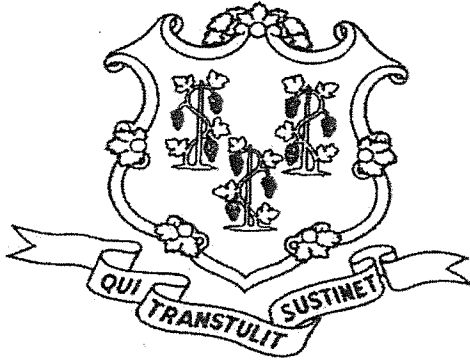


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Wadsworth Glen Health Care and Rehabilitation Center, Inc	
Address (No. & Street, City, State, Zip Code) 30 Boston Rd, Middletown, CT 06457	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> 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 2025C	RHNS	(Specify)	Medicare Provider 07-5312
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Medicaid Provider Numbers:	CCNH 2025C	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	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 Wadsworth Glen Health Care and Rehabilitation Center, Inc [facility name] for the cost report period beginning October 01, 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 penalties 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) <i>Joseph Bray</i>		Date <i>2/17/2020</i>	Signed (Owner) <i>[Signature]</i>		Date <i>2/17/2020</i>
Printed Name (Administrator) Joseph Bray			Printed Name (Owner) Lawrence G. Santilli		
Subscribed and Sworn to before me:	State of <i>CT</i>	Date <i>2/17/2020</i>	Signed (Notary Public) <i>[Signature]</i>	Comm. Expires <i>8/1/2020</i>	
Address of Notary Public <i>38 Linden Dr. Plainville CT 06062</i>					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 30 Boston Rd, Middletown, CT 06457				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/10/2020		
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
Type of Facility - Organization Structure

Phone No. of Facility 860-346-9299	Report for Year Ended 9/30/2019	Page 2	of 37
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Name of Facility (as shown on license) Wadsworth Glen Health Care and Rehabilitation Center, Inc	Address (No. & Street, City, State, Zip) 30 Boston Rd, Middletown, CT 06457
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License Numbers:	CCNH 2025C	RHNS	(Specify)	Medicare Provider No. 07-5312
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Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

Type of Ownership (Check appropriate box)			
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input checked="" type="radio"/> Profit Corp.
<input type="checkbox"/> Non-Profit Corp.	<input type="checkbox"/> Government	<input type="checkbox"/> Trust	

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
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Administrator

Name of Administrator Joseph Bray	Nursing Home Administrator's License No.:	001873
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Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:
NA	

General Information and Questionnaire
Corporate Owners

Name of Facility Wadsworth Glen Health Care and Rehabilitation	License No. 2025C	Report for Year Ended 9/30/2019	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Wadsworth Glen, Inc	30 Boston Rd, Middletown, CT 06457		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G Santilli	30 Boston Rd, Middletown, CT 06457	President	500	
Michael E Mosier	30 Boston Rd, Middletown, CT 06457	Treasurer/Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Conservators for Lawrence E. Santilli	30 Boston Rd, Middletown, CT 06457		103	

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation C	2025C	9/30/2019	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center	License No. 2025C	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
ProCare LTC	1492 Highland Ave, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/> 50%	Pharmacy	Pg 20 5a2, Pg13b3	181,756	181,756
Athena Captive	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>	Workers Comp Captive	Pg 15 1a1	387,375	387,375
CT Health Center of Middletown	30 Boston Rd, Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>	Rental of Property	Pg 22, Ln 9, 10b; Pg 2	684,679	684,679
Athena Health Care Assoc 410k Plan	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>			250,110	250,110
Laurel Ridge HCC	642 Danbury Rd, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/> >98%	Bank Fees	P16 L m13	4,023	4,023
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/> >50%	See Attached		547,372	278,904
Athena Health Care Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>	Self Insured Employee Health & Dental Insur	Pg 15, 1a5	1,022,765	1,022,765
		<input type="radio"/>	<input checked="" type="radio"/>				

* Use additional sheets if necessary.

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

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No				
Athena Health Care	135 South Rd Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management Fees Promotion Data/Payroll Processing Painters Employee relations Health Insurance Employee physicals Nursing Fill in and consulting	Pg 17 Pg 16, M3 Pg 16, M13 Pg 22, 6a Pg 16, L3 Pg 15, 1a5 Pg 16, M13 Pg 13, L 11a2	\$547,372 \$2,658 \$3,774 \$16,651 \$5,360 \$6,056 \$289 \$498	\$278,904 \$2,658 \$3,774 \$16,651 \$5,360 \$6,056 \$289 \$498
Misc Facilities	Various Address	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Interfacility Loan Payable	Pg. 34 Ln 3		

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Wadsworth Glen Health Care and Rehabilitatio	License No. 2025C	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.

NA

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

NA

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.

NOT APPLICABLE: NO NON-NURSING HOME COST CENTERS

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended		Page	of	
Wadsworth Glen Health Care and Rehabilitation Center, Inc		2025C		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						
Pitney Bowes, PO Box 7150M, St Louis, MO 63195	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	12/12/17	66 months	1,210	966	
Graybar Financial, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Boiler Upgrade Lease	11/25/14	60 Months	4,714	4,714	
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	06/07/16	48 Months	12,760	12,160	
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***
							17,840	

* 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 Wadsworth Glen Health Care and R	License No. 2025C	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	Address (No. & Street, City, State, Zip Code)
1 Dworken, Hillman, LaMorte & Sterczala	Four Corporate Dr, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Dr, 12th Floor, New Haven, CT 06511
3 MidCap Financial Services LLC	7255 Woodmont Ave, Suite 200, Bethesda, MD 20814
4	

Services Provided by This Firm (*describe fully*)

1 2018 Audit, Year End Financials & Tax Return	\$ 10,100
2 Medicare Cost Report Preparation	\$ 2,700
3 Audit relating to Line of Credit-Disallowed	\$ 1,464
4 Midcap Audit Adj	\$ 1,789
	Charge for Services Provided
	\$ 16,053

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

- Yes No Pg 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Treasurer State of CT/State Of CT Marshall Fees	860-274-0018
2 Cicchiello & Cicchiello, LLP/Andrea Devlin	860-866-1024
3 MidCap Financial Services	240-383-1605
4 Goldman, Gruder, & Woods, LLC	203-899-8900
5 Shipman & Goodwin LLP	860-251-5000

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

- 1 P.O. Box 849, 49 Leavenworth St, Canaan, CT 06018/P.O. Box 760 365 Main St, Watertown, CT 06795
- 2 364 Franklin Ave, Hartford, CT 06114
- 3 7255 Woodmont Ave, Suite 200, Bethesda, MD 20814
- 4 200 Connecticut Avenue, Norwalk, CT 06854
- 5 One Constitution Plaza, Hartford, CT 06103

Services Provided by This Firm (*describe fully*)

1 Probate/Conservator Fees - Disallowed	\$ 150
2 Legal Fees - Employee Matter- Disallowed	\$ 4,981
3 Line of Credit Fees - Disallowed	\$ 219
4 General/Application	\$ 2,500
5 Legal Fees - Employee Matter - Disallowed	\$ 36,138
	Charge for Services Provided
	\$ 43,988

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

- Yes No Pg 15, Line 1e

Schedule of Resident Statistics

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2019				Page 8	of 37
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30			
		Total CCNH Level	Total RHNS Level	Total	(Specify)		
1. Certified Bed Capacity							
A. On last day of PREVIOUS report period	102	102	102	102	102	102	
B. On last day of THIS report period	102	102	102	102	102	102	
2. Number of Residents							
A. As of midnight of PREVIOUS report period	99	99	99	99	101	101	
B. As of midnight of THIS report period	100	100	101	101	100	100	
3. Total Number of Days Care Provided During Period							
A. Medicare	3,872	3,872	2,779	2,779	1,093	1,093	
B. Medicaid (Conn.)	29,603	29,603	22,192	22,192	7,411	7,411	
C. Medicaid (other states)							
D. Private Pay	1,888	1,888	1,621	1,621	267	267	
E. State SSI for RCH							
F. Other (Specify)	231	231	194	194	37	37	
G. Total Care Days During Period (3A thru F)	35,594	35,594	26,786	26,786	8,808	8,808	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds							
A. Medicaid Bed Reserve Days	177	177	145	145	32	32	
B. Other Bed Reserve Days	18	18	18	18			
5. Total Resident Days (3G + 4A + 4B)	35,789	35,789	26,949	26,949	8,840	8,840	

Schedule of Resident Statistics (Cont'd)

Name of Facility Wadsworth Glen Health Care and Rehabilitation			License No. 2025C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	5	82			4		9						
Per Diem Rate													
a. One bed rm.	550.14	241.79			592.00		400.10						
b. Two bed rms.	550.14	241.79			574.00		400.10						
c. Three or more bed rms.	550.14	241.79			562.00		400.10						
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,178	3,178				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								546	546				
2. Restorative Treatments													
C. Other								7,985	7,985				
D. Total Physical Therapy Treatments								11,709	11,709				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								665	665				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								40	40				
2. Restorative Treatments													
C. Other								1,030	1,030				
D. Total Speech Therapy Treatments								1,735	1,735				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,664	2,664				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								548	548				
2. Restorative Treatments													
C. Other								8,377	8,377				
D. Total Occupational Therapy Treatments								11,589	11,589				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	138,809	2,130				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	207,984	9,839				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	65,326	2,098				
c. Dietary Workers	354,115	24,488				
6. Housekeeping Service						
a. Head Housekeeper	44,504	1,800				
b. Other Housekeeping Workers	148,130	12,179				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	63,758	2,065				
b. Other Maintenance Workers	47,290	2,064				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	98,028	7,098				
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	203,533	4,041				
b. RN						
1. Direct Care	476,123	10,070				
2. Administrative**	498,752	18,709				
c. LPN						
1. Direct Care	1,012,413	34,286				
2. Administrative**						
d. Aides and Attendants	1,529,996	80,030				
e. Physical Therapists	342,688	10,094				
f. Speech Therapists	48,630	1,273				
g. Occupational Therapists	136,985	3,975				
h. Recreation Workers	126,861	5,532				
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	185,613	6,570				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	<i>5,729,538</i>	<i>238,341</i>				

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

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

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

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Wadsworth Glen Health Care and Rehabilitation Center, Inc		2025C		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)							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Wadsworth Glen Health Care and Rehabilitation Center, Inc		License No. 2025C	Report for Year Ended 9/30/2019		Page 12	of 37			
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Joseph Bray (10/1/18-9/30/19)	138,809		Health & Life Insurances, Payroll Taxes	Day to Day operations of the nursing home facility	2,130	A2			
Section IV - Assistant Administrators									

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Wadsworth Glen Health Care and Rehabilitation Ce	2025C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	32,258	814				
2. Dentist	11,628	51				
3. Pharmacist	10,854	108				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	53,744	508				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	1,632	9				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	1,244	20				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	498	25				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	111,858	1,535				

* 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 Wadsworth Glen Health Care and Rehabilitation Center		License No. 2025C	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		
CT Oncology, 536 Saybrook Rd, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
T. Nuzzolo, 26 Breeds Hill Rd, Glastonbury, CT 06033	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Prakash Huded MD, 28 Marlborough St, Portland, CT 06480	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
HealthCare Eye Care Group, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
MGA, 410 Saybrook Rd, Suite 201, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
MS (Middlesex Center), 410 Saybrook Rd, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Orthopedic Assoc. of Middletown, 512 Saybrook Rd Ste 100, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians, 2110 Silas Deane Hwy, Rocky Hill, CT 06067	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Yale New Haven Hospital, P.O. Box 780406, Philadelphia, PA 19178	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
MassTex, 3 Electronics Ave, Suite 201, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental, 888 Worcester Street, Suite 130, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
David Fenton, 2110 Silas Dean Highway, Rocky Hill, CT 06067	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Middlesex Hospital, 28 Crescent St, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Podiatry, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Linda La, Connecticut Multi Specialty Group	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Dysphagia Experts, 21 Waterville, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
NOA Diagnostic, 160 West St. Building 1, Suite G, Cromwell, CT 06416	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
ProCare, 110 Bi-County Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	
Athena Health Care Association, Inc	MDS Fill in	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners	
Glendo Tangarorang, 2110 Silas Dean Highway, Rocky Hill, CT 06067	Medical Director	<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
Wadsworth Glen Health Care and Rehabilitation	2025C	9/30/2019		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 387,375	387,375			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 65,210	65,210			
4. Social Security (F.I.C.A.)	\$ 370,591	370,591			
5. Health Insurance	\$ 950,040	950,040			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 30,800	30,800			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 86,318	86,318			
d. Accounting and Auditing	\$ 16,053	16,053			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 43,988	43,988			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 56,233	56,233			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 61,384	61,384			
2. Cellular Phones	\$ 269	269			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$ 3,662	3,662			
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 669,408	669,408			
Subtotal	\$ 2,741,581	2,741,581			

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Wadsworth Glen Health Care and Rehabilitation Center	2025C	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,741,581	2,741,581		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 5,800	5,800			
3. Gifts to Staff and Residents	\$ 14,875	14,875			
4. Employee Travel	\$ 334	334			
5. Education Expenses Related to Seminars and Conventions	\$ 6,479	6,479			
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (Specify) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$				
2. Advertising Telephone Directory (all such expenses)***	\$ 1,083	1,083			
3. Advertising Other (Specify)*** See Attached Schedule	\$ 14,809	14,809			
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	\$ 6,599	6,599			
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 6,990	6,990			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 960	960			
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 990	990			
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**	\$ 320,446	320,446			
13. Other (Specify) See Attached Schedule	\$ 58,595	58,595			
C-14 Total Administrative & General Expenditures	\$ 3,179,541	3,179,541			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 14,809		
Total Other Advertising	\$ 14,809	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 6,990		
Total Dues	\$ 6,990	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Misc	\$ 990		
Total Contributions	\$ 990	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Physicals/Background Checks	\$ 11,683		
Bank Charges	\$ 14,818		
Payroll Processing Fees	\$ 17,274		
Licenses	\$ 210		
Energy Audit	\$ 691		
Data Processing	\$ 13,919		
Total Other Administrative and General	\$ 58,595	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Wadsworth Glen Health Care and Rehabi	2025C	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 #
Athena Health Care Assoc., Inc 135 South Road, Farmington, CT 06032	445,615	Contract attached to prior year	See Below
Allocation of the Above	80,211	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12
Athena Health Care Assoc., Inc 135 South Road, Farmington, CT 06032	26,340	Admin/Gen-Other Exp	Pg 16, Line 12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Wadsworth Glen Health Care and Rehabilitation Center		2025C	9/30/2019		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 224,478	224,478			
2.	Non-Food Supplies	\$ 26,340	26,340			
3.	Other (Specify) _____ Dishes	\$ 3,516	3,516			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) _____ Management Services		\$ 71,298	71,298			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 325,632	325,632			
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*					
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input 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 checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.	\$1,221
K.	Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.	\$382
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					Pg 18, Line 2a1
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 Wadsworth Glen Health Care and Rehabilitation Center		License No. 2025C	Report for Year Ended 9/30/2019	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	11,239	11,239	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) Supplies		\$	2,120	2,120	
3D. Total Laundry Expenditures (3a + b + c)		\$	13,359	13,359	
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.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Wadsworth Glen Health Care and Rehabilitation		2025C	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	44,582	44,582		
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	44,582	44,582		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from ProCare	\$	219,437	219,437		
	b. Medicine Cabinet Drugs	\$	5,977	5,977		
	c. Medical and Therapeutic Supplies	\$	262,846	262,846		
	d. Ambulance/Limousine***	\$	2,342	2,342		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	44,955	44,955		
	f. X-rays and Related Radiological Procedures***	\$	15,079	15,079		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	9,456	9,456		
	i. Recreation	\$	11,555	11,555		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	157,729	157,729		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	729,376	729,376		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Management Fee Direct	\$ 80,211		
Physical Therapy Supplies	\$ 11,395		
Medical Equip Rentals-Medicaid	\$ 36,991		
Cable TV Services	\$ 17,034		
Oxygen Rental	\$ 2,577		
Medical Equip Rentals-Other	\$ 9,521		
Total Other Resident Care	\$ 157,729	\$ -	\$ -

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

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2019	Page of 21 37	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			
				Yes	No			CCNH	RHNS (Specify)	Pg Line	
				<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"/>						

* 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
Wadsworth Glen Health Care and Rehabilitati	2025C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 95,293	95,293				
b. Heat	\$ 53,934	53,934				
c. Light & Power	\$ 109,914	109,914				
d. Water	\$ 45,319	45,319				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 17,840	17,840				
f. Other (<i>itemize</i>)	\$ 68,529	68,529				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 390,829	390,829				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 17,073	17,073				
d. Movable Equipment	\$ 56,447	56,447				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 73,520	73,520				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 885	885				
c. Leasehold Improvements	\$ 67,702	67,702				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 68,587	68,587				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 423,770	423,770				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 206,409	206,409				
c. Personal property taxes	\$ 13,558	13,558				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 785,844	785,844				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 19,006		
Rubbish Removal	\$ 20,177		
Supplies	\$ 16,797		
Snow Removal	\$ 12,549		
Total Other Repairs and Maintenance	\$ 68,529	\$ -	\$ -

Depreciation Schedule

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc		License No. 2025C		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	
A. Land Improvements										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
A-4. Subtotal										
B. Building and Building Improvements										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
B-4. Subtotal										
C. Non-Movable Equipment										
1. Acquired prior to this report period		494,389		494,389	412,738	S/L	Various	17,073		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal									17,073	
D. Movable Equipment										
1. Motor Vehicles (Specify name, model and year of each vehicle)		Is a mileage logbook maintained?		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
		Yes	No							
a.										
b.										
c.										
d.										
2. Movable Equipment										
a. Acquired prior to this report period				1,214,947		1,214,947	999,973	S/L	Various	51,863
b. Disposals (attach schedule)										
c. Acquired during this report period (attach schedule)				36,510		36,510		S/L	Various	4,584
D-3. Subtotal										56,447
E. Total Depreciation										73,520

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2018	Ice and Water Dispenser	\$ 5,638	10	\$ 282
4/30/2019	Ice Machine	\$ 7,228	10	\$ 361
6/30/2019	PCC Conversion	23644	3	3941
Total additions for Movable Equipment		\$ 36,510		\$ 4,584 *
Deletions:				
Total deletions for 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:				
7/31/2019	Compressor	\$ 2,962	12	\$ 123
7/31/2019	Repair Parking Lot	\$ 2,180	8	\$ 136
7/31/2019	Two 200 Gallon Water Heaters Installed	22684	10	1134
Total additions for Leasehold Improvement		\$ 27,826		\$ 1,393 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc		Date of Acquisition		License No. 2025C	Report for Year Ended		Basis for Computing Amortization**	Rate %	Amortization for This Year	of
					9/30/2019	24				
Item		Month	Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations				Totals
A. Organization Expense										
1.										
2.										
3.										
A-4. Subtotal										
B. Mortgage Expense										
1.	Deferred Finance Fees	2	2018	3 Years	2,655			885		
2.										
3.										
B-4. Subtotal										885
C. Leasehold Improvements and Other										
1.	Acquired prior to this report period	9	2018	Various	1,705,518	1,267,036	S/L	66,308		
2.	Disposals (attach schedule)									
3.	Acquired during this report period (attach schedule)	9	2019	Various	27,826		S/L	1,393		
C-4. Subtotal										67,701
D. Total Amortization										68,586

* 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 Wadsworth Glen Health Care and Reh	License No. 2025C	Report for Year Ended 9/30/2019	Page 25 of 37		
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No		
		If "Yes," complete Part B. If "No," complete Part C.			
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	06/01/87				
5. Total Licensed Bed Capacity	102				
6. Square Footage					
7. Acquisition Cost					
a. Land	200,000				
b. Building	5,160,429				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	HUD				
b. Date Mortgage Obtained	03/29/12				
c. Interest Rate for the Cost Year	322.00%				
d. Term of Mortgage (number of years)	31				
e. Amount of Principal Borrowed	5,400,000				
f. Principal balance outstanding as of	4,549,339				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Wadsworth Glen Health Care and Rel		2025C	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
Wadsworth Glen Health Care and		2025C		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)				\$ 2,462	2,462			
A. Item		Rate	Amount					
Boiler/Lighting Capital Lease		7.42%	201,784					
Lender								
Graybar Financial Services								
Address of Lender								
PO Box 644006 Cincinnati, OH 45264								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 2,462	2,462			
12. D. Other Interest Expense (Specify)				\$ 99,140	99,140			
Vender Interest=\$13835; LOC=\$85305								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 101,602	101,602			
14. Insurance								
a. Insurance on Property (buildings only)				\$ 60,318	60,318			
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$ 60,318	60,318			
15. Total All Expenditures (A-13 thru C-14)				\$ 11,472,479	11,472,479			

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Wadsworth Glen Health Care and Rehabilitation Center, Inc			2025C	9/30/2019	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 136,985	136,985		
4.			Other - See attached Schedule	\$ 96,293	96,293		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ 1,632	1,632		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 86,318	86,318		
10.			Accounting	\$ 3,253	3,253		
10a.			Legal	\$ 43,988	43,988		
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 *	\$ 15,892	15,892		
19.			Income Tax / Corporate Business Tax	\$ 3,912	3,912		
20.			Fund Raising / Contributions	\$ 990	990		
21.			Unallowable Management Fees	\$ 177,189	177,189		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 15,778	15,778		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 1,221	1,221		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 583,451	583,451		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Marketing-Salary & Benefits	\$ 96,293		
Total Other Salaries Adjustment			\$ 96,293	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	8n	Disallowed Dues	\$ 960		
16	M13	Bank Charges	\$ 14,818		
Total Other A&G Adjustments			\$ 15,778	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Wadsworth Glen Health Care and Rehabilitation Center, Inc			2025C	9/30/2019	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 583,451	583,451		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 219,437	219,437		
28.			Ambulance/Limousine	\$ 2,342	2,342		
29.			X-rays, etc	\$ 15,079	15,079		
30.			Laboratory	\$ 9,456	9,456		
31.			Medical Supplies	\$ 10,200	10,200		
32.			Oxygen (non emergency)	\$ 44,955	44,955		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 15,498	15,498		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 8,380	8,380		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 15	15		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ 48,324	48,324		
46.			Management Fees Indirect	\$ 42,955	42,955		
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,000,092	1,000,092		

*** 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.

Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

Wadsworth Glen Moveable Equipment Carryforward Schedule

Cost Year	Heritage Furniture 2007 Profit	Heritage Furniture 2007 Profit	Heritage Furniture 2007 Profit	Heritage Furniture 2008 Profit	Heritage Furniture 2008 Profit	Heritage Furniture 2008 Profit	Heritage Furniture 2009 Profit	Heritage Furniture 2009 Profit	Heritage Furniture 2009 Profit	Patient Televisions 2013 Cost Report	Patient Televisions 2014 Cost Report	Patient Televisions 2015 Cost Report	Patient Televisions 2016 Cost Report	Patient Televisions 2018 Cost Report	Totals
2007	\$ 110	\$ 92	\$ 31,105	\$ 370	\$ (203)	\$ 317	\$ (120)	\$ 638	\$ 1,424	\$ 1,063	\$ 851	\$ 28,948	\$ 65,565		
2007	\$ 5	\$ 10	\$ 15	\$ 5	\$ 15	\$ 10	\$ 15	\$ 5	\$ 5	\$ 5	\$ 5	\$ 5	\$ 5		
2007	\$ 110	\$ 5	\$ 1,037											\$ 1,152	
2007	\$ 990	\$ 88	\$ 30,068											\$ 31,146	
2008	\$ 220	\$ 9	\$ 2,074	\$ 37	\$ (7)									\$ 2,333	
2008	\$ 770	\$ 79	\$ 27,984	\$ 333	\$ (196)									\$ 28,980	
2009	\$ 220	\$ 9	\$ 2,074	\$ 74	\$ (14)									\$ 2,375	
2009	\$ 550	\$ 70	\$ 25,920	\$ 259	\$ (182)	\$ 16	\$ (4)							\$ 26,802	
2010	\$ 220	\$ 9	\$ 2,074	\$ 74	\$ (14)	\$ 32	\$ (6)							\$ 2,387	
2010	\$ 330	\$ 61	\$ 23,846	\$ 185	\$ (168)	\$ 269	\$ (108)							\$ 24,415	
2011	\$ 220	\$ 9	\$ 2,074	\$ 74	\$ (14)	\$ 32	\$ (6)							\$ 2,387	
2011	\$ 110	\$ 52	\$ 21,772	\$ 111	\$ (154)	\$ 237	\$ (100)							\$ 22,028	
2012	\$ 110	\$ 9	\$ 2,074	\$ 74	\$ (14)	\$ 32	\$ (6)							\$ 2,277	
2012	\$ 43	\$ 9	\$ 19,698	\$ 37	\$ (140)	\$ 205	\$ (92)							\$ 19,751	
2013	\$ 34	\$ 9	\$ 17,624	\$ 37	\$ (126)	\$ 173	\$ (84)	\$ 64						\$ 2,194	
2013	\$ 9	\$ 9	\$ 2,074	\$ 37	\$ (14)	\$ 32	\$ (6)	\$ 574						\$ 18,194	
2014	\$ 9	\$ 9	\$ 2,074	\$ 37	\$ (14)	\$ 32	\$ (6)	\$ 128	\$ 143					\$ 2,364	
2014	\$ 25	\$ 25	\$ 15,550	\$ 141	\$ (112)	\$ 141	\$ (76)	\$ 446	\$ 1,282					\$ 17,255	
2015	\$ 9	\$ 9	\$ 2,074	\$ 37	\$ (14)	\$ 32	\$ (6)	\$ 128	\$ 285	\$ 106				\$ 2,612	
2015	\$ 16	\$ 16	\$ 13,476	\$ 109	\$ (88)	\$ 109	\$ (68)	\$ 318	\$ 997	\$ 957				\$ 15,706	
2016	\$ 9	\$ 9	\$ 2,074	\$ 37	\$ (14)	\$ 32	\$ (6)	\$ 128	\$ 285	\$ 213				\$ 2,804	
2016	\$ 7	\$ 7	\$ 11,402	\$ 77	\$ (84)	\$ 77	\$ (60)	\$ 190	\$ 712	\$ 744	\$ 85			\$ 13,765	
2017	\$ 7	\$ 7	\$ 2,074	\$ 37	\$ (14)	\$ 32	\$ (6)	\$ 128	\$ 285	\$ 213	\$ 170			\$ 2,887	
2017	\$ 9	\$ 9	\$ 9,328	\$ 37	\$ (14)	\$ 32	\$ (6)	\$ 62	\$ 427	\$ 531	\$ 170			\$ 10,866	
2018	\$ 7,254	\$ 7,254	\$ 2,074	\$ 45	\$ (70)	\$ 45	\$ (52)	\$ 62	\$ 142	\$ 318	\$ 426	\$ 26,053		\$ 34,106	
2018	\$ 7,254	\$ 7,254	\$ 2,074	\$ 45	\$ (70)	\$ 45	\$ (52)	\$ 62	\$ 142	\$ 318	\$ 426	\$ 26,053		\$ 34,106	
2019	\$ 5,180	\$ 5,180	\$ 2,074	\$ 45	\$ (70)	\$ 45	\$ (52)	\$ 62	\$ 142	\$ 318	\$ 426	\$ 26,053		\$ 34,106	
2019	\$ 5,180	\$ 5,180	\$ 2,074	\$ 45	\$ (70)	\$ 45	\$ (52)	\$ 62	\$ 142	\$ 318	\$ 426	\$ 26,053		\$ 34,106	
2020	\$ 3,105	\$ 3,105	\$ 2,074	\$ 45	\$ (70)	\$ 45	\$ (52)	\$ 62	\$ 142	\$ 318	\$ 426	\$ 26,053		\$ 34,106	
2020	\$ 3,105	\$ 3,105	\$ 2,074	\$ 45	\$ (70)	\$ 45	\$ (52)	\$ 62	\$ 142	\$ 318	\$ 426	\$ 26,053		\$ 34,106	
2021	\$ 2,074	\$ 2,074	\$ 1,032	\$ 45	\$ (70)	\$ 45	\$ (52)	\$ 62	\$ 142	\$ 318	\$ 426	\$ 26,053		\$ 34,106	
2021	\$ 2,074	\$ 2,074	\$ 1,032	\$ 45	\$ (70)	\$ 45	\$ (52)	\$ 62	\$ 142	\$ 318	\$ 426	\$ 26,053		\$ 34,106	
2022	\$ 1,032	\$ 1,032	\$ -	\$ 45	\$ (70)	\$ 45	\$ (52)	\$ 62	\$ 142	\$ 318	\$ 426	\$ 26,053		\$ 34,106	
2022	\$ 1,032	\$ 1,032	\$ -	\$ 45	\$ (70)	\$ 45	\$ (52)	\$ 62	\$ 142	\$ 318	\$ 426	\$ 26,053		\$ 34,106	
2023	\$ -	\$ -	\$ -	\$ 45	\$ (70)	\$ 45	\$ (52)	\$ 62	\$ 142	\$ 318	\$ 426	\$ 26,053		\$ 34,106	
2023	\$ -	\$ -	\$ -	\$ 45	\$ (70)	\$ 45	\$ (52)	\$ 62	\$ 142	\$ 318	\$ 426	\$ 26,053		\$ 34,106	
2024	\$ -	\$ -	\$ -	\$ 45	\$ (70)	\$ 45	\$ (52)	\$ 62	\$ 142	\$ 318	\$ 426	\$ 26,053		\$ 34,106	
2024	\$ -	\$ -	\$ -	\$ 45	\$ (70)	\$ 45	\$ (52)	\$ 62	\$ 142	\$ 318	\$ 426	\$ 26,053		\$ 34,106	

Page 1 of 1

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Wadsworth Glen Health Care and Rehabi	2025C	9/30/2019			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 16,997,042	16,997,042				
b. Medicaid Room and Board Contractual Allowance **	\$ (9,926,416)	(9,926,416)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,240,000	1,240,000				
b. Medicare Room and Board Contractual Allowance **	\$ 31,309	31,309				
4. a. Private-Pay Residents and Other	\$ 2,268,059	2,268,059				
b. Private-Pay Room and Board Contractual Allowance **	\$ (313,938)	(313,938)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 90,395	90,395				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (90,395)	(90,395)				
c. Prescription Drugs - Non-Medicare	\$ 128,115	128,115				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (128,115)	(128,115)				
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	\$ 378,941	378,941				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (229,582)	(229,582)				
c. Physical Therapy - Non-Medicare	\$ 160,201	160,201				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (160,201)	(160,201)				
4. a. Speech Therapy - Medicare	\$ 140,089	140,089				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (68,541)	(68,541)				
c. Speech Therapy - Non-Medicare	\$ 38,249	38,249				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (38,249)	(38,249)				
5. a. Occupational Therapy - Medicare	\$ 381,147	381,147				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (254,641)	(254,641)				
c. Occupational Therapy - Non-Medicare	\$ 169,296	169,296				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (169,296)	(169,296)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ (134,191)	(134,191)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,509,278	10,509,278				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 24,858	24,858				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 85,498	85,498				
V. Total Other Revenue (1 thru 8)	\$ 110,356	110,356				
VI. Total All Revenue (III +V)	\$ 10,619,634	10,619,634				

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.
 ** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Retroactives	\$ (134,191)		
Total Other Resident Revenue		\$ (134,191)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg. 31 L A	Interest on A/R	N/A	\$ 15		
Pg. 32, L6	Interest on Related Party Note	700,162	\$ 24,843		
Total Interest Income			\$ 24,858	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recovery	\$ 85,498		
Total Other Revenue		\$ 85,498	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Reha	2025C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	24,213
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	832,595
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	120
4 Inventories			\$	17,995
5. Prepaid Expenses			\$	286,941
a. Prepaid Insurance	273,073			
b. _____				
c. Prepaid Health	13,868			
d. See Schedule				
6. Interest Receivable			\$	63,271
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	168,680
A/R Related Parties	168,198			
A/R Non Related Parties	482			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,393,815
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,663,342</u>		\$	371,770
	Accum. Depreciation <u>1,291,572</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>494,389</u>		\$	64,578
	Accum. Depreciation <u>429,811</u>	Net		
6. Movable Equipment	*Historical Cost <u>1,225,731</u>		\$	169,311
	Accum. Depreciation <u>1,056,420</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	25,726
Moveable equip carry forward adj	25,726			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	631,385

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Project Development	\$ 3,973
Total Other Assets			\$ 3,973

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Reha	2025C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	2,025,200
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	(1,475)
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	26,836
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	700,162
Name and Address		Amount	Loan Date	
Related Party Note		700,162	3/29/12	
7. Other Assets (<i>itemize</i>)			\$	17,142
Deposit IRS				10,514
Deferred Finance Fees				2,655
See Schedule				3,973
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	742,665
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,767,865

* 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
Wadsworth Glen Health Care and Rehabilitati		2025C	9/30/2019	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	905,517
2. Notes Payable (<i>itemize</i>)				\$	2,542,117
Loans					2,542,117
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>)				\$	155,990
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	6,977
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>)				\$	225,035
Acc'd Operating Expenses		46,257			
Acc'd Expense-CT Sales Tax		24			
Provider Taxes Due		164,082			
Acc'd Health Insurance		14,672	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,835,636

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

(Carry Total forward to next page)

WADSWORTH GLEN
ACCRUED OPERATING EXP - 2170
September 30, 2019

DESCRIPTION	BALANCE
Health Ins. IBNR 9/30/17	(\$26,380.39)
Lease	(\$1,063.33)
X-Ray	(\$850.30)
State Income Taxes	(\$3,429.37)
Medical Director	(\$2,250.00)
Audit Fees	(\$10,100.00)
Patient Refund	\$40.00
Insurance	(\$8,841.00)
Taxes	\$546.60
Management Fee	\$7,039.87
Dental Consulting Fees	(\$969.00)
	\$0.00
	(\$46,256.92)

G. Balance Sheet (cont'd)

Name of Facility Wadsworth Glen Health Care and Rehabil		License No. 2025C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				3,835,636	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	7,997
Name of Lender	Purpose	Amount	Date Due		
Graybar Capital Lease-Boiler		7,997			
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	1,438,248
Name and Address of Lender	Amount	Loan Date			
Notes Pay-Mckesson	32,412				
Due to Partnership	1,405,836				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	1,446,245
C. Total All Liabilities (Lines A-13 + B-5)				\$	5,281,881

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Reh	2025C	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,661,171)
6. Gain or Loss for Period			\$	(852,845)
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	(2,514,016)
C. Total Reserves and Net Worth			\$	(2,514,016)
D. Total Liabilities, Reserves, and Net Worth			\$	2,767,865

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehab	2025C	9/30/2019	36	37
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2018		\$	(1,692,880)
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)		\$	10,619,634
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)		\$	1,147,279
D.	Net Income or Deficit		\$	(852,845)
E.	Balance		\$	(2,545,725)
F.	Additions			
	1. Additional Capital Contributed (<i>itemize</i>)			
	Health Insurance	33,842		
	Prior Year User Fee Adj	(2,132)		
	Rounding	(1)		
	2. Other (<i>itemize</i>)			
F-3.	Total Additions		\$	31,709
G.	Deductions			
	1. Drawings of Owners/Operators/Partners (<i>Specify</i>)		\$	
	Name and Address (<i>No., City, State, Zip</i>)	Title	Amount	
	2. Other Withdrawings (<i>Specify</i>)		\$	
	Purpose	Amount		
	3. Total Deductions		\$	
H.	Balance at End of Period		\$	(2,514,016)
		09/30/19		

I. Preparer's/Reviewer's Certification

Name of Facility Wadsworth Glen Health Care and		License No. 2025C	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)	
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer 		Title CA		Date Signed 2/17/2020	
Printed Name of Preparer Athena Health Care Associates, Inc					
Address Address 135 South Road, Farmington, CT 06032				Phone Number 860-751-3900	
Contacted Person Regarding Additional Information Needed Regarding This Report Kasie Lester				Phone Number 860-751-3949	
Contact Email Address Klester@athenahealthcare.com					