
6.	Movable Equipment	*Historical Cost	968,592	\$	192,53
		Accum. Depreciati			,
7.	Motor Vehicles	*Historical Cost	14,156	\$	·
		Accum. Depreciati		Ť	
8.	Minor Equipment-Not Depr			\$	
9.	Other Fixed Assets (itemize	)	H. H. M.	\$	
<i></i>	Construction in Progress	,		Ψ	
	See Schedule				
<b>B_10</b>		(1 thru 9)		¢	040.07
<b>B-</b> 10.	Total Fixed Assets (Lines B	61 thru 9)		\$	842,87

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

(Carry Total forward to next page)

#### Allachment Page 31-34

#### Schedule of Prepaid Expenses Page 31 Line A5

#### Page Ref Line Ref Description

김 아이지 않는		신신다	108.001.009.0				
	N 83 5	tist.sjaci s	1999-1997. 1997-1997		in di circi di l		
					set i e normal a reale	New Derrege der Scientig, die Bewerkersterner	
				성 만큼 눈값			
	i salat	Nirenen)			VERENCES		
		이 영상	94. <u>1</u> 0. 94. 976			- Arthersen, begraph	
Total Prepald I	xpenses					a presi a resulta de la contra de la reserve	\$

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

Page Ref	Line Ref	Description
j en araka	NG NG SA	
	<u>a de conse</u>	
	16 00 se	
Total Other	Current A	hasets (Itemize)

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

Page Ref	Line Ref	Description
N 07 0	10.464	
perios g		
	999-8099 1999-1999	
92.55		
	9761463V	
Total Other	Other Fix	ed Assels (Remixe) S

#### Schedule of Other Assets Page 32 Line D7

#### Page Ref Line Ref Description

ng yang berger di seri seber	
an an an third states and states a	
an na an Araba an	
Total Other Assets	

#### Schedule of Notes Payable (Itemize) Page 33 Line A2

				660	-100	0.00										10 a	1000			98. De	5,555		1000	10 Co. A				1.55.5
	20110-00	- 11 M				2000		$\phi \sim \phi$	025	233	19	103	94.U	<u> 198</u>			23	1. J. J.		h N			191			<del>1</del>	1000	ित
		NG 999	230	203	-			20	222		96			10		9-93	22	1. A	30.)	13	2.5	100	330			<u>.</u>	- 20	80
2.432.832.83				38	- 60		() ()	33		200	188	dine.				30	201	20		108	3. A		904. N	e ei			20	100
																			-		100		20			0.0	<u> </u>	<u></u>
				2.123				11. X			8. A			1000		201							19. je	1.1.		<u></u>		200
19.000 Sec. 20		99 S.S	-5269	<u>See</u>	<u>bidz</u>	207			992	i de ca	26.C	100							:::::	990	200			de e	1		120	
			3.13		240			1	5		<u>.</u>		200		0.07	00	<u>10</u>	Ċ.	Ś.	10.3	<u>75.8</u>		-02	i der		<u>tinii</u>		10

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

· · · · · · · · · · · · · · · · · · ·	

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

s procedes		
20 gen (*	1994 A.C	
	Martin Co	
ar a Maria		
28 NG 97	Georgeset	
- 1993 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994	Northerades	Jahilities (Itemize)

## State of Connecticut Annual Report of Long-Term Care Facility CSP-32 Rev. 6/95

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# G. Balance Sheet (cont'd)

Nam	ie of	Facility	License No.	Report for Year Ended		Page	of
Wint	tonb	ury Care Center LLC	2221-C	9/30/2019		32	37
		**************************************	Account		Ι	An	nount
				Total Brought Forward	\$		4,235,318
С.	Le	asehold or like property record	led for Equity Purposes	· · · · · · · · · · · · · · · · · · ·			*****
	1.	Land			\$		
	2.	Land Improvements	*Historical Cost				
			Accum. Depreciation	Net	\$		
	3.	Buildings	*Historical Cost				
			Accum. Depreciation	Net	\$		
	4.	Non-Movable Equipment	*Historical Cost				
		······	Accum. Depreciation	Net	\$		
	5.	Movable Equipment	*Historical Cost				
			Accum. Depreciation	Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	Net	\$		
~ ~		Minor Equipment-Not Depre			\$		
C-8		tal Leasehold or Like Proper	ties (C1 thru 7)		\$		
D.		vestment and Other Assets					
		Deferred Deposits			\$		
		Escrow Deposits			\$		368,560
	3.	Organization Expense	*Historical Cost				
			Accum. Depreciation	Net	\$		
	4.	Goodwill (Purchased Only)			\$		
	5.	Investments Related to Resid	ent Care ( <i>itemize</i> )		\$	****	74,216
		Patient Trust Funds	·····	74,216			
		Long Term Deposit - prin	necare				
	6.	Loans to Owners or Related	Parties (itemize)		\$		
		Name and Address	Amount	Loan Date			
	7.	Other Assets ( <i>itemize</i> )			\$		
		See Schedule					
D-8.	To	tal Investments and Other As	sets (Lines D1 thru 7)		\$		442,776
<b>D-</b> 9,	10	tal All Assets (Lines A9 + B1	0 + C8 + D8)		\$		4,678,094

\* 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 Faci	ility		License No.	Report for Year E	Ended	Page		of
Wintonbury (	Care (	Center LLC	2221-C	9/30/2019		33		37
		· · · · · · · · · · · · · · · · · · ·	Account				Amount	
Liabilities							······	
A.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable				\$		3,164_
	2.	Notes Payable (itemize)				\$	1,70	9,267
		Working Capital Line of Cr	redit	1,709,267	7			
		See Schedule						
	3.	Loans Payable for Equipme	· · · · · · · · · · · · · · · · · · ·	· · ·	k	<u>\$</u>		
		Name of Lender	Purpose	Amount	Date Due			
ĺ								
ļ								
	4.	Accrued Payroll (Exclusive	P			\$	23	8,545
	5.	Accrued Payroll (Owners a		only)		\$		
	6.	Accrued Payroll Taxes Pay				<u>\$</u>		
	7.	Medicare Final Settlement	Payable			\$		
	8.	Medicare Current Financing	g Payable			\$		
	9.	Mortgage Payable (Curren	t Portion)			\$		
	10	. Interest Payable (Exclusive	of Owner and/or Re	elated Parties)		\$		
		. Accrued Income Taxes*				\$		
		. Other Current Liabilities (i	temize )			\$	4,82	2,619
		Related Party Payables	3,224,	,901				
		Accrued Expenses		,286				
		Accrued Resident User Fees	256,					
		Accrued Workers Comp Expense		756 See Schedule				
A-13	To	otal Current Liabilities (Lin				\$	7,22	23,596

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

(Carry Total forward to next page)

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page		of
Wintonbury Care Center LLC	2221-C	9/30/2019		34		37
	Account			Ar	nount	
		Total Broug	ht Forward:		7,22	23,596
Liabilities (cont'd)						
B. Long-Term Liabilities						
1. Loans Payable-Equipn			\$			
Name of Lender	Purpose	Amount	Date Due			
2. Mortgages Payable	and the second se		\$			
3. Loans from Owners or	Pelated Parties (itamiz	<u></u>	⊅ \$			
Name and Address of Lender	Amount	Loan D				
	Alloulit					
4. Other Long-Term Liat	oilities ( <i>itemize</i> )		\$		7	74,216
Patient Trust Funds		74,216				
See Schedule						
B-5. Total Long-Term Liabilit	ies (Lines B1 thru 4)		\$		7	74,216
C. Total All Liabilities (Line	s A-13 + B-5)		\$			7,812

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

	ne of Facility	License No.	Report for Y	ear Ended	Page	of
Wir	ntonbury Care Center LLC	2221-C	9/30/2019		35	37
A.	Reserves	Account			A	mount
<i>.</i>						
	1. Reserve for value of leased	land			\$	
	2. Reserve for depreciation va	lue of leased buildin	igs and appurten	ances	,	
	to be amortized				\$	
	3. Reserve for depreciation va	lue of leased person	al property (Equ	ity)	\$	
	4. Reserve for leasehold real	properties on which t	fair rental value i	s based	\$	
	5. Reserve for funds set aside	as donor restricted			\$	
	6. Total Reserves				\$	
В.	Net Worth					
	1. Owner's Capital				\$	1,000
	2. Capital Stock				\$	
	3. Paid-in Surplus		a and post of the contract of		\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	(2,871,880)
	6. Gain or Loss for Period	10/1/20	18 thru	9/30/2019	\$	251,162
	7. Total Net Worth	w	94		\$	(2,619,717)
C.	Total Reserves and Net Worth	ţ			\$	(2,619,717)
D.	Total Liabilities, Reserves, an	d Net Worth			\$	4,678,094

# H. Changes in Total Net Worth

Name of	Facility	License No.	Report for Year	Ended	Page	of
	ary Care Center LLC	2221-C	9/30/2019		36	37
		Account			<u></u>	Amount
A. Bal	lance at End of Prior Period as sl		9/30/2018		\$	
	tal Revenue (From Statement of			Ministration	\$	14,250,991
C. Tot	tal Expenditures (From Statemen	nt of Expenditures P	Page 27)		\$	13,999,829
	t Income or Deficit			********	\$	251,162
E. Bal	lance				\$	251,162
1.	ditions Additional Capital Contributed Other ( <i>itemize</i> )	(itemize )			-	
F-3 Tot	al Additions				\$	
	ductions		······		Φ	
	Drawings of Owners/Operators/	Partners (Specify)			\$	
	Name and Address (No., City,		Title	Amount	~	
2.	Other Withdrawings (Specify)				\$	
	Purpose		Amo	unt		
	Total Deductions	·····			\$	
H. Bal	lance at End of Period	09/30/	19		\$	251,162

## Name of Facility License No. Report for Year Ended Page of Wintonbury Care Center LLC 2221-C 9/30/2019 37 37 Check appropriate category Chronic and Convalescent Nursing Rest Home with Nursing Ø $\Box$ (Specify) Home only (CCNH) Supervision only (RHNS) **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. Signature of Preparer Title Date Signed Printed Name of Preparer iCare Management, LLC Addres Address Phone Number 341 Bidwell Street, Manchester, CT 06040 860-570-2140 Contacted Person Regarding Additional Information Needed Regarding This Report Phone Number Contact Email Address

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