State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2020

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 ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)		
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020	

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2025C			07-5312

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	2025C		

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)	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation Cente	2025C	9/30/2020	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Wadsworth Glen Health Care and Rehabilitation Center, Inc [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, 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) Joseph Bray			Printed Name (Owner) Lawrence G. Santilli	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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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 10/1/2019	To 9/30/2020
Address of Facility 30 Boston Rd, Middletown, CT 06457				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900		Date 2/11/2021	

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.

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General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-346-9299	9/30/2020	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Wadsworth Glen Health Care and Rehabilitation Center, Inc	30 Boston Rd, Middletown, CT 06457

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	2025C			07-5312

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ○ LLC ○ Partnership ◉ Profit Corp. ○ Non-Profit Corp. ○ Government ○ 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? ○ Yes ◉ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Joseph Bray	001873

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:
Not Applicable	

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
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Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered

Name of Partners/Members	Business Address	Title	% Owned

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General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitati	2025C	9/30/2020	3A	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	499.66
Michael E Mosier	30 Boston Rd, Middletown, CT 06457	reasurer/Secretar	
Names of Stockholders Owning at Least 10% of Shares			
Conservators for Lawrence E. Santilli	30 Boston Rd, Middletown, CT 06457		102.59

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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	9/30/2020	3B	37

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

Owner(s) of Facility

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
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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	⊙	○	>50%	Pharmacy	Pg 20 5a2, Pg13b3	219,257	219,257
Athena Captive	135 South Road, Farmington, CT 06032	○	⊙		Workers Comp Captive	Pg 15 1a1	365,464	365,464
CT Health Center of Middletown	30 Boston Rd, Middletown, CT 06457	○	⊙		Rental of Property	Pg 22, Ln 9, 10b; Pg 2	682,729	682,729
Athena Health Care Associates 401k Plan	135 South Road, Farmington, CT 06032	○	⊙		Facility participates in related 401k Plan			
Laurel Ridge HCC	642 Danbury Road, Ridgefield, CT 06877	⊙	○	>98%	Bank Fees	P16 L m13	6,218	6,218
Athena Health Care	135 South Rd, Farmington, CT 06032	⊙	○	>50%	See Attached		399,175	278,904
Athena Health Care Insurance	135 South Road, Farmington, CT 06032	○	⊙		Self Insured Employee Health & Dental Insu	Pg 15, 1a5	1,149,895	1,149,895
		○	⊙					
		○	⊙					

* Use additional sheets if necessary.

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

Wadsworth Glen **Report for FYE 9/30/2020**
RELATED PARTIES QUESTIONNAIRE
PAGE 4

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	X		<50%	Management Fees	Pg 17	$0	$0
					Promotion	Pg 16, M3	$867	$867
					Data/Payroll Processing	Pg 16, M13	$5,176	$5,176
					Painters	Pg 22, 6a	$6,602	$6,602
					Employee relations	Pg 16, L3	$3,543	$3,543
					Health Insurance	Pg 15, 1a5	$5,280	$5,280
					Employee physicals	Pg 16, M13	$312	$312
					Nursing Fill in and consulting	Pg 13, L 11a2	$0	$0
					Other-Direct (PPE Billing)	Pg 29, 47	$19,159	$19,159
Misc Facilities	Various Address	X		>98%	Interfacility Loan Payable	Pg. 34 Ln 3		

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation	2025C	9/30/2020	5	37

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (*See listing page 13*)
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.

N/A

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

N/A

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.

N/A

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General Information and Questionnaire
Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals 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	9/30/2020	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
Graybar Financial, PO Box 644006, Cincinnati, OH 45264	○	⊙	Boiler Upgrade Lease	11/25/14	60 months	4,714	787
Pitney Bowes, PO Box 7150M, St Louis, MO 63195	○	⊙	Postage Machine	12/12/17	60 months	1,208	1,207
Leaf, PO Box 5066, Hartford, CT 06102	○	⊙	Copier	06/07/16	48 Months	13,242	13,161
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ⊙ No **Total** *** 15,155

* 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.

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General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and R	2025C	9/30/2020	7	37

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 Drive, Shelton, CT
2	Marcum LLP	555 Long Wharf Drive, 12th Floor, New Haven, CT 06511
3	Midcap Financials 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	$ 10,400
2	Medicare Cost Report Preparation	$ 2,700
3	Audit relating to line of credit-disallowed	$ 3,990
4		$
		Charge for Services Provided $ 17,090

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 Financials Services LLC	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	PO Box 849, 49 Leavenworth St, Canaan, CT 06018/PO Box 760, 365 Main St. Watertown, CT 06795
2	364 Franklin Ave, Hartford, CT
3	7255 Woodmont Ave, Suite 200, Bethesda, MD 20814
4	200 Connecticut Ave, Norwalk, CT 06854
5	One Constitution Plaza, Hartford, CT 06103

Services Provided by This Firm (*describe fully*)		
1	Probate/Conservator Fees-Disallowed	$ 1,135
2	Legal Fees-Employee Matter-Disallowed	$ 3,171
3		$
4		$
5		$
		Charge for Services Provided $ 4,306

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

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Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
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	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	102	102			102	102						
B. On last day of THIS report period	102	102							102	102		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	101	101			101	101						
B. As of midnight of THIS report period	83	83							83	83		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,970	3,970			3,085	3,085			885	885		
B. Medicaid (Conn.)	27,712	27,712			21,379	21,379			6,333	6,333		
C. Medicaid (other states)												
D. Private Pay	1,988	1,988			1,454	1,454			534	534		
E. State SSI for RCH												
F. Other (Specify)	218	218			197	197			21	21		
G. Total Care Days During Period (3A thru F)	33,888	33,888			26,115	26,115			7,773	7,773		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	49	49			49	49						
B. Other Bed Reserve Days	1	1			1	1						
5. ***Total Resident Days*** **(3G + 4A + 4B)**	33,938	33,938			26,165	26,165			7,773	7,773		

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitati	2025C	9/30/2020	9	37

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						
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	2	71		6		4		
Per Diem Rate								
a. One bed rm.	550.14	241.79		622.00		400.10		
b. Two bed rms.	550.14	241.79		604.00		400.10		
c. Three or more bed rms.	550.14	241.79		592.00		400.10		

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,628	1,628		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	621	621		
2. Restorative Treatments				
C. Other	8,982	8,982		
D. ***Total Physical Therapy Treatments***	11,231	11,231		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	815	815		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	285	285		
2. Restorative Treatments				
C. Other	1,761	1,761		
D. ***Total Speech Therapy Treatments***	2,861	2,861		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,376	2,376		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	508	508		
2. Restorative Treatments				
C. Other	8,162	8,162		
D. ***Total Occupational Therapy Treatments***	11,046	11,046		

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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	9/30/2020	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ 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)	141,515	2,016				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	238,950	9,398				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	67,658	1,938				
c. Dietary Workers	374,179	21,808				
6. Housekeeping Service						
a. Head Housekeeper	53,413	1,867				
b. Other Housekeeping Workers	140,862	9,715				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	70,313	1,970				
b. Other Maintenance Workers	52,900	1,978				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	130,257	8,428				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	196,764	3,247				
b. RN						
1. Direct Care	524,110	9,787				
2. Administrative**	543,367	16,370				
c. LPN						
1. Direct Care	1,161,635	32,448				
2. Administrative**						
d. Aides and Attendants	1,725,548	72,800				
e. Physical Therapists	386,792	10,656				
f. Speech Therapists	75,182	1,897				
g. Occupational Therapists	145,930	3,475				
h. Recreation Workers	134,005	5,601				
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	214,225	6,777				
n. Marketing						
o. Other (Specify) See Attached Schedule						
A-13. Total Salary Expenditures	6,377,605	222,176				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

	CCNH		RHNS		(Specify)	
Position	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Total	$ -	-	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

	CCNH		RHNS		(Specify)	
Service	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Total	$ -	-	$ -	-	$ -	-

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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
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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										
Not Applicable										
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).										
Not Applicable										

* 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.

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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
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2020	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)							
Section III - Administrators* **										
Joseph Bray	141,515			Health & Life insurances, Payroll Taxes	Day to day operations of the nursing home facility	2,016	A2			
(10/01/2019-09/30/2020)										
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.

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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	9/30/2020	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	33,316	840				
2. Dentist	11,112	25				
3. Pharmacist	9,100	218				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	53,162	596				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	(965)	1				
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	3,576	57				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	782	39				
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	110,083	1,776				

* 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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation Center,	2025C	9/30/2020	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Starling Physicians, 2110 Silas Deane Hwy, Rocky Hill, CT 06067	Medical Director	○	⊙	
Prakash Huded MD, 28 Marlborough St, Portland, CT 06480	Medical Director	○	⊙	
CT Multispeacialty Group, P.C., 100 Retreat Ave., Suite 605, Hartford, CT 06106	SUB Medical Director	○	⊙	
T. Nuzzolo, 26 Breeds Hill Rd, Glastonbury, CT 06033	Dietician	○	⊙	
SDX Dysphagia Experts, 21 Waterville, Avon, CT 06001	Speech Therapy	○	⊙	
MassTex, 3 Electronics Ave, Suite 201, Danvers, MA 01923	Speech Therapy	○	⊙	
Healthdrive Dental, 888 Worcester Street, Suite 130, Wellesley, MA 02482	Dentist	○	⊙	
David Fenton, 2110 Silas Dean Highway, Rocky Hill, CT 06067	Physician	○	⊙	
Linda La/Matthew Moyer, ProHealth Partners, 324 Elm St. Suite 202B, Monroe, CT 06468	Physician	○	⊙	
NOA Diagnostic, 160 West St. Building 1, Suite G, Cromwell, CT 06416	Physician	○	⊙	
ProCare, 110 Bi-County Blvd, Farmingdale, NY 11735	Pharmacist	⊙	○	Common Owners:Minority Interest
Athena Health Care Association, Inc	MDS Fill in	⊙	○	Common Owners
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	

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

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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	9/30/2020	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	365,464	365,464		
2. Disability Insurance	$				
3. Unemployment Insurance	$	64,851	64,851		
4. Social Security (F.I.C.A.)	$	408,341	408,341		
5. Health Insurance	$	558,149	558,149		
6. Life Insurance (employees only)					
(not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory)	$	38,656	38,656		
(not-owners and not-operators)					
8. Uniform Allowance	$				
9. Other (*Specify*)	$				
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	160,200	160,200		
d. Accounting and Auditing	$	17,090	17,090		
e. Legal (*Services should be fully described on Page 7)*	$	4,306	4,306		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	58,890	58,890		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	72,852	72,852		
2. Cellular Phones	$	333	333		
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$	164,671	164,671		
2. Other (*Specify*)	$				
See Attached Schedule					
3. Resident Day User Fee	$	630,474	630,474		
Subtotal	$	2,544,277	2,544,277		

* 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**

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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CSP-16 Rev. 9/2002

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 Cente	2025C	9/30/2020	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,544,277	2,544,277		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$	2,180	2,180		
3. Gifts to Staff and Residents	$	14,461	14,461		
4. Employee Travel	$	2,829	2,829		
5. Education Expenses Related to Seminars and Conventions	$	7,245	7,245		
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*)***	$				
3. Advertising Other (*Specify*)***	$	11,841	11,841		
See Attached Schedule					
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	$	5,057	5,057		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	6,815	6,815		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions	$				
10. Contributions***	$	14	14		
See Attached Schedule					
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$				
12. Administrative Management Services**	$				
13. Other (*Specify*)	$	105,057	105,057		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	$	2,699,776	2,699,776		

* 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)
Business Promotion	$ 11,841		
Total Other Advertising	$ 11,841	$ -	$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	$ 6,815		
Total Dues	$ 6,815	$ -	$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Donations	$ 14		
Total Contributions	$ 14	$ -	$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Physicals/Background checks	$ 7,895		
Bank Charges	$ 20,031		
Payroll Processing Fees	$ 24,939		
Licenses	$ 1,600		
Data Processing	$ 50,592		
Total Other Administrative and General	$ 105,057	$ -	$ -

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Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Wadsworth Glen Health Care and Rehabil	2025C	9/30/2020	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		Contract Attached to a Prior Year	See Below
Allocation of the Above		Admin/ Gen 66% Indirect 16% Direct 18%	Page 16, Line 12
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032		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.**

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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 Cente	2025C	9/30/2020	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	249,070	249,070		
2. Non-Food Supplies	$	33,376	33,376		
3. Other (*Specify*)_____ Dishes & Utensils	$	3,220	3,220		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Other (*Specify*)_____	$				
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	285,666	285,666		

2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F. Resident Meals:	Total no. of meals served per day:*	278	278		

G.	Is cost of employee meals included in 2D?	⦿ Yes	○ No	
H.	Did you receive revenue from employees?	○ Yes	⦿ 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?	○ Yes	⦿ No	If yes, specify cost.
K.	Is any revenue collected from these people?	○ Yes	⦿ 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?	○ Yes	⦿ No	If yes, specify cost.
N.	Is any revenue collected from employees?	○ Yes	⦿ 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.

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CSP-19 Rev. 9/2018

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
Wadsworth Glen Health Care and Rehabilitation Center,	2025C	9/30/2020	19 | 37

Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*					
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.				
	Amt. $				
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. $	9,617	9,617		
b. Purchased Services *(by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Other (*Specify*) Laundry supplies	$	3,647	3,647		
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	13,264	13,264		

3E.	Laundry Questionnaire			
F.	Is cost of employee laundry included in 3D?	○ Yes	⊙ No	If yes, specify cost.
G.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
J.	Did you receive revenue from these people?	○ Yes	⊙ 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.

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CSP-20 Rev. 9/2018

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 Rehabilitatio	2025C	9/30/2020	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	50,484	50,484		
b. Purchased Services (*by contract other than through Management Services)*	Sq. Ft. Serviced by Personnel					
(Complete Schedule C-2 att. Page 21)	Amt.	$				
C. Other (*Specify*)		$				
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	50,484	50,484		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from ProCare		$	162,554	162,554		
b. Medicine Cabinet Drugs		$	8,742	8,742		
c. Medical and Therapeutic Supplies		$	249,011	249,011		
d. Ambulance/Limousine***		$	21,350	21,350		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	29,356	29,356		
f. X-rays and Related Radiological Procedures***		$	19,669	19,669		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	24,937	24,937		
i. Recreation		$	11,448	11,448		
j. Direct Management Services*		$				
k. Indirect Management Services*		$				
l. Other (Specify)**** See Attached Schedule		$	89,205	89,205		
5M. ***Total Resident Care Expenditures*** (5a - 5j)		$	616,272	616,272		

* 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)
Physical Therapy Supplies	$ 24,161		
Medical Equip Rentals-Medicaid	$ 39,719		
Cable TV Services	$ 18,861		
Medical Equip Rentals-Other	$ 6,464		
Total Other Resident Care	$ 89,205	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2020	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
CT Waste Processing	PO Box 99, Plainville, CT 06062	○	⊙		Rubbish Removal	18,164			22	6f
ADP	100 Corporate Drive, Windsor, CT 06095	○	⊙		Payroll Processing	19,451			16	m13
Allen Lawn Care	16 Sunset Drive, Rockfall, CT 06481	○	⊙		Snow Removal & Landscaping	13,081			22	6f
Winterberry Landscape Management	2070 West St, Southington, CT 06489	○	⊙		Groundskeeping	14,620			22	6f
ProCare	111 Executive Blvd, Farmingdale, NY 11735	⊙	○	Common Owners: Minority Interest	Pharmacy	219,257			20	5a2
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							

* 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).

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	$ 17,247		
Rubbish Removal	$ 19,668		
Supplies	$ 17,822		
Snow Removal	$ 12,231		
Total Other Repairs and Maintenance	$ 66,968	$ -	$ -

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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	9/30/2020	22 | 37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	68,035	68,035		
b. Heat	$	36,280	36,280		
c. Light & Power	$	99,969	99,969		
d. Water	$	80,048	80,048		
e. Equipment Lease (*Provide detail on page 6*)	$	15,155	15,155		
f. Other (*itemize*)	$	66,968	66,968		
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	366,455	366,455		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$				
b. Building & Building Improvements	$				
c. Non-Movable Equipment	$	14,095	14,095		
d. Movable Equipment	$	59,108	59,108		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	73,203	73,203		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$	885	885		
c. Leasehold Improvements	$	65,329	65,329		
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	66,214	66,214		
9. Rental payments on leased real property less real estate taxes included in item 10b	$	419,498	419,498		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	186,799	186,799		
c. Personal property taxes	$	15,315	15,315		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	761,029	761,029		

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

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2020	23	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			429,811	S/L	Various	14,095	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								14,095

	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								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			9	2019	1,251,457			1,056,420	S/L	Various	57,814	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)			9	2020	7,762				S/L		1,294	
D-3. Subtotal												59,108
E. ***Total Depreciation***												73,203

Schedule of Land Improvements Acquired during this report period

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

***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 Improvement		$ -		$ -	*
Deletions:					
Total deletions for Building Improvement		$ -		$ -	**

***Ties to Page 23, Line B3**

****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report peri

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

***Ties to Page 23, Line C3**

****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
3/31/2020	Computers	$ 6,199	3	$ 1,033	
7/31/2020	Tablets	$ 1,563	3	$ 260	
Total additions for Movable Equipmen		$ 7,762		$ 1,294	*
Deletions:					
Total deletions for Movable Equipmen		$ -		$ -	**

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

Schedule of Leasehold Improvements Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
12/31/2019	Boiler Pump	$ 3,177	10	$ 159	
3/31/2020	Install Compressor	$ 3,680	5	$ 368	
4/30/2020	Heat Exchange Repair	8003	10	400	
Total additions for Leasehold Improvemer		$ 14,860		$ 927	*
Deletions:					
Total deletions for Leasehold Improvemer		$ -		$ -	**

***Ties to Page 24, Line C3**
****Ties to Page 24, Line C2**

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2020	24	37

Item	Date of Acquisition: Month	Date of Acquisition: Year	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
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	2019	Various	1,663,342	1,291,572	SL	Variou	64,402	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2020	Various	14,860		SL	Variou	927	
C-4. Subtotal									65,329
D. ***Total Amortization***									66,214

* 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.

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CSP-25 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Reh	2025C	9/30/2020	25	37

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	
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	3.22%			
d. Term of Mortgage (number of years)	31			
e. Amount of Principal Borrowed	5,400,000			
f. Principal balance outstanding as of _____				
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.

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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	9/30/2020	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*)

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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 R	2025C	9/30/2020	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*) $	74	74		
A. Item / Rate / Amount				
Boiler/Lighting Capital Lease / 7.42% / 201,784				
Lender: Graybar Financial Services				
Address of Lender: PO Box 644006Cincinnati, OH				
B. Item / Rate / Amount				
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) $	74	74		
12. D. Other Interest Expense (*Specify*) $	75,178	75,178		
Vendor Interest/Line of Credit Interest				
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D) $	75,252	75,252		
14. Insurance				
a. Insurance on Property (buildings only) $	81,141	81,141		
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)*** $	81,141	81,141		
15. ***Total All Expenditures (A-13 thru C-14)*** $	11,437,027	11,437,027		

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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	9/30/2020	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 $	145,930	145,930		
4.			Other - See attached Schedule $	119,093	119,093		
Page 13 - Professional Fees							
5.			Resident Care Physicians ** $	(965)	(965)		
6.			Occupational Therapy $				
7.			Other - See attached Schedule $				
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits $				
9.			Bad Debts $	160,200	160,200		
10.			Accounting $	3,990	3,990		
10a.			Legal $	4,306	4,306		
11.			Telephone $				
12.			Cellular Telephone $				
13.			Life insurance premiums on the life of Owners, Partners, Operators $				
14.			Gifts, flowers and coffee shops $	14,461	14,461		
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 * $	11,841	11,841		
19.			Income Tax / Corporate Business Tax $	164,671	164,671		
20.			Fund Raising / Contributions $	14	14		
21.			Unallowable Management Fees $				
22.			Barber and Beauty $				
23.			Other - See attached Schedule $	20,031	20,031		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents $				
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) $	643,572	643,572		

* 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	$ 103,902		
30	IV8	Intercompany Void	$ 15,191		
Total Other Salaries Adjustment			$ 119,093	$ -	$ -

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	M13	Bank Charges	$ 20,031		
Total Other A&G Adjustments			$ 20,031	$ -	$ -

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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	9/30/2020	29 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward $	643,572	643,572		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs $	162,554	162,554		
28.			Ambulance/Limousine $	21,350	21,350		
29.			X-rays, etc $	19,669	19,669		
30.			Laboratory $	24,937	24,937		
31.			Medical Supplies $	8,466	8,466		
32.			Oxygen (non emergency) $	29,356	29,356		
33.			Occupational Therapy $				
34.			Other - See Attached Schedule $	8,585	8,585		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule $	15,998	15,998		
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 $				
46.			Management Fees Indirect $				
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)***		$	934,502	934,502		

*** 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.

Attachment Page 29

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5b	Ebox	$ 8,585		
Total Other Ancillary Costs			$ 8,585	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Moveable Equip Carry Forward	$ 15,998		
Total Excess Movable Equipment Depreciation			$ 15,998	$ -	$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct 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			$ -	$ -	$ -

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabil	2025C	9/30/2020	30	37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	17,231,957	17,231,957		
b. Medicaid Room and Board Contractual Allowance **	$	(10,014,898)	(10,014,898)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	1,129,654	1,129,654		
b. Medicare Room and Board Contractual Allowance **	$	20,420	20,420		
4. a. Private-Pay Residents and Other	$	2,630,489	2,630,489		
b. Private-Pay Room and Board Contractual Allowance **	$	(464,786)	(464,786)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	77,473	77,473		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(77,473)	(77,473)		
c. Prescription Drugs - Non-Medicare	$	143,795	143,795		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(143,795)	(143,795)		
2. a. Medical Supplies - Medicare	$	4,133	4,133		
b. Medical Supplies - Medicare Contractual Allowance **	$	(4,133)	(4,133)		
c. Medical Supplies - Non-Medicare	$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	$				
3. a. Physical Therapy - Medicare	$	340,215	340,215		
b. Physical Therapy - Medicare Contractual Allowance **	$	(246,150)	(246,150)		
c. Physical Therapy - Non-Medicare	$	271,550	271,550		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(271,550)	(271,550)		
4. a. Speech Therapy - Medicare	$	171,251	171,251		
b. Speech Therapy - Medicare Contractual Allowance **	$	(76,900)	(76,900)		
c. Speech Therapy - Non-Medicare	$	84,715	84,715		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(84,715)	(84,715)		
5. a. Occupational Therapy - Medicare	$	389,590	389,590		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(242,700)	(242,700)		
c. Occupational Therapy - Non-Medicare	$	264,760	264,760		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(264,760)	(264,760)		
6. a. Other *(Specify)* - Medicare	$				
b. Other *(Specify)* - Non-Medicare	$	(213,167)	(213,167)		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	10,654,975	10,654,975		
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 *(Specify)*	$	24,195	24,195		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	137,965	137,965		
V. Total Other Revenue (1 thru 8)	$	162,160	162,160		
VI. Total All Revenue (III +V)	$	10,817,135	10,817,135		

* *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)
	Misc Revenue from CRF Funds	$ (220,943)		
	IV Therapy	$ 7,776		
Total Other Resident Revenue		$ (213,167)	$ -	$ -

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	$ 24,180		
Total Interest Income			$ 24,195	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Void Prior year Intercompany	$ 15,191		
	Bad Debt Recovery	$ 122,774		
Total Other Revenue		$ 137,965	$ -	$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehal	2025C	9/30/2020	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 183,530
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 1,153,105
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$ (686,112)
4 Inventories				$ 17,197
5. Prepaid Expenses				$ 153,991
a. Prepaid Insurance		135,772		
b. Prepaid Health Insurance		18,219		
c.				
d. See Schedule				
6. Interest Receivable				$ 87,466
7. Medicare Final Settlement Receivable				$ (225,000)
8. Other Current Assets (*itemize*)				$ 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)				$ 852,857
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	1,678,202		$ 321,301
	Accum. Depreciation	1,356,901	Net	
5. Non-Movable Equipment	*Historical Cost	494,389		$ 50,483
	Accum. Depreciation	443,906	Net	
6. Movable Equipment	*Historical Cost	1,229,788		$ 114,260
	Accum. Depreciation	1,115,528	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$ 29,431
Moveable Equip Carry Forward Adj		29,431		
See Schedule				
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 515,475

* 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 Other Fixed Assets (Itemize)			$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Project Development	$ 7,861
Total Other Assets			$ 7,861

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)			$ -

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Reha	2025C	9/30/2020	32	37

Account				Amount
			Total Brought Forward:	$ 1,368,332
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				$ (2,360)
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$ 26,836
5. Investments Related to Resident Care (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$ 700,162
Name and Address	Amount	Loan Date		
Related Party Note	700,162			
7. Other Assets (*itemize*)				$ 21,030
Deposit IRS		10,514		
Deferred Finance Fees		2,655		
See Schedule		7,861		
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ 745,668
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 2,114,000

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitati	2025C	9/30/2020	33	37

Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				$ 481,080
2. Notes Payable (*itemize*)				$ 2,538,802
Loans	2,538,802			
See Schedule				
3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 258,445
5. Accrued Payroll (*Owners and/or Stockholders only*)				$
6. Accrued Payroll Taxes Payable				$ 177,436
7. Medicare Final Settlement Payable				$
8. Medicare Current Financing Payable				$
9. Mortgage Payable (*Current Portion*)				$
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)				$
11. Accrued Income Taxes*				$
12. Other Current Liabilities (*itemize*)				$ 692,250
Acc'd Operating Expenses	82,049			
Provider Taxes Due	629,970			
Acc'd Health Insurance	(19,769)			
	See Schedule			
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)				$ 4,148,013

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilita	2025C	9/30/2020	34	37

Account	Amount
Total Brought Forward:	4,148,013
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$ 1,228,576

Name and Address of Lender	Amount	Loan Date
Mckesson	(207,260)	
Due to Partnership	1,435,836	

4. Other Long-Term Liabilities (*itemize*)	$
See Schedule	
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)	$ 1,228,576
C. ***Total All Liabilities*** (Lines A-13 + B-5)	$ 5,376,589

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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 Reha	2025C	9/30/2020	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 (*Equity)*	$
	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	$ (2,642,697)
	6. Gain or Loss for Period 10/1/2019 thru 9/30/2020	$ (619,892)
	7. Total Net Worth	$ (3,262,589)
C.	***Total Reserves and Net Worth***	$ (3,262,589)
D.	***Total Liabilities, Reserves, and Net Worth***	$ 2,114,000

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehab	2025C	9/30/2020	36	37

Account				Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2019			$ (2,514,016)
B.	Total Revenue (*From Statement of Revenue Page 30*)			$ 10,817,135
C.	Total Expenditures (*From Statement of Expenditures Page 27*)			$ 11,437,027
D.	Net Income or Deficit			$ (619,892)
E.	Balance			$ (3,133,908)
F.	Additions			
	1. Additional Capital Contributed (*itemize*)			
	Health Insurance		(147,480)	
	Prior Year User Fee Adj		18,799	
	2. Other (*itemize*)			
F-3.	Total Additions			$ (128,681)
G.	Deductions			
	1. Drawings of Owners/Operators/Partners (*Specify*)			$
	Name and Address (*No., City, State, Zip*)	Title	Amount	
	2. Other Withdrawings *(Specify)*			$
	Purpose		Amount	
	3. Total Deductions			$
H.	***Balance at End of Period***	09/30/20		$ (3,262,589)

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I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and	2025C	9/30/2020	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed

Printed Name of Preparer
Athena Health Care Associates, Inc

Addres Address	Phone Number
135 South Road, Farmington, CT 06032	860-751-3900

Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number
Kasie Lester	860-751-3900

Contact Email Address
klester@athenahealthcare.com