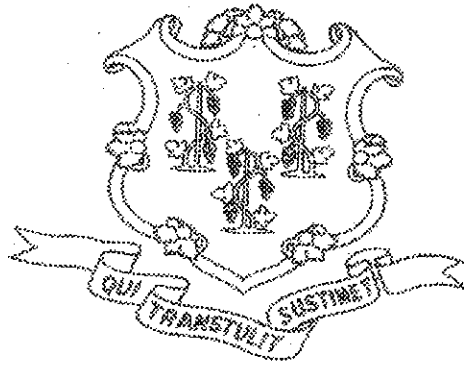


# State of Connecticut



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

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

License Numbers:	CCNH 2221-C	RHNS	(Specify)	Medicare Provider 07-5264
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 10876	RHNS	ICF-IID
----------------------------	---------------	------	---------

**For Department Use Only**

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

**General Information**

Name of Facility (as licensed) Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2019	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Wintonbury Care Center LLC [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Heather Rodriguez			Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Wintonbury Care Center LLC		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 140 Park Avenue, Bloomfield, CT 06002				
Report Prepared By iCare Management, LLC		Phone Number 860-570-2140	Date 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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-243-9591		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Wintonbury Care Center LLC		Address (No. & Street, City, State, Zip) 140 Park Avenue, Bloomfield, CT 06002		
License Numbers:	CCNH 2221-C	RHNS	(Specify)	Medicare Provider No. 07-5264
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No           If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Heather Rodriguez		Nursing Home Administrator's License No.:	1691	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

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

Name of Facility Wintonbury Care Center LLC		License No. 2221-C	Report for Year Ended 9/30/2019	Page 3	of 37
Legal Name of Partnership/LLC Wintonbury Care Center LLC		Business Address 140 Park Avenue, Bloomfield, CT 06002		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title		% Owned	
V. Robert Salazar	2500 18th Street, Suite 200, Denver, CO 80211	Member		31.3	
David Sebbag	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.4	
Ari Krausz	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.3	
Solomon Melamed	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		1	
Christopher Wright	341 Bidwell Street, Manchester, Ct 06040	Member		5	
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	
Global World Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	







2221-C

Related Parties\*

Name of Facility		License No.	Report for Year Ended		Page	of		
Wintonbury Care Center, LLC		2118-C	9/3/2019		4	37		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040				Shared Employees		(18,309)	18,309
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105				Shared Employees		(11)	11
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088				Shared Employees		(3,220)	3,220
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032				Shared Employees		(25,466)	25,466
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088				Shared Employees		32,837	(32,837)
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450				Shared Employees		2,825	(2,825)
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106				Shared Employees		2,467	(2,467)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040				Shared Employees		323	(323)
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002				Shared Employees		-	-
Secure Care Center LLC	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 Homecare LLC	1838 Silas Deane Hwy, Rocky Hill, CT 06067				Shared Employees		-	-
Elevate Counseling Services LLC	341 Bidwell St. Manchester, CT 06040				Shared Employees		-	-
Touchpoints Therapy LLC	341 Bidwell St. 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, LLC	341 Bidwell St. Manchester, CT 06040				iCare Helt-Legal, Postage, Emp Recruitment & Marketing	16, 15 M,E	17,598	(17,598)
iCare Health Management, LLC	341 Bidwell St. 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)
All Care Centers, mgmt co, realty cos					Share Common 401k, Pension and Insurance plans, courier, legal and various other services			

\* 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 Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist <i>(See listing page 13)</i>
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

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

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

Name of Facility		License No.		Report for Year Ended			Page	of
Wintonbury Care Center LLC		2221-C		9/30/2019			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Accelerated Care Plus Corp. 4850 Joule Street, Suite A-1 Reno,	<input type="radio"/>	<input checked="" type="radio"/>	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	<input type="radio"/>	<input checked="" type="radio"/>	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	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/05/14	48 months & automatic	12,127	12,127	
Pitney-Bowes P.O. Box 856390, Louisville, KY 40285-6390	<input type="radio"/>	<input checked="" type="radio"/>	Postage Rental	02/01/02	Month to month	1,134	1,134	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
							<b>Total ***</b>	40,982

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes       No

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire  
Accounting Basis**

Name of Facility Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 O'Connor, Davies LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109
--	---

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 Yes, Specify Expense Classification and Line No.

- Yes     No    15D

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 iCare Health Management, LLC 2 Starble and Harris 3 Durant Nichols / Robinson & Cole, LLP 4 Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis) 5 Starble and Harris, iCare Health Management LLC	Telephone Number 860-570-2140 860-678-7775 860-275-8200 860-678-7775 & 860-570-2140
--	---

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

- 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, Manchester 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
	Charge for Services Provided \$ 16,013

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

- Yes     No    15E

**Schedule of Resident Statistics**

Name of Facility Wintonbury Care Center LLC		License No. 2221-C			Report for Year Ended 9/30/2019				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	150	150			150	150			150	150			
B. On last day of THIS report period	150	150			150	150			150	150			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	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			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. <b>Total Resident Days (3G + 4A + 4B)</b>	52,331	52,331			39,094	39,094			13,237	13,237			

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

Name of Facility Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2019	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?       Yes       No  
 If "YES", provide the following information:

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

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

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

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

Item	Medicare		Medicaid		Self-Pay			Other State Assisted	
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	13		130		5				
Per Diem Rate									
a. One bed rm.	418.00		251.00		340.00				
b. Two bed rms.									
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,266	2,266		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	955	955		
2. Restorative Treatments	1,411	1,411		
C. Other	7,251	7,251		
<b>D. Total Physical Therapy Treatments</b>	<b>11,883</b>	<b>11,883</b>		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	137	137		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	145	145		
2. Restorative Treatments				
C. Other	472	472		
<b>D. Total Speech Therapy Treatments</b>	<b>754</b>	<b>754</b>		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	1,226	1,226		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	637	637		
2. Restorative Treatments	1,034	1,034		
C. Other	7,533	7,533		
<b>D. Total Occupational Therapy Treatments</b>	<b>10,430</b>	<b>10,430</b>		

**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	of		
Wintonbury Care Center LLC	2221-C	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	161,371	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	183,850	8,326				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	58,648	2,086				
c. Dietary Workers	490,286	26,942				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	318,429	19,490				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	77,150	2,022				
b. Other Maintenance Workers	34,339	2,272				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	45,566	2,283				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	368,625	6,765				
b. RN						
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**						
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)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	158,487	5,840				
n. Marketing						
o. Other (Specify)						
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)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
UNIT SECRETARIES SALARIES	\$ 33,564	2,051			\$ -	-
MEDICAL RECORDS SALARIES	\$ 42,851	2,088			\$ -	-
CENTRAL SUPPLY SALARIES	\$ -	-			\$ -	-
RESPIRATORY THERAPY SALARIES	\$ 82,041	2,094			\$ -	-
<b>Total</b>	<b>\$ 158,455</b>	<b>6,233</b>	<b>\$ -</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$ 3,727	(32)			\$ -	-
ADMISSIONS C/S LABOR	\$ 50,118	963			\$ -	-
CENTRAL SUPPLY CONTRACT SERVICE	\$ 2,001	58			\$ -	-
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 111,337	2,984			\$ -	-
RESPIRATORY THERAPY CONTRACT SERVICES	\$ (46,948)	(1,029)			\$ -	-
PHYSICAL THERAPY C/S MEDICIAD	\$ 38,227	635			\$ -	-
SPEECH THERAPY C/S Medicaid	\$ 3,947	65			\$ -	-
OCCUPATIONAL THERAPY C/S MEDICIAD	\$ 27,162	447			\$ -	-
<b>Total</b>	<b>\$ 189,570</b>	<b>4,091</b>	<b>\$ -</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>



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

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

\* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.  
 \*\* Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Wintonbury Care Center LLC				2221-C	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Heather Rodriguez	0			same as employees less union funds	Administrator	0	A2			
Jaime Faucher	161,371			same as employees less union funds	Administrator	2,086	A2			
				same as employees less union funds	Administrator		A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Wintonbury Care Center LLC	2221-C	9/30/2019	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	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				
9. Speech Therapist						
a. Resident Care	18,319	141				
b. Other						
10. Occupational Therapist						
a. Resident Care	123,226	1,390				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	77,815	664				
2. Administrative***	45,051	760				
b. LPN						
1. Direct Care	122,278	2,883				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	189,570	4,091				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>954,230</b>	<b>15,005</b>				

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

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

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

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

Name of Facility Wintonbury Care Center LLC		License No. 2221-C	Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Tocuhpoints Therapy	Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Pharm Scripts	Pharmacy Contract	<input type="radio"/>	<input checked="" type="radio"/>		
Guardian Consulting Srv	Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Physician Services	Audiology, Dental and Podiatry	<input type="radio"/>	<input checked="" type="radio"/>		
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Villanueva	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr Bogacki Robert	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
<b>1. Administrative and General</b>				
<b>a. Employee Health &amp; Welfare Benefits</b>				
1. Workmen's Compensation	\$ 229,001	229,001		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 518,311	518,311		
5. Health Insurance	\$ 978,746	978,746		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 344,652	344,652		
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 31,381	31,381		
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)*</b>	\$			
<b>c. Bad Debts*</b>	\$ 60,337	60,337		
<b>d. Accounting and Auditing</b>	\$ 9,123	9,123		
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 16,013	16,013		
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)*</b>	\$			
<b>g. Office Supplies</b>	\$ 18,766	18,766		
<b>h. Telephone and Cellular Phones</b>				
1. Telephone & Pagers	\$ 21,671	21,671		
2. Cellular Phones	\$ 1,418	1,418		
<b>i. Appraisal (<i>Specify purpose and        attach copy</i>)*</b>	\$			
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$ 250	250		
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,099,998	1,099,998		
<b>Subtotal</b>	<b>\$ 3,329,668</b>	<b>3,329,668</b>		

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

(Carry Subtotals forward to next page)

All Fringes = \$2,102,091

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

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
UNION TRAINING	\$ 31,381		\$ -
<b>Total</b>	\$ 31,381	\$ -	\$ -

-----  
**Schedule of Other Taxes**

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

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

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

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

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

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

## Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
MEALS	\$ 2,135		\$ -
<b>Total Other Travel and Entertainment</b>	<b>\$ 2,135</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Advertising

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

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM			
CAHCF Dues	\$ 10,014		\$ -
OTHER DUES	\$ 160		\$ -
<b>Total Dues</b>	<b>\$ 10,174</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Contributions

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

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
SOCIAL SERVICE SUPPLIES	\$ -		\$ -
SOC SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 2,457		\$ -
EMPLOYEE RELATIONS	\$ 8,633		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 641		\$ -
PERMITS & LICENSES	\$ 2,938		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 7,800		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ -		\$ -
LATE FEES	\$ 449		\$ -
INTERNET EXPENSES	\$ 1,915		\$ -
Rounding	\$ (0)		
<b>Total Other Administrative and General</b>	<b>\$ 24,832</b>	<b>\$ -</b>	<b>\$ -</b>



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

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	Pg 20 j
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)**

Name of Facility Wintonbury Care Center LLC		License No. 2221-C	Report for Year Ended 9/30/2019	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
<b>2. Dietary</b>					
<b>a. In-House Preparation &amp; Service</b>					
1. Raw Food	\$	320,758	320,758		
2. Non-Food Supplies	\$	33,475	33,475		
3. Other (Specify) _____ DIETARY SUPPLEMENTS	\$	20,133	20,133		
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>					
<b>c. Other (Specify) _____ DIETARY MINOR EQUIPMENT</b>					
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$	378,638	378,638	
<b>2E. Dietary Questionnaire</b>		<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
F. Resident Meals:	Total no. of meals served per day:*	430	430		
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Wintonbury Care Center LLC		2221-C	9/30/2019		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed. ***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed. ***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed. ***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens. ***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	230,495	230,495		
c. Other (Specify) LAUNDRY MINOR EQUIPMENT		\$	3,290	3,290		
3D. Total Laundry Expenditures (3a + b + c)		\$	233,785	233,785		
3E. Laundry Questionnaire						
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

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

All allocations should add to total recorded in 3D.

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

	A	B	C	D	E	F	G	H	I	J
1	State of Connecticut									
2	Annual Report of Long-Term Care Facility									
3	CSP-20 Rev. 9/2018									
4										
5	<b>C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care</b>									
6	<b>Basis for Allocation of Costs (See Note on Page 5)</b>									
7	Name of Facility				License No.	Report for Year 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 ( <i>Mops,</i>				Amt.	\$	28,157	28,157		
13	<i>pails, brooms, etc.</i> )									
14	b. Purchased Services ( <i>by contract other</i>				Sq. Ft. Serviced					
15	<i>than through Management Services)</i>				by Personnel					
16	<i>(Complete Schedule C-2 att.</i>				Amt.	\$	42,364	42,364		
17	<i>Page 21)</i>									
18	C. Other ( <i>Specify</i> )				\$	754	754			
19	HOUSEKEEPING MINOR EQUIPMENT									
20	4D. <b>Total Housekeeping Expenditures</b> (4a + b + c)				\$	71,275	71,275			
21	5. Resident Care (Supplies)**									
22	a. Prescription Drugs***									
23	1. Own Pharmacy				\$					
24	2. Purchased from				\$	224,592	224,592			
25	PHARMACY									
26	b. Medicine Cabinet Drugs				\$	8,651	8,651			
27	c. Medical and Therapeutic Supplies				\$	126,033	126,033			
28	d. Ambulance/Limousine***				\$	5,259	5,259			
29	e. Oxygen									
30	1. For Emergency Use				\$	6,854	6,854			
31	2. Other***				\$					
32	f. X-rays and Related Radiological				\$	10,132	10,132			
33	Procedures***									
34	g. Dental ( <i>Not dentists who should be included under</i>				\$					
35	<i>salaries or fees)</i>									
36	h. Laboratory***				\$	27,970	27,970			
37	i. Recreation				\$					
38	j. Direct Management Services*				\$					
39	k. Indirect Management Services*				\$					
40	l. Other (Specify)****				\$	390,088	390,088			
41	See Attached Schedule									
42	5M. <b>Total Resident Care Expenditures</b> (5a - 5j)				\$	799,578	799,578			
43	* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.									
44	** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.									
45	*** Facility should self-disallow the expense on Page 29 of the Cost Report.									
46	**** ICFMR's should provide a detailed schedule of all Day Program Costs.									

	A	B	C	D
1				
2				
3				
4				
5				
6				
7	<b>Schedule of Other Resident Care</b>			
8				
9	<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
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		\$ -
16	RESIDENT CARE SUPPLIES	\$ (241)		\$ -
17	CENTRAL SUPPLY MINOR EQUIPMENT	\$ 12,675		\$ -
18	PERSONAL CARE SUPPLIES	\$ 538		\$ -
19	INCONTINENCY SUPPLIES	\$ 106		\$ -
20	VACCINE RESIDENTS	\$ 534		\$ -
21	PATIENT SPECIAL NEEDS	\$ 485		\$ -
22	PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
23	PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
24	PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
25	OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
26	OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
27	OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
28	SPEECH THERAPY SUPPLIES	\$ -		\$ -
29	SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
30	SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
31	RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 55,895		\$ -
32	EQUIPMENT RENTAL AIDS UNIT	\$ -		\$ -
33	PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 6,478		\$ -
34	PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
35	HI LOW BED RENTAL & MATTRESSES	\$ 21		\$ -
36	IV THERAPY SUPPLIES	\$ 42,550		\$ -
37	IV THERAPY CONTRACT SERVICE	\$ -		\$ -
38	MEDICAL WASTE CONTRACT SERVICE	\$ 3,044		\$ -
39	ACTIVITIES SUPPLIES	\$ 4,985		\$ -
40	ACTIVITIES MINOR EQUIPMENT	\$ 529		\$ -
41	MANAGEMENT ALLOCATION - INDIRECT	\$ 30,369		\$ -
42	ADMISSIONS SUPPLIES	\$ -		\$ -
43	MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$ -
44	STRIKE COSTS NON REIMBURSABLE	\$ 3,192		\$ -
45				
46				
47				
48				
49	<b>Total Other Resident Care</b>	\$ 390,088	\$ -	\$ -
50				
51				

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

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

\* List all contracted services over \$10,000. Use additional sheets if necessary.

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

\*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Wintonbury Care Center LLC	2221-C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 36,015	36,015				
b. Heat	\$ 35,266	35,266				
c. Light & Power	\$ 84,016	84,016				
d. Water	\$ 52,183	52,183				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 40,982	40,982				
f. Other ( <i>itemize</i> )	\$ 80,302	80,302				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 328,764	328,764				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 23,396	23,396				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 52,242	52,242				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 75,638	75,638				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 106,339	106,339				
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 106,339	106,339				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 556,869	556,869				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 107,813	107,813				
c. Personal property taxes	\$ 17,748	17,748				
11. <b>Total Property Expenses</b> (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	\$ -		\$ -
ELEVATOR CONTRACT SERVICE	\$ -		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 4,208		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 9,000		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 12,762		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 25,684		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 6,151		\$ -
PLANT MINOR EQUIPMENT	\$ 14,082		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ -		\$ -
RENT OTHER	\$ -		\$ -
<b>Total Other Repairs and Maintenance</b>	<b>\$ 80,302</b>	<b>\$ -</b>	<b>\$ -</b>



### Depreciation Schedule

Name of Facility Wintonbury Care Center LLC			License No. 2221-C			Report for Year Ended 9/30/2019			Page 23	of 37		
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
<b>A. Land Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period	153,552		153,552	60,870			23,396					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal								23,396				
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period	12,259		12,259	12,259								
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. Van Repair: Hillside Automotive Cex					14,156		14,156	14,156				
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					930,787		930,787	723,819			49,086	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					37,805						3,155	
D-3. Subtotal												52,242
<b>E. Total Depreciation</b>												
											75,638	

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/31/2018	Storage Containe: Supreme Storage Trailer Co	\$ 6,367	180	\$ 389
10/23/2018	Furniture: Medline	\$ 4,434	120	\$ 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 Foodsvc)	\$ 3,377	120	\$ 28
<b>Total additions for Movable Equipment</b>		<b>\$ 37,805</b>		<b>\$ 3,155</b>
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		<b>\$ -</b>		<b>\$ -</b>

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
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	\$ 628
1/16/2019	Bathroom Floor Replacement: Medallion Svcs	\$ 16,511	240	\$ 550
<b>Total additions for Leasehold Improvement</b>		<b>\$ 36,226</b>		<b>\$ 2,210</b>
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		<b>\$ -</b>		<b>\$ -</b>

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Wintonbury Care Center LLC			2221-C		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period				1,898,779	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
<b>D. Total Amortization</b>									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 Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2019	Page 25	of 37
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11. Property Questionnaire

**Part A**

Is the property either owned by the Facility or leased from a Related Party?\*

Yes  No

If "Yes," complete Part B.  
If "No," complete Part C.

\*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total				
1. Date Land Purchased	04/01/99				
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase	04/01/99				
4. Date of Initial Licensure	04/01/99				
5. Total Licensed Bed Capacity	150				
6. Square Footage	45,092				
7. Acquisition Cost					
a. Land					
b. Building					

**Part B - Owner and Related Parties**

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

**Part C - Arms-Length Leases for Real Property Improvements Only**

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
Summit Trinity Hill SNF, LLC	151 Hillside Ave, Hartford, CT	08/09/17	15 year with 2 year extension	\$585,000 yr 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 Year Ended		Page	of
Wintonbury Care Center LLC		2221-C	9/30/2019		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage \$						
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage \$						
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage \$						
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage \$						
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount		\$				
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended			Page	of
Wintonbury Care Center LLC		2221-C		9/30/2019			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify) INTEREST				\$	83,100	83,100		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	83,100	83,100		
14. Insurance								
a. Insurance on Property (buildings only)				\$	8,626	8,626		
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	57,604	57,604		
2. Fire and Extended Coverage				\$				
3. Other (Specify) Other insurance, crime				\$	5,661	5,661		
14d. Total Insurance Expenditures (14a + b + c)				\$	71,891	71,891		
15. Total All Expenditures (A-13 thru C-14)				\$	13,999,829	13,999,829		

**D. Adjustments to Statement of Expenditures**

Name of Facility				License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC				2221-C	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 60,337	60,337		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 24,924	24,924		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 88,369	88,369		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

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

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Wintonbury Care Center LLC			2221-C	9/30/2019	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 173,631	173,631		
<b>Page 20 - Resident Care Supplies***</b>							
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		
<b>Page 22 - Maintenance and Property</b>							
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	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
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	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 220,481	220,481		

\*\*\* 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		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	13		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	13		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	13		
<b>Total Other Ancillary Costs</b>			\$ 3,488	\$ -	\$ -

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

## Schedule of Other Property Adjustments

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

## Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ 0		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ 0		
22	6B	Heat (for outpatient Therapy see schedule)	\$ 0		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ 0		
22	6D	water (for outpatient therapy see schedule)	\$ 0		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ 0		

<b>Total Other Adjustments</b>			\$ 0	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

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

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Wintonbury Care Center LLC	2221-C	9/30/2019			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 11,570,183	11,570,183				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,012,448	2,012,448				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 444,693	444,693				
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 153,538	153,538				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (153,538)	(153,538)				
c. Prescription Drugs - Non-Medicare	\$ 59,387	59,387				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (59,387)	(59,387)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 270,156	270,156				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (227,214)	(227,214)				
c. Physical Therapy - Non-Medicare	\$ 115,774	115,774				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (115,774)	(115,774)				
4. a. Speech Therapy - Medicare	\$ 29,950	29,950				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (24,332)	(24,332)				
c. Speech Therapy - Non-Medicare	\$ 18,396	18,396				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (18,396)	(18,396)				
5. a. Occupational Therapy - Medicare	\$ 290,249	290,249				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (264,128)	(264,128)				
c. Occupational Therapy - Non-Medicare	\$ 93,643	93,643				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (91,820)	(91,820)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 113,165	113,165				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,216,995	14,216,995				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 33,996	33,996				
<b>V. Total Other Revenue</b> (I thru 8)	\$ 33,996	33,996				
<b>VI. Total All Revenue</b> (III + V)	\$ 14,250,991	14,250,991				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab Medicare	\$ 116,479		
	Lab Medicare CA	\$ (116,479)		
	Oxygen Medicare	\$ 70		
	Oxygen Medicare CA	\$ (70)		
	Equipment rental	\$ 7,695		
	Equipment rental CA	\$ (7,695)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 10,265		
	Radiology Medicare CA	\$ (10,265)		
	IV Therapy	\$ 38,741		
	IV Therapy CA	\$ (38,741)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ -		
	<b>Total Other Resident Revenue - Medicare</b>	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab	12,037.21		
	Lab CA	(12,037.21)		
	Oxygen	\$ 96		\$ -
	Oxygen CA	\$ (96)		\$ -
	Equipment rental	\$ 19,757		
	Equipment rental CA	\$ (19,757)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 639		
	Radiology CA	\$ (639)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 11,588		\$ -
	IV therapy CA	\$ (11,588)		\$ -
	Flu shot revenue	\$ -		
	Outpatient therapy	\$ 3,375		
	Outpatient therapy CA	\$ (373)		
	prior period revenue	\$ (9,183)		
	Ophun B	\$ 184,029		
	Ophun B CA	\$ (53,129)		
	C/A VBP	\$ (8,552)		
	rounding	\$ -		
	<b>Total Other Resident Revenue</b>	\$ 113,165	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	INTEREST INCOME		\$ -		
	<b>Total Interest Income</b>		\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	MEALS	\$ 10		
	TELEVISION INCOME	\$ 14,410		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ 336		
	OPTUM DIVIDENDS REVENUE	\$ 19,240		
	OPTUM OUTLERS	\$ -		
	OTHER INCOME DEFERRED REVENUE	\$ -		
	ALL DMHAS REVENUE	\$ -		
	<b>Total Other Revenue</b>	\$ 33,996	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2019	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash (on hand and in banks)			\$	(2,154)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,670,140
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	19,383
5. Prepaid Expenses			\$	1,554,833
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 Receivable			\$	
8. Other Current Assets (itemize)			\$	(849,760)
Due From (to) Related Parties	(49,020)			
Other Owners reserves	(800,740)			
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>3,392,443</b>
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	153,552	\$	69,286
	Accum. Depreciation	84,266 Net		
4. Leasehold Improvements	*Historical Cost	1,935,005	\$	581,058
	Accum. Depreciation	1,353,948 Net		
5. Non-Movable Equipment	*Historical Cost	12,259	\$	0
	Accum. Depreciation	12,259 Net		
6. Movable Equipment	*Historical Cost	968,592	\$	192,532
	Accum. Depreciation	776,061 Net		
7. Motor Vehicles	*Historical Cost	14,156	\$	
	Accum. Depreciation	14,156 Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	
Construction in Progress				
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>842,875</b>

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



Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$

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

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

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

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

**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	32	37
Account				Amount	
Total Brought Forward:				\$	4,235,318
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
\$					
2. Land Improvements					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
3. Buildings					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
5. Movable Equipment					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
6. Motor Vehicles					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable					
\$					
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>					
\$					
D. Investment and Other Assets					
1. Deferred Deposits					
\$					
2. Escrow Deposits					
\$ 368,560					
3. Organization Expense					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)					
\$					
5. Investments Related to Resident Care ( <i>itemize</i> )					
Patient Trust Funds				74,216	\$ 74,216
Long Term Deposit - primicare					
6. Loans to Owners or Related Parties ( <i>itemize</i> )					
Name and Address		Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )					
\$					
See Schedule					
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>					
\$ 442,776					
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>					
\$ 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 Facility		License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC		2221-C	9/30/2019	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	453,164
2. Notes Payable ( <i>itemize</i> )				\$	1,709,267
Working Capital Line of Credit					1,709,267
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	238,545
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	4,822,619
Related Party Payables			3,224,901		
Accrued Expenses			32,286		
Accrued Resident User Fees			256,676		
Accrued Workers Comp Expense			1,308,756	See Schedule	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>7,223,596</b>

\* 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 Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			7,223,596	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		\$
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
Patient Trust Funds		74,216	74,216	
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 74,216
C. Total All Liabilities (Lines A-13 + B-5)				\$ 7,297,812

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2019	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	1,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,871,880)
6. Gain or Loss for Period			\$	251,162
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	(2,619,717)
<b>C. Total Reserves and Net Worth</b>			\$	(2,619,717)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,678,094

### H. Changes in Total Net Worth

Name of Facility Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,250,991
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,999,829
D. Net Income or Deficit			\$	251,162
E. Balance			\$	251,162
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <i>Balance at End of Period</i>			\$	251,162
				09/30/19

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

Name of Facility Wintonbury Care Center LLC		License No. 2221-C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
<b>Preparer/Reviewer Certification</b>					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer		Title		Date Signed	
Printed Name of Preparer					
iCare Management, LLC					
Address 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					