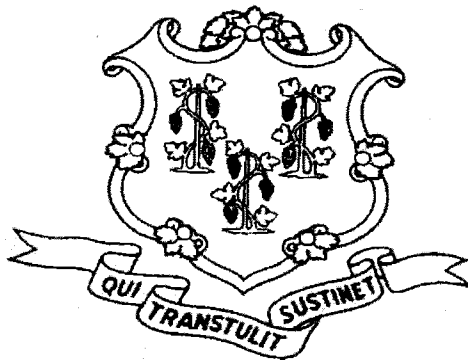


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Brookview Corporation d/b/a West Hartford Health & Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 130 Loomis Drive, West Hartford, CT 06107	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 1057	RHNS	(Specify)	Medicare Provider 07-5278
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 000009738	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)	License No.	Report for Year Ended	Page	of
Brookview Corporation d/b/a West Hartford Health &	1057	9/30/2018	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 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 Brookview Corporation d/b/a West Hartford Health & Rehabilitation Center [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Theresa Sanderson			Printed Name (Owner) Leonard Schwartz		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Brookview Corporation d/b/a West Hartford Health & Rehabilitation Center		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 130 Loomis Drive, West Hartford, CT 06107				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 10/23/2018	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-521-8700		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Brookview Corporation d/b/a West Hartford Health & Rehabil		Address (No. & Street, City, State, Zip) 130 Loomis Drive, West Hartford, CT 06107		
License Numbers:	CCNH 1057	RHNS (Specify)	Medicare Provider No. 07-5278	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
N/A				
<b>Administrator</b>				
Name of Administrator Theresa Sanderson		Nursing Home Administrator's License No.:	001457	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
N/A				



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

Name of Facility Brookview Corporation d/b/a West Hartford I	License No. 1057	Report for Year Ended 9/30/2018	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	
Brookview Corporation	130 Loomis Drive, West Hartford, CT 06107		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Leonard Schwartz	130 Loomis Drive, West Hartford, CT 06107	Stockholder	100	
Freda Schwartz	130 Loomis Drive, West Hartford, CT 06107	Pres/ Secretary		
Russell Schwartz	130 Loomis Drive, West Hartford, CT 06107	VP/ Treasurer		
Names of Stockholders Owning at Least 10% of Shares				
Leonard Schwartz	130 Loomis Drive, West Hartford, CT 06107	Stockholder	100	

## General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Brookview Corporation d/b/a West Hartford Health	1057	9/30/2018	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 Brookview Corporation d/b/a West Hartford Health &		License No. 1057	Report for Year Ended 9/30/2018			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> 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	%**				
Russell Schwartz	130 Loomis Drive, West Hartford, CT 06107	<input type="radio"/>	<input checked="" type="radio"/>		Administrative Support	Pg 16 / Line M11	185,167	185,167
Brookview Manor Associates, LLC	130 Loomis Drive, West Hartford, CT 06107	<input type="radio"/>	<input checked="" type="radio"/>		Depreciation (Non-movable Equipment)	Pg 22 / Line 7c	7,095	7,095
Brookview Manor Associates, LLC	130 Loomis Drive, West Hartford, CT 06107	<input type="radio"/>	<input checked="" type="radio"/>		Depreciation (Movable Equipment)	Pg 22 / Line 7d	48,616	48,616
Brookview Manor Associates, LLC	130 Loomis Drive, West Hartford, CT 06107	<input type="radio"/>	<input checked="" type="radio"/>		Depreciation (Leasehold Equipment)	Pg 22 / Line 8c	87,337	87,337
Brookview Manor Associates, LLC	130 Loomis Drive, West Hartford, CT 06107	<input type="radio"/>	<input checked="" type="radio"/>		Mortgage Amortization	Pg 22 / Line 8b		
Leonard Schwartz	130 Loomis Drive, West Hartford, CT 06107	<input type="radio"/>	<input checked="" type="radio"/>		Salary (Distributions)	Pg. 36 / Line G1		
Brookview Manor Associates, LLC	130 Loomis Drive, West Hartford, CT 06107	<input type="radio"/>	<input checked="" type="radio"/>		Rental of Real Property	Various see attached	664,372	664,372
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

**West Hartford Healthcare  
 Reconciliation of Related Party Rent  
 September 30, 2018**

	<b>Cost Reported</b>	<b>Actual Cost to Provider</b>	<b>Page on Cost Report</b>	<b>Line on Page</b>
<b>Portion Related to Real Estate Taxes</b>	186,755	186,755	22	10b
<b>Portion Related to Pers. Prop. Taxes</b>	7,134	7,134	22	10c
<b>Portion Related to Insurance</b>	86,209	86,209	27	14a
<b>Portion Related to Mortgage Insurance</b>	34,385	34,385	22	9
<b>Actual Rent per Cost Report</b>	<u>349,889</u>	<u>349,889</u>	22	9
<b>Total</b>	<u><b>664,372</b></u>	<u><b>664,372</b></u>		

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Brookview Corporation d/b/a West Hartford He	License No. 1057	Report for Year Ended 9/30/2018	Page 5	of 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 ( <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? <input checked="" type="radio"/> Yes <input type="radio"/> 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.				
The facility allocates the cost of the Director of Operations (Russell Schwartz) salary and shared insurances based upon beds. This split represents 57% being allocated to West Hartford Health Care and 43% to Avon Convalescent Home.				
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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
N/A				

### 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	
Brookview Corporation d/b/a West Hartford Health & Rehabil			1057	9/30/2018			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							
CIT Tech, 4600 Touchton Road, Bldg 100, Suite 300 Jacksonville, FL 32099	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/27/15	63 Months	17,907		17,907	
Neopost New England, 3 Metals Drive, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	07/22/15	63 Months	1,409		1,409	
	<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	<b>Total ***</b>	19,316

\* 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 Brookview Corporation d/b/a West	License No. 1057	Report for Year Ended 9/30/2018	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    If "No," explain.  
 No

N/A

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511
2 Cohen Reznik	180 Glastonbury Blvd, Glastonbury, CT 06033
3 Cornerstone Accounting	1947 Indian Valley Post Office Road, Nw Indian Valley, VA 24105
4	

Services Provided by This Firm (*describe fully*)

1 Financial statement review, 401k audit, HUD audit, and Cost Report preparation	\$ 21,732
2 Tax Returns	\$ 20,900
3 Monthly close, profit and loss (Disallowed on Pg 28 as it relates to PY)	\$ 1,300
4	\$
	<b>Charge for Services Provided</b>
	\$ 43,932

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

Yes     No    Page 15, Line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Jackson Lewis	914-328-0404
2 Murtha Cullina Richter	860-240-6000
3 Shipman, Sosensky	860-606-1700
4 SB2	717-585-7186
5 Various	Various

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

- 1 One North Broadway, White Plains, NY 10601
- 2 185 Asylum Street, Hartford, CT 06106-3469
- 3 20 Batterson Park Road, Farmington, CT 06032
- 4 1426 N 3rd Street, Suite 200, Harrisburg, PA 17102
- 5 Various

Services Provided by This Firm (*describe fully*)

1 Labor Attorney	\$ 14,436
2 General Matters & Collections (Disallowed \$9,740 on Pg 28)	\$ 16,489
3 Corporate Matters	\$ 3,587
4 Collections (Disallowed on Pg 28)	\$ 555
5 See Attachment Page 7a (Disallowed on Pg 28)	\$ 785
	<b>Charge for Services Provided</b>
	\$ 35,852

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

Yes     No    Page 15, Line 1e

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Brookview Corporation d/b/a West Hartford Health		License No. 1057	Report for Year Ended 9/30/2018	Page 7a	of 37
<b>Legal Services Information</b>					
Name of Legal Firm or Independent Attorney			Telephone Number		
1	Lawrence Cohen		N/A		
2	Treasurer State of CT		860-702-3000		
3	Robert Haber		N/A		
4					
5					
Address ( <i>No. &amp; Street, City, State, Zip Code</i> )					
1	N/A				
2	55 Elm Street Ste 3, Hartford, CT 06106				
3	N/A				
4					
5					
Services Provided by This Firm ( <i>describe fully</i> )					
1	Collections (Disallowed on Pg 28)			\$	500
2	Conservator Fee (Disallowed on Pg 28)				225
3	Marshall Fee (Disallowed on Pg 28)				60
4					
5					
				Charge for Services Provided	
				\$	785
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.					
<input checked="" type="radio"/> Yes		<input type="radio"/> No		Page 15, Line 1e	

**Schedule of Resident Statistics**

Name of Facility Brookview Corporation d/b/a West Hartford Health & Rehabilitation Ce				License No. 1057		Report for Year Ended 9/30/2018			Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	160	160			160	160			160	160			
B. On last day of THIS report period	160	160			160	160			160	160			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	146	146			146	146			140	140			
B. As of midnight of THIS report period	129	129			140	140			129	129			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,891	3,891			2,905	2,905			986	986			
B. Medicaid (Conn.)	39,729	39,729			29,726	29,726			10,003	10,003			
C. Medicaid (other states)													
D. Private Pay	3,716	3,716			2,758	2,758			958	958			
E. State SSI for RCH													
F. Other (Specify) Managed Care / Commercial / H	2,689	2,689			2,074	2,074			615	615			
G. Total Care Days During Period (3A thru F)	50,025	50,025			37,463	37,463			12,562	12,562			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. <b>Total Resident Days (3G + 4A + 4B)</b>	50,025	50,025			37,463	37,463			12,562	12,562			

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

Name of Facility Brookview Corporation d/b/a West Hartford	License No. 1057	Report for Year Ended 9/30/2018	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	9	107		13				
Per Diem Rate								
a. One bed rm.	Various	245.50		500.00				
b. Two bed rms.	Various	245.50		480.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,842	2,842		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	904	904		
2. Restorative Treatments				
C. Other	11,574	11,574		
D. Total Physical Therapy Treatments	15,320	15,320		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	815	815		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	180	180		
2. Restorative Treatments				
C. Other	1,488	1,488		
D. Total Speech Therapy Treatments	2,483	2,483		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	4,782	4,782		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,547	1,547		
2. Restorative Treatments				
C. Other	13,030	13,030		
D. Total Occupational Therapy Treatments	19,359	19,359		



**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
Brookview Corporation d/b/a West Hartford Health & Rehabil	1057	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	157,955	2,133				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	312,326	12,567				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	517,109	27,713				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	70,656	2,183				
b. Other Maintenance Workers	62,575	2,159				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
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	215,566	4,435				
b. RN						
1. Direct Care	642,713	16,358				
2. Administrative**	467,947	13,627				
c. LPN						
1. Direct Care	1,656,620	51,813				
2. Administrative**						
d. Aides and Attendants	2,283,421	131,684				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	166,513	7,626				
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	215,866	7,937				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures	6,769,267	280,235				

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

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

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

**Schedule of Other Salaries and Wages (Page 10)**

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility			License No.	Report for Year Ended			Page	of		
Brookview Corporation d/b/a West Hartford Health & Rehabilitation			1057	9/30/2018			11	37		
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
Leonard Schwartz					President			Avon Convalescent, 652 West Avon RD, Avon, CT	See C/R	
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)		License No.		Report for Year Ended			Page	of		
Brookview Corporation d/b/a West Hartford Health & Rehabilitation C		1057		9/30/2018			12	37		
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Theresa Sanderson	157,955			Non-Discrim	Administrator	2,133	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Brookview Corporation d/b/a West Hartford Health	1057	9/30/2018	13	37		
	<b>Total Cost and Hours</b>					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	80,170	1,261				
2. Dentist	7,803	151				
3. Pharmacist	11,148	192				
4. Podiatrist	130	1				
5. Physical Therapy						
a. Resident Care	267,386	4,531				
b. Other	3,364	Supplies				
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	48,000	312				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Resp Ther, Nrsng Con, Psychiatrist	28,478	2,014				
9. Speech Therapist						
a. Resident Care	86,464	1,423				
b. Other						
10. Occupational Therapist						
a. Resident Care	344,454	5,407				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	3,139	39				
2. Administrative***						
b. LPN						
1. Direct Care	3,127	67				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>883,663</b>	<b>15,398</b>				

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

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Brookview Corporation d/b/a West Hartford Health & R		1057	9/30/2018	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Healthcare Services, 3220 Tillman Drive, Bensalem, PA 19020	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Geri Dent, PO Box 290539, Wethersfield, CT, 06129-0539	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Value Rx, 54 Tuttle Place, Middletown, CT 06457	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Alliance Rehab of CT, 1520 Kensington Road, Suite 105, Oak Brook, IL 60523	Daily Therapy Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Gregory Walsh, 20 Isham Road, West Hartford, CT, 06107	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Raymond Chagnon, 490 Blue Hills Ave, Hartford, CT 06112	Sub-Acute Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
ProCaire, PO Box 801, Tolland, CT 06084	Bedside Evaluations (Resp. Therapist)	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
MassTex Imaging, 3 Electronic Ave, Suite 308, Danvers, CT 01923	Bedside Swallowing Studies	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Celtic Consulting, 507 East Main Street, Suite 308, Torrington, CT 06790	Nursing Department Consultants	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Stanley Rutstein, 850 Farmington Ave, West Hartford, CT 06119	Podiatrist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Valley Psych, 558 Hopmeadow St, Simsbury, CT, 06070	Consult Psychiatrist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
New England Personnel 1850 Silas Deane Hwy # 2, Rocky Hill, CT 06067	Nursing Department Consultants	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Access Capital, The Nurse Network, 405 Park Ave, New York, NY 10022	Contract RNs / LPNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Brookview Corporation d/b/a West Hartford Health	1057	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
<b>1. Administrative and General</b>				
<b>a. Employee Health &amp; Welfare Benefits</b>				
1. Workmen's Compensation	\$ 173,188	173,188		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 76,929	76,929		
4. Social Security (F.I.C.A.)	\$ 430,608	430,608		
5. Health Insurance	\$ 977,258	977,258		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 275,744	275,744		
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 31,611	31,611		
<b>b. Personal Retirement Plans, Pensions, and         Profit Sharing Plans for Owners and         Operators (Discriminatory)*</b>	\$			
<b>c. Bad Debts*</b>	\$ 206,408	206,408		
<b>d. Accounting and Auditing</b>	\$ 43,932	43,932		
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 35,852	35,852		
<b>f. Insurance on Lives of Owners and         Operators (<i>Specify</i>)*</b>	\$			
<b>g. Office Supplies</b>	\$ 22,364	22,364		
<b>h. Telephone and Cellular Phones</b>				
1. Telephone & Pagers	\$ 10,155	10,155		
2. Cellular Phones	\$ 1,834	1,834		
<b>i. Appraisal (<i>Specify purpose and         attach copy</i>)*</b>	\$			
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$			
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 3,245	3,245		
3. Resident Day User Fee	\$ 916,746	916,746		
<b>Subtotal</b>	\$ 3,205,874	3,205,874		

\* 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**

Brookview Corporation d/b/a West Hartford Health & Rehabilitation Center  
9/30/2018

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
	0		
Union Training Fund	\$ 25,529		
Union Dues	(5)		
New Hire Expense	4,310		
Employee Physicals / Medications	1,777		
<b>Total</b>	\$ 31,611	\$ -	\$ -

**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
	0		
Sales and Use Tax	\$ 3,245		
<b>Total</b>	\$ 3,245	\$ -	\$ -



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

Name of Facility	License No.	Report for Year Ended		Page	of
Brookview Corporation d/b/a West Hartford Health & H	1057	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	3,205,874	3,205,874			
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 11,254	11,254			
4. Employee Travel	\$ 5,237	5,237			
5. Education Expenses Related to Seminars and Conventions	\$ 18,930	18,930			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 1,670	1,670			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 43,947	43,947			
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	\$ 6,143	6,143			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 11,325	11,325			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 526	526			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 332,449	332,449			
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 15,136	15,136			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,652,491	3,652,491			

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

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
	0		
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
	0		
Promotional Advertising	\$ 43,947		
<b>Total Other Advertising</b>	<b>\$ 43,947</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
	0		
ACHCA	\$ 310		
Infection Control Nurses of CT	80		
CTAHCF	10,836		
AMDA	99		
<b>Total Dues</b>	<b>\$ 11,325</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
	0		
Donation Expense	\$ 526		
<b>Total Contributions</b>	<b>\$ 526</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
	0		
Licenses	\$ 2,218		
Late Fees & Fines	4,822		
Bank Charges	8,096		
<b>Total Other Administrative and General</b>	<b>\$ 15,136</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Brookview Corporation d/b/a West Hartfo	License No. 1057	Report for Year Ended 9/30/2018	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

\* 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
Brookview Corporation d/b/a West Hartford Health &		1057	9/30/2018		18	37
Item	Total	CCNH	RHNS	(Specify)		
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$ 400,982	400,982				
2. Non-Food Supplies	\$ 19,581	19,581				
3. Other (Specify) _____	\$					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 58,073	58,073				
c. Other (Specify) _____	\$					
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 478,636</b>	<b>478,636</b>				
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)		
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No				
I. Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.		\$390
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						Pg. 18 / Line 2a1
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.		
L. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.		
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.		
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.		
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Brookview Corporation d/b/a West Hartford Health & R	1057	9/30/2018	19	37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	12,269	12,269	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	344,827	344,827	
c. Other (Specify) Laundry Supplies	\$	10,761	10,761	
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	<b>367,857</b>	<b>367,857</b>	
<b>3F. Laundry Questionnaire</b>				
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
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 laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Brookview Corporation d/b/a West Hartford Hea		1057	9/30/2018		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.	\$	12,297	12,297		
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.	\$	532,591	532,591		
C. Other ( <i>Specify</i> )		\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>		\$	<b>544,888</b>	<b>544,888</b>		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from Value Rx, Mckesson, Value Pharmacy Services, Omnicare		\$	269,674	269,674		
b. Medicine Cabinet Drugs		\$	213,216	213,216		
c. Medical and Therapeutic Supplies		\$	74,383	74,383		
d. Ambulance/Limousine***		\$	6,321	6,321		
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	8,261	8,261		
f. X-rays and Related Radiological Procedures***		\$	7,825	7,825		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$				
h. Laboratory***		\$	20,879	20,879		
i. Recreation		\$	22,205	22,205		
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
l. Other ( <i>Specify</i> )**** See Attached Schedule		\$	147,721	147,721		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>		\$	<b>770,485</b>	<b>770,485</b>		

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

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

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

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

**Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
	0		
Therapy Equipment Rental	\$ 16,259		
IV Therapy Expense	14,175		
Supplies Patient Personal	4,620		
Nursing Equipment Rental	52,291		
Nursing Equipment Med A	5,315		
Medical Software Subscriptions	55,061		
<b>Total Other Resident Care</b>	<b>\$ 147,721</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Brookview Corporation d/b/a West Hartford Health & Rehabilitation Center				License No. 1057	Report for Year Ended 9/30/2018	Page of 21   37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Aegis Energy Service	PO Box 2511, Springfield, MA 01101	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Co-generation maintenance	22,928			16	m11
Saucier Mechanical S	148 Norton St, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>	N/A	HVAC	20,732			Var	Var
Avon Health Center	652 W Avon Road, Avon, CT 06001	<input checked="" type="radio"/>	<input type="radio"/>	Director of Operations - Russell Schwartz	Administrative Support	185,167			16	m11
TM Technology	60 High Hill Road, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	N/A	IT installation, maintenance and support	71,791			Var	Var
Matrix/SigmaCare/Ehealth	floor, New York, NY 10018	<input type="radio"/>	<input checked="" type="radio"/>	N/A	system maintenance and support	46,936			20	5l
Healthcare Services	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Housekeeping, Laundry and Dietary Services	1,417,346			var	var
Marsh & McLennan	344 West Main Street, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Health & Related Benefits Broker	22,800			15	1a5
Collaborative Lab Service	114 Woodland St, Hartford, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laboratory Services	22,667			20	5h
A/R Solutions	PO Box 592, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Accounts Receivable Consultant	16,638			16	m11
Paine's Recycling	P.O. Box 307, Simsbury, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Rubbish Removal	21,496			22	6f
Peter's Landscaping	806 Hillstown Rd, Manchester, CT 06040	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Groundskeeping	10,516			22	6f
Custom Exterior	Road, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Snow Removal	19,169			22	6f
Iron Mountain	PO Box 271128, New York, NY	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Records Storage and Destruction	12,220			Var	Var
See attachmnet for continued list		<input type="radio"/>	<input checked="" type="radio"/>		Var	76,391			Var	Var

\* 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).



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

Name of Facility Brookview Corporation d/b/a West Hartford Health & Rehabilitation Center		License No 1057-C		Report for Year Ended 9/30/2018		Page 21a	of 37			
Name of Individual or Company	Address	Related ** to		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Accelerated Care Plus	13828 Collections Center Drive, Chicago, IL 60693	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Therapy Equipment & Training	16,630			var	var
Imagine IT	P.O. Box 310629, Newington, CT 06131	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Website Design & Content	13,000			16	m3
Relias Learning	111 Corning Rd, Suite 250, Cary, NC 27518	<input type="radio"/>	<input checked="" type="radio"/>	N/A	On-line education software	12,051			16	L5
LTC Consulting Services	100 Boulevard of the Americas, Lakewood, NJ 08701	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Monthly Closing Financials	19,725			16	m11
Otis Elevator	PO Box 13716, Newark, NJ 07188-0716	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Elevator Maintenance	14,985			Var	Var

- \* 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
Brookview Corporation d/b/a West Hartford H	1057	9/30/2018		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 67,016	67,016			
b. Heat	\$ 77,272	77,272			
c. Light & Power	\$ 59,632	59,632			
d. Water	\$ 56,625	56,625			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 19,316	19,316			
f. Other ( <i>itemize</i> )	\$ 108,569	108,569			
See Attached Schedule					
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 388,430	388,430			
7. Depreciation ( <i>complete schedule page 23*</i> )					
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$ 11,803	11,803			
d. Movable Equipment	\$ 113,402	113,402			
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 125,205	125,205			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 159,595	159,595			
d. Other ( <i>Specify</i> )	\$				
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 159,595	159,595			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 384,274	384,274			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 186,755	186,755			
c. Personal property taxes	\$ 41,241	41,241			
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 897,070	897,070			

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

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
	0		
Groundskeeping	\$ 11,514		
Rubbish Removal	30,904		
Snow Removal	19,170		
Purchased Maintenance Contract	46,981		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 108,569</b>	<b>\$ -</b>	<b>\$ -</b>

### Depreciation Schedule

Name of Facility Brookview Corporation d/b/a West Hartford Health & Rehabilitation C				License No. 1057			Report for Year Ended 9/30/2018			Page 23	of 37		
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period				218,516		218,516	134,870	S/L	Various	11,803			
2. Disposals (attach schedule)				(17,360)		(17,360)	(17,360)	S/L	Various				
3. Acquired during this report period (attach schedule)													
C-4. Subtotal											11,803		
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	2,180,337		2,180,337	1,716,198	S/L	Various	104,576	
b. Disposals (attach schedule)				Var	Var	(713,838)		(713,838)	(713,838)	S/L	Various		
c. Acquired during this report period (attach schedule)				Var	Var	58,528		58,528		S/L	Various	8,826	
D-3. Subtotal													113,402
<b>E. Total Depreciation</b>													125,205

Brookview Corporation d/b/a West Hartford Health & Rehabilitation Center  
 9/30/2018

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
9/30/2005	Acquisitions -no description available	\$ (2,565)		
9/30/2005	Acquisitions -no description available	(2,986)		
9/30/2005	Acquisitions	(509)		
11/30/2005	Allegiant- Satellite Dish	(11,301)		
<b>Total deletions for Non-Movable Equipment</b>		\$ (17,360)		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/31/2017	3 drawer isolation cart	\$ 562	10	\$ 56
10/31/2017	wanderguards	659	5	132
10/31/2017	laptop, touch screen kiosk	2,443	3	814
11/30/2017	Hall chairs	2,984	15	199
11/30/2017	repair washer	9,990	10	999
12/31/2017	10 Comfortask chairs nurses station	1,560	10	156
12/31/2017	bariatric electric bed	1,065	15	71
12/31/2017	sit to stand rehab equip	8,635	5	1,727
12/31/2017	credits for above	(3,059)	5	(612)
12/31/2017	14 mattress extenders	560	5	112
1/31/2018	10 overbed tables	1,032	15	69
1/31/2018	Full sized refrigerator- bliss nourishment room	638	10	64
1/31/2018	600 lb lift digital scale	606	10	61
1/31/2018	snowblower	1,275	10	128
2/28/2018	2 kangaroo feeding pumps	1,687	10	169
3/31/2018	credit for kangaroo pumps	(602)	10	(60)
2/28/2018	2 span america bariatric mattress	1,091	5	218
3/31/2018	6 IV poles	964	5	193
3/31/2018	36 thermal pellets	904	5	181
3/31/2018	2 laptops (dns and bliss b)	1,563	3	521
4/30/2018	clinical liason laptop	788	3	263
4/30/2018	secure care 6 wanderguards	659	5	132
5/31/2018	admin laptop	2,424	3	808
7/31/2018	2 bariatric trapeze	2,146	5	429
8/31/2018	camel power lifting aide	2,006	5	401
8/31/2018	truck doors- 4	1,569	10	157
9/30/2018	sara stedy	1,569	10	157
9/30/2018	maxi move hoyer & scale	5,992	10	599
9/30/2018	maxi move hoyer & scale	5,992	10	599
9/30/2018	25 gallon capacity blender	827	10	83
<b>Total additions for Movable Equipment</b>		<b>\$ 58,528</b>		<b>\$ 8,826 *</b>
<b>Deletions:</b>				
Var	Disposals - No Description Available	\$ (448,474)		
11/30/2004	Mixer and Food process - disposed 10/1/17 robocoupe	(1,669)		
1/31/2005	Dryer Motor - disposed 10/1/17	(697)		
8/31/2005	Satellite TV	(4,190)		
5/31/2006	install computers	(731)		
10/19/2006	Maintenance - disposed 10/1/17	(719)		
12/31/2006	Server	(3,540)		
1/31/2007	Dish Disposal - disposed 10/1/17	(612)		
3/31/2007	Server	(807)		
3/31/2007	Computers	(26,461)		
3/31/2007	Computers	(410)		
6/30/2007	Computers	(1,141)		
7/31/2007	Computers	(4,146)		
8/31/2007	Computers	(829)		
9/30/2007	Computers	(3,234)		
10/31/2007	Computers	(2,425)		
10/31/2007	Medical Cart disposed 10/1/17	(2,228)		
11/30/2007	Computer Server	(5,438)		
12/31/2007	Computers	(3,266)		
12/31/2007	5 TV's - disposed 10/1/17	(948)		
1/1/2008	Computers	(1,583)		
1/3/2008	Window Treatments disposed 10/1/17	(586)		
3/11/2008	Mattress -disposed 10/1/17	(335)		
4/1/2008	Computers	(3,593)		
10/1/2008	Timeclock	(7,899)		
12/30/2008	2 Monitors	(4,471)		
1/1/2009	Server	(7,155)		
1/8/2009	10 Mattresses -disposed 10/1/17	(2,793)		
1/16/2009	3 Transmitters - disposed 10/1/17	(564)		
6/1/2009	Dell computer	(1,346)		
6/10/2009	Piano - diposed 10/1/17	(832)		

8/1/2009	3 Laptops & install	(9,255)		
10/1/2009	Computer Accessories	(1,015)		
2/10/2010	2 Computers- Admissions/Document off	(1,040)		
4/27/2010	6 Transmitters - disposed 10/1/17	(606)		
4/30/2010	2 Computers	(2,723)		
5/17/2010	1 Printer & Install	(814)		
6/30/2010	Laptop	(2,597)		
9/15/2010	Transmitters -disposed 10/1/17	(606)		
9/30/2010	2 HP Mini Notebooks	(1,701)		
3/21/2011	6 Transmitters - disposed 10/1/17	(634)		
7/31/2011	2 Mini Laptops - disposed 10/1/17	(1,434)		
8/18/2011	5 Transmitters -disposed 10/1/17	(507)		
11/2/2011	10 Nursing Station Chairs - disposed of 10 chairs 10/1/17	(1,239)		
1/5/2012	5 Transmitters -disposed 10/1/17	(508)		
3/30/2012	Computer - Recreation	(1,121)		
5/22/2012	6 Transmitters - disposed 10/1/17	(635)		
6/30/2012	Paging Server - disposed 10/1/17	(2,168)		
8/12/2012	4 Mini Computers Rehab	(1,762)		
8/31/2012	Computer - Bookkeeping	(1,947)		
8/31/2012	2 Spare Laptops	(729)		
9/30/2012	Rehab Mini Desktop	(1,455)		
9/30/2012	Tranquility HP NB 4530s	(728)		
1/23/2013	Fax Machine Kristen's office	(558)		
1/31/2014	WAP Harmony A/Bliss B	(3,035)		
10/5/2006	Office Furniture	(1,442)		
11/30/2006	Office Furniture	(619)		
11/30/2005	Walker	(706)		
11/30/2006	Medical Cart disposed 10/1/17	(4,414)		
11/30/2007	Lawn Equipment disposed 10/1/17	(2,522)		
1/7/2008	Procedure cart - disposed 10/1/17	(1,188)		
1/10/2008	Merry Walker - disposed 10/1/17	(795)		
2/14/2008	Merry Walker - disposed 10/1/17	(795)		
3/20/2008	3 Matts -disposed 10/1/17	(791)		
3/22/2008	Nursing Equipment - disposed 10/1/17	(740)		
3/31/2008	Mattress -disposed 10/1/17	(378)		
9/25/2008	2 Mattresses -disposed 10/1/17	(679)		
2/3/2009	8 Mattresses -disposed 10/1/17	(745)		
11/20/2009	5 Mattresses -disposed 10/1/17	(793)		
1/15/2010	Mattress -disposed 10/1/17	(996)		
11/11/2011	Trash Container -disposed 10/1/17	(617)		
12/8/2011	Microwave - disposed 10/1/17	(562)		
6/30/2012	Inf Control Laptop - disposed 10/1/17	(2,383)		
8/1/2012	Gluten Free Items -disposed 10/1/17	(586)		
9/14/2012	6 Transmitters - disposed 10/1/17	(635)		
1/24/2013	7 Transmitters/12 Chair Mats -disposed 10/1/17	(558)		
6/18/2013	2 Bedside Mats -disposed 10/1/17	(1,231)		
8/6/2013	2 Bedside Mats -disposed 10/1/17	(1,305)		
11/25/2013	2 Swival Oversized Chairs TranQ 1 chair disposed 10/1/17	(522)		
7/31/2010	Software "Previously reported-item exempt from taxation, not included in current year's return"	(73,349)		
3/1/2011	Care Plan Library "Previously reported-item exempt from taxation, not included in current year's return"	(1,961)		
8/2/2011	eMar/eTar Software "Previously reported-item exempt from taxation, not included in current year's return"	(13,510)		
8/2/2011	eMar/eTar Software Interface "Previously reported-item exempt from taxation, not included in current year's return"	(727)		
10/9/2012	EMR Software "Previously reported-item exempt from taxation, not included in current year's return"	(16,352)		
<b>Total deletions for Movable Equipment</b>		<b>\$ (713,838)</b>		<b>\$ - **</b>

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/31/2017	2 barrel type sprinklers in coolers	\$ 1,619	15	\$ 108
1/31/2018	replace actuator on 2 way valve in pt office	1,591	10	159
1/31/2018	replace stat in pt ahu	677	10	68
1/31/2018	monthly bill for lighting project	62,999	20	3,150
3/31/2018	replace door gasket, thermometer and door heater on walk in cooler	1,014	3	338
7/31/2018	thermostat replacement for walk in cooler	715	10	72
7/31/2018	Harmony dining room glass replacement	1,111	10	111

8/31/2018	hot water project	914	10	91
8/31/2018	front door automatic opener	2,024	10	202
9/30/2018	Elevator Door Optiguard (Infrared Light Curtain)	5,849	15	390
3/31/2018	4 pairs metal smoke doors	6,146	20	307
3/31/2018	Insulated glass replacement	14,475	20	724
6/30/2018	Replacement of 2-325 Gallon Hot water tanks	34,775	20	1,739
9/30/2018	New Electronic Mixing Valves	11,125	20	556
<b>Total additions for Leasehold Improvement</b>		<b>\$ 145,035</b>		<b>\$ 8,015 *</b>
<b>Deletions:</b>				
Various	Disposals - No description Available	<b>\$ (485,790)</b>		
9/30/1997	ICU Units - disposed 10/1/17	(3,053)		
9/30/1994	Refinish Lobby Furniture disposed 10/1/17	(863)		
9/30/1994	Computer disposed 10/1/17	(4,336)		
9/30/1994	Loveseats disposed 10/1/17	(1,236)		
9/30/2000	TELEPHONE-KEY, PORT, CORDLESS -disp 10/1/17	(3,987)		
9/30/1994	Carpet disposed 10/1/17	(3,300)		
9/30/1995	Hot Water Heating Booster-for Dietary dishwasher disposed 10/1/17	(1,391)		
9/30/1997	Telephone System disposed 10/1/17	(3,830)		
9/30/1997	Telephone System disposed 10/1/17	(1,980)		
9/30/1999	telephone system Disposed 10/1/17	(3,003)		
9/30/1999	Compressor and Crankcase Heater Disposed 10/1/17	(1,945)		
9/30/2000	Vertical window blinds Disposed 10/1/17	(10,982)		
9/30/2002	Block Heater, Battery Charger, Emergency Standby disposed 10/1/17	(1,406)		
9/30/2005	Generator --disposed 10/1/17	(30,000)		
4/30/2010	Rebuild on 55lb Washer - disposed 10/1/17	(1,099)		
<b>Total deletions for Leasehold Improvement</b>		<b>\$ (558,203)</b>		<b>\$ **</b>

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2



## Amortization Schedule\*

Name of Facility			License No.		Report for Year Ended			Page	of
Brookview Corporation d/b/a West Hartford Health & Rehab			1057		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	Var	Var	Various	3,738,467	2,574,189	S/L	Var	151,580	
2. Disposals (attach schedule)	Var	Var	Various	(558,203)	(558,203)	S/L	Var		
3. Acquired during this report period (attach schedule)	Var	Var	Various	145,035		S/L	Var	8,015	
C-4. Subtotal									159,595
<b>D. Total Amortization</b>									159,595

\* 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.

**WEST HARTFORD HEATH AND REHAB CENTER**  
**DEPRECIATION SCHEDULES**  
September 30, 2018

Description	Date of Acquisitions	Historical Cost	Useful Life (in years)	2017 Acc. Dep	2018 Depreciaton	2018 Acc. Dep	Net Book Value
<b>MOVABLE EQUIPMENT - VEHICLE</b>							
Acquisitions	7/1/2001	\$ 24,645	5	\$ 24,645	\$ -	\$ 24,645	-
2010 Disposals		(24,645)		(24,645)	-	(24,645)	-
<b>Grand Total</b>		<b>\$ -</b>					

<b>LEASEHOLD IMPROVMENTS</b>							
Prior Years Totals		\$1,789,153		\$ 1,480,831	\$ 38,986	\$ 1,519,817	\$ 269,336
GENERATOR REPLACEMENT	11/30/06	\$ 2,650	20	\$ 1,395	\$ 133	\$ 1,528	1,123
GENERATOR REPLACEMENT	11/30/06	8,331	20	4,377	417	4,794	3,537
RENOVATE 2 BATHROOMS	11/30/06	10,000	20	5,250	500	5,750	4,250
RENOVATE 2 BATHROOMS	11/30/06	10,000	20	5,250	500	5,750	4,250
RENOVATE 2 BATHROOMS	10/30/06	8,000	20	4,200	400	4,600	3,400
RENOVATE 2 BATHROOMS	11/1/06	7,200	20	3,780	360	4,140	3,060
ELEVATOR ELECTRICAL	11/30/06	2,353	20	1,237	118	1,355	998
ELEVATOR ELECTRICAL	11/30/06	2,353	20	1,237	118	1,355	998
ELEVATOR ELECTRICAL	11/30/06	2,353	20	1,237	118	1,355	998
ELEVATOR ELECTRICAL	11/30/06	2,352	20	1,237	118	1,355	997
ELECTRICAL WORK	11/30/06	614	20	324	31	355	258
ELECTRICAL WORK	11/30/06	204	20	106	10	116	88
ELECTRICAL WORK	11/30/06	548	20	285	27	312	235
ELECTRICAL WORK	11/30/06	274	20	178	14	192	82
WLLPAREK & PAINT ON UNITS	11/30/06	11,288	10	11,288	-	11,288	-
ELEVATOR MECHANICAL	12/31/06	8,340	10	8,340	-	8,340	-
AIR CONDITIONING	1/31/07	1,072	10	1,072	-	1,072	-
ELECTRICAL WORK	1/31/07	53,000	10	53,000	-	53,000	-
ELECTRICAL WORK	1/31/07	3,392	10	3,392	-	3,392	-
ELECTRICAL WORK	1/31/07	825	20	438	41	479	346
ALARM SYSTEM	1/31/07	1,557	20	819	78	897	661
WATERPROOFING ELEVATOR PIT	1/31/07	1,476	20	776	74	850	626
WATERPROOFING ELEVATOR PIT	1/31/07	1,476	20	776	74	850	626
ELECTRICAL WORK	2/28/07	734	10	734	-	734	-
AIR CONDITIONING	3/31/07	1,670	10	1,670	-	1,670	-
BATHROOM RENOVATIONS	3/31/07	1,865	10	1,865	-	1,865	-
ELEVATOR ELECTRICAL	3/31/07	545	10	545	-	545	-
HANDRAILS	3/31/07	2,717	10	2,717	-	2,717	-
HANDRAILS	3/31/07	2,717	10	2,717	-	2,717	-
FIRE ALARM SYSTEM	3/31/07	1,116	10	1,116	-	1,116	-
FIRE ALARM SYSTEM	3/31/07	2,154	10	2,154	-	2,154	-
MISCELLANEOUS SIGNAGE	3/31/07	2,230	10	2,230	-	2,230	-
FRONT DOOR AWNING	4/30/07	950	10	950	-	950	-
FRONT DOOR AWNING	4/30/07	1,000	10	1,000	-	1,000	-
WATERPROOFING ELEVATOR PIT	4/30/07	1,267	10	1,267	-	1,267	-
WATERPROOFING ELEVATOR PIT	4/30/07	1,267	10	1,267	-	1,267	-
WATERPROOFING ELEVATOR PIT	4/30/07	1,267	10	1,267	-	1,267	-
AIR CONDITIONING	5/31/07	9,816	10	9,816	-	9,816	-
RENOVATE 2 BATHROOMS	5/31/07	7,970	10	7,970	-	7,970	-
RENOVATE 2 BATHROOMS	5/31/07	5,781	10	5,781	-	5,781	-
HANDRAILS	5/31/07	310	10	310	-	310	-
HANDRAILS	5/31/07	282	10	282	-	282	-
AIR CONDITIONING	5/31/07	3,003	10	3,003	-	3,003	-
AIR CONDITIONING	5/31/07	3,003	10	3,003	-	3,003	-
AIR CONDITIONING	5/31/07	3,003	10	3,003	-	3,003	-
LOBY CARPET	6/30/07	2,300	10	2,185	115	2,300	-
REPLACE 15 INTERIOR DOORS	6/30/07	4,756	10	4,756	-	4,756	-
LOBY CARPET	8/30/07	2,759	10	2,759	-	2,759	-
<b>2007 TOTALS</b>		<b>\$ 204,136</b>		<b>\$ 174,358</b>	<b>\$ 3,246</b>	<b>\$ 177,604</b>	<b>26,532</b>
<b>2007 AND PRIOR YEARS TOTALS</b>		<b>\$ 1,993,289</b>		<b>\$ 1,655,189</b>	<b>\$ 42,232</b>	<b>\$ 1,697,421</b>	<b>295,868</b>

<b>2008 Additions</b>							
ELECTRIC WORK	10/31/07	\$ 601	20	\$ 300	30	330	271
AIR CONDITIONER	11/30/07	5,000	10	4,790	210	5,000	-
REPLACE WINDOW GLASS	12/31/07	578	10	529	49	578	(0)
PAINTING	1/31/08	12,000	5	12,000	-	12,000	-
ELECTRIC WORK	2/29/08	659	20	275	33	308	351
ELECTRIC WORK	3/31/08	557	20	219	28	247	310
STAIR WELLS	5/30/08	645	15	305	43	348	297
EXHAUST FAN ON ROOF	5/30/08	2,491	10	1,765	249	2,014	477
CONDENSOR FAN MOTER	6/30/08	951	10	635	95	730	221
STAIR TREADS	7/2/08	3,055	5	3,055	-	3,055	-
RANGE GUARD CONTROL	7/24/08	1,466	20	456	73	529	936
ELEC FOR EXHAUST FAN	7/30/08	991	20	308	50	358	633
BEARING ON HOOD EXH FAN	7/1/08	4,546	20	1,421	227	1,648	2,898
STAIRS TREADS	8/21/08	572	5	572	-	572	-
90 DUAL ALARM JACKS	9/19/08	8,014	20	2,169	401	2,570	5,444
LINE EXHAUST AIR FAN	9/24/08	5,038	20	1,365	252	1,617	3,421
2008 Adjustment		1,212		-	-	-	1,212
<b>2008 TOTALS</b>		<b>\$ 48,375</b>		<b>\$ 30,166</b>	<b>\$ 1,740</b>	<b>\$ 31,906</b>	<b>16,470</b>

<b>2009 Additions</b>							
Recept Glass Enclosure	10/2/2008	\$ 1,749	10	\$ 1,574	175	1,749	(0)
Back Door DE Panel	12/31/2008	738	10	664	74	738	(0)
Lighting	1/31/2009	60,333	15	36,200	4,022	40,222	20,112
Electrical Work	2/27/2009	1,829	20	823	91	914	915
Repairs to Freezer	2/25/2009	684	10	615	68	683	1
Cogeneration System	3/1/2009	171,428	20	77,142	8,571	85,713	85,715
Security System	3/26/2009	21,134	5	21,134	-	21,134	-
Tranquility Room Closet & Wall	3/6/2009	2,800	15	1,680	187	1,867	933
Septic Floats	4/14/2009	873	15	524	58	582	292
Shower Valves	4/2/2009	560	10	504	56	560	(0)
10 light Remote Annunciator	5/12/2009	2,293	20	1,032	115	1,147	1,146
Kitchen Freezer Work	5/1/2009	586	10	528	58	586	0
Security System	5/29/2009	5,939	5	5,939	-	5,939	-
Elect for Generator Panel	5/29/2009	1,307	20	588	65	653	654
Painting	5/8/2009	1,000	5	1,000	-	1,000	-
Linsys Wiring	6/17/2009	5,793	5	5,793	-	5,793	-
Cable Install Basement	6/1/2009	1,325	5	1,325	-	1,325	-

**WEST HARTFORD HEALTH AND REHAB CENTER**  
**DEPRECIATION SCHEDULES**  
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Description	Date of Acquisitions	Historical Cost	Useful Life (in years)	2017 Acc. Dep	2018 Depreciation	2018 Acc. Dep	Net Book Value
Handrail Caps	6/18/2009	1,498	15	899	100	999	499
Programmable Thermostat	6/23/2009	3,850	10	3,465	385	3,850	-
Permit Fees Cogen System	6/22/2009	2,231	15	1,339	149	1,488	743
Roof top AC Electrical Work	6/30/2009	3,117	20	1,403	156	1,559	1,558
Exterior Lighting	6/30/2009	5,798	10	5,219	580	5,799	(0)
Paint Resident Rooms & Bathroom	7/1/2009	17,000	5	17,000	-	17,000	-
Wiring	7/1/2009	15,232	5	15,232	-	15,232	-
41 Signs	7/9/2009	1,420	5	1,420	-	1,420	-
Misc	7/9/2009	5,000	15	3,012	333	3,345	1,655
		2,674			-	-	2,674
<b>2009 TOTAL</b>		<b>\$ 338,192</b>		<b>\$ 206,054</b>	<b>\$ 15,243</b>	<b>\$ 221,297</b>	<b>\$ 116,896</b>
<b>2010 Additions</b>							
Bead board for Tranq Lounge	12/8/2009	\$ 635	5	\$ 635	\$ -	635	-
Paint Resident Rooms & Bathrooms	12/18/2009	5,052	5	5,052	-	5,052	-
Walk in Freezer Work	1/29/2010	4,329	10	3,463	433	3,896	433
Ceiling Tiles	2/1/2010	787	10	630	79	709	78
Steamer Part in Kitchen	2/18/2010	958	10	767	96	863	95
Glass in Tranq Wing	3/5/2010	1,200	10	960	120	1,080	120
Keypad Entry Lock	4/23/2010	597	10	478	60	538	59
Rebuild on 55lb Washer	4/30/2010	1,099	10	879	110	989	110
Kitchen Exhaust Hood Exten	5/5/2010	827	20	330	41	371	456
Economizer Actuator & Control Compressor #6	5/12/2010	1,090	10	872	109	981	109
5 Motors for Exhaust Fans	5/17/2010	3,415	15	1,822	228	2,050	1,365
Gas Pipe New Dryer	5/24/2010	1,736	10	1,389	174	1,563	173
Require Washers & Dryer	6/3/2010	1,268	20	507	63	570	698
2 Linen Chute Doors	6/30/2010	3,323	20	1,329	166	1,495	1,828
Copier Outlet Upgrade	7/28/2010	1,261	5	1,261	-	1,261	-
Misc Interior Painting	8/31/2010	600	20	240	30	270	330
Drain Pan for AC in MDS	8/23/2010	3,275	5	3,275	-	3,275	-
Chopper Pump for Sewer Duct Work	8/1/2010	1,706	10	1,365	171	1,536	170
	8/6/2010	2,262	5	2,262	-	2,262	-
	9/1/2010	1,349	20	539	67	606	743
<b>2010 TOTAL</b>		<b>\$ 36,768</b>		<b>\$ 28,055</b>	<b>\$ 1,947</b>	<b>\$ 30,002</b>	<b>\$ 6,766</b>
<b>2011 Additions</b>							
Elevator Exhaust Fan	12/6/2010	918	20	\$ 321	46	367	551
Move Phones Rehab Renov	12/6/2010	1,183	20	414	59	473	710
Electrical Work - Basement	12/30/2010	1,676	20	587	84	671	1,005
Door Access	4/18/2011	1,531	10	1,072	153	1,225	307
New Hot Water Line	4/20/2011	2,014	25	564	81	645	1,369
Employee Entrance Door	9/19/2011	4,951	10	3,466	495	3,961	991
<b>2011 TOTAL</b>		<b>\$ 12,274</b>		<b>\$ 6,424</b>	<b>\$ 918</b>	<b>\$ 7,342</b>	<b>\$ 4,932</b>
<b>2012 Additions</b>							
Keypad Entry Lock Amb Entr	12/5/2011	820	10	\$ 492	82	574	246
Exterior Lighting Bollard Base	12/23/2011	886	10	532	89	621	265
Elevator Emergency Light Units	3/19/2012	1,759	10	1,056	176	1,232	528
Domestic Hot Water Pump	4/17/2012	978	10	587	98	685	293
Pulleys & Contractors	4/20/2012	1,780	10	1,068	178	1,246	534
Motors & Switches Exhaust Fan	4/23/2012	2,375	10	1,426	238	1,664	712
3 Way Valve for Cogen Sys	5/17/2012	589	3	589	-	589	-
Outlets for Kiosks	9/27/2012	3,983	10	2,390	398	2,788	1,196
<b>2012 TOTAL</b>		<b>\$ 13,170</b>		<b>\$ 8,139</b>	<b>\$ 1,259</b>	<b>\$ 9,398</b>	<b>\$ 3,773</b>
<b>2013 Additions</b>							
Acrosvn Dining Room	10/31/2012	\$ 606	10	\$ 303	61	364	242
Sinks for Nourishment Rm	10/1/2012	990	20	247	49	296	694
Digital Card for Phone System	11/29/2012	812	5	812	-	812	0
New Service for Holding Oven	4/17/2013	1,193	20	299	60	359	835
Aluminum Strips to stabilize W1 Cooler	5/16/2013	1,050	3	1,750	(700)	1,050	-
Rewire to 220v	5/29/2013	1,059	20	265	53	318	741
Vacuum Breaker	5/30/2013	675	20	169	34	203	472
Replace Exhaust Fans	6/21/2013	2,045	20	511	102	613	1,432
Replace Motor/control Board Heat Zone	7/3/2013	1,253	10	626	125	751	502
Hands Free Faucet	7/26/2013	1,714	20	429	86	515	1,199
Replace Light Pole & Fixture	9/30/2013	2,504	10	1,252	250	1,502	1,003
<b>2013 Total</b>		<b>\$ 13,902</b>	<b>\$ 158</b>	<b>\$ 6,662</b>	<b>\$ 120</b>	<b>\$ 6,782</b>	<b>\$ 7,119</b>
<b>2013 Disposals</b>							
Lobby Carpet	6/30/2007	\$ (2,300)	10	\$ (2,300)	\$ -	(2,300)	-
<b>2013 Total</b>		<b>\$ (2,300)</b>		<b>\$ (2,300)</b>	<b>\$ -</b>	<b>\$ (2,300)</b>	<b>-</b>
<b>2014 Additions</b>							
Restripe & fill cracks	10/18/2013	\$ 1,755	2	\$ 2,632	\$ (877)	1,755	-
Replace Compressor AC #4	1/30/2014	915	15	244	61	305	610
Kitchen Circulator in Boiler Room	6/3/2014	945	15	252	63	315	630
Parking Lot Repair	7/31/2014	1,595	8	797	199	996	599
3 New Fan Control Switches	8/4/2014	1,413	10	565	141	706	707
Lint Tilt Trap on Roof	8/25/2014	670	7	383	96	479	191
<b>2014 Total</b>		<b>\$ 7,293</b>		<b>\$ 4,873</b>	<b>\$ (317)</b>	<b>\$ 4,556</b>	<b>\$ 2,737</b>
<b>2015 Additions</b>							
Remote Stop for Generator	10/1/2014	\$ 1,339	15	\$ 267	89	356	983
Repair 2 back flow preventors	3/17/2015	1,784	10	534	178	712	1,072
Resident Toilets	3/23/2015	1,005	20	150	50	200	805
Shower Drains	6/30/2015	1,679	20	252	84	336	1,343
Resident Toilets	6/4/2015	1,249	20	186	62	248	1,001
Bathcare Project	7/15/2015	2,139	20	321	107	428	1,711
Dogwood Tree	7/15/2015	600	20	90	30	120	480
Bathcare Project 1st Floor	8/19/2015	1,486	20	222	74	296	1,190

**WEST HARTFORD HEATH AND REHAB CENTER  
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Description	Date of Acquisitions	Historical Cost	Useful Life (in years)	2017 Acc. Dep	2018 Depreciation	2018 Acc. Dep	Net Book Value
<b>2015 Total</b>		<b>\$ 11,282</b>		<b>\$ 2,024</b>	<b>\$ 674</b>	<b>\$ 2,698</b>	<b>\$ 8,585</b>
<b>2016 Additions</b>							
Bearing Assembly	4/12/2016	\$ 1,315	20	\$ 132	66	198	1,117
Kitchen Combustion Fan Module	6/9/2016	2,364	20	236	118	354	2,010
Bliss A/C Condenser #3 payment 1 of 2	7/8/2016	1,375	20	138	69	207	1,168
Bliss A/C Condenser #3 payment 2 of 2	7/12/2016	1,680	20	168	84	252	1,428
Bliss A/C condenser #1 payment 1 of 2	8/17/2016	1,375	20	138	69	207	1,168
Bliss A/C condenser #1 payment 2 of 2	8/17/2016	1,680	20	168	84	252	1,428
<b>2016 Total</b>		<b>\$ 9,789</b>		<b>\$ 979</b>	<b>\$ 490</b>	<b>\$ 1,469</b>	<b>\$ 8,320</b>
<b>2017 Additions</b>							
walk in freezer - compressor	11/11/2016	\$ 3,201	15	\$ 213	213	426	2,775
Resident's room faucets	11/23/2016	816	20	41	41	82	734
recirculation line motor/pump replacement - heating/hot water	1/12/2017	1,362	10	136	136	272	1,090
blower motor - and contactor RTU#1	5/31/2017	1,390	10	139	139	278	1,112
new economizer on rooftop unit	9/30/2017	1,182	10	118	118	236	946
heat exchanger replacement	9/30/2017	3,205	10	321	321	642	2,563
<b>2017 Total</b>		<b>\$ 11,156</b>		<b>\$ 968</b>	<b>\$ 968</b>	<b>\$ 1,936</b>	<b>\$ 9,220</b>
<b>2018 Additions</b>							
2 barrel type sprinklers in coolers	10/31/2017	1,619	15	-	108	108	1,511
replace actuator on 2 way valve in pt office	1/31/2018	1,591	10	-	159	159	1,432
replace stat in pt ahu	1/31/2018	677	10	-	68	68	609
monthly bill for lighting project	1/31/2018	62,999	20	-	3,150	3,150	59,849
replace door gasket, thermometer and door heat	3/31/2018	1,014	3	-	338	338	676
thermostat replacement for walk in cooler	7/31/2018	715	10	-	72	72	643
Harmony dining room glass replacement	7/31/2018	1,111	10	-	111	111	1,000
hot water project	8/31/2018	914	10	-	91	91	823
front door automatic opener	8/31/2018	2,024	10	-	202	202	1,822
Elevator Door Optiguard (Infrared Light Curtain)	9/30/2018	5,849	15	-	390	390	5,459
<b>2018 Disposals</b>							
Disposals - No description Available	Various	(485,790)				(485,790)	-
ICU Units - disposed 10/1/17	9/30/1997	(3,053)				(3,053)	-
Refinish Lobby Furniture disposed 10/1/17	9/30/1994	(865)				(865)	-
Computer disposed 10/1/17	9/30/1994	(4,336)				(4,336)	-
Lovecats disposed 10/1/17	9/30/1994	(1,236)				(1,236)	-
TELEPHONE-KEY, PORT, CORDLESS -disp 10/1/17	9/30/2000	(3,987)				(3,987)	-
Carpet disposed 10/1/17	9/30/1994	(3,300)				(3,300)	-
Hot Water Heating Booster-for Dietary dishwasher disposed 10	9/30/1995	(1,391)				(1,391)	-
Telephone System disposed 10/1/17	9/30/1997	(3,830)				(3,830)	-
Telephone System disposed 10/1/17	9/30/1997	(1,980)				(1,980)	-
telephone system Disposed 10/1/17	9/30/1999	(3,003)				(3,003)	-
Compressor and Crankcase Heater Disposed 10/1/17	9/30/1999	(1,945)				(1,945)	-
Vertical window blinds Disposed 10/1/17	9/30/2000	(10,982)				(10,982)	-
Block Heater, Battery Charger, Emergency Standby disposed 11	9/30/2002	(1,406)				(1,406)	-
Generator -disposed 10/1/17	9/30/2005	(30,000)				(30,000)	-
Rebuild on 55lb Washer - disposed 10/1/17	4/30/2010	(1,099)				(1,099)	-
<b>2018 Total</b>		<b>\$ (479,688)</b>		<b>\$ -</b>	<b>\$ 4,689</b>	<b>\$ (553,514)</b>	<b>\$ 73,825</b>
<b>Grand Total</b>		<b>\$ 2,013,503</b>		<b>\$ 1,947,233</b>	<b>\$ 69,963</b>	<b>\$ 1,458,993</b>	<b>\$ 554,510</b>

**Movable Equipment**

Prior Years & 2007 Totals		\$ 1,131,389		\$ 1,131,389	\$ -	\$ 1,131,389	-
<b>2008 Additions</b>							
Perkins-Trays	31-Oct-07	\$ 301	10	\$ 301	-	301	-
WB Mason Table	31-Oct-07	803	15	536	54	590	213
Medline Industries Wheelchair	31-Oct-07	585	5	585	-	585	-
Build'Nserve Computers	31-Oct-07	2,425	5	2,425	-	2,425	-
Artromick Medical Chart	31-Oct-07	2,228	10	2,228	-	2,228	-
Perkins-Trays	30-Nov-07	654	10	654	-	654	-
Build'Nserve Computers Server	30-Nov-07	5,438	5	5,438	-	5,438	-
Buttler Power Equipment-Lawn Equipment	30-Nov-07	2,522	7	2,522	-	2,522	-
Build'N Serve Computers	31-Dec-07	3,266	5	3,266	-	3,266	-
Romax	31-Dec-07	948	5	948	-	948	-
Romax	31-Dec-07	659	7	659	-	659	-
Build'N Serve Computers	01-Jan-08	1,583	5	1,583	-	1,583	-
Cartsen's Window Treatments	03-Jan-08	586	5	586	-	586	-
Romax	04-Jan-08	541	7	541	-	541	-
Artromick Procedure Chart	07-Jan-08	1,188	10	1,039	119	1,158	30
Perkins-Dishes	08-Jan-08	1,821	7	1,821	-	1,821	-
Alimed-Merry Walker	10-Jan-08	795	7	795	-	795	-
WB Mason Table	21-Jan-08	485	15	281	32	313	172
Romax	23-Jan-08	996	8	996	-	996	-
Medline-Wheelchair	24-Jan-08	585	5	585	-	585	-
Romax	28-Jan-08	583	15	339	39	378	204
Raintech-4 chair sensors	31-Jan-08	1,022	7	1,022	-	1,022	-
Medline Wheelchair	24-Jan-08	585	5	585	-	585	-
WB Mason 7 Chairs	11-Feb-08	816	15	452	54	506	310
Alimed-Merry Walker	14-Feb-08	795	7	795	-	795	-
Mckesson Medical- Nursing Equipment	21-Feb-08	593	5	593	-	593	-
Medline-Nursing Equipment	22-Mar-08	740	5	740	-	740	-
Medline-Mattress	11-Mar-08	335	7	335	-	335	-
Romax-3 TV's, 5 night talbes	19-Mar-08	1,152	5	1,152	-	1,152	-
Mckesson Medical - 3 Matts	20-Mar-08	791	7	791	-	791	-
Cartsen's -Medication Divder Sets	31-Mar-08	1,527	7	1,527	-	1,527	-
Medline - Mattress	31-Mar-08	378	7	378	-	378	-
Build'N Serve Computers	01-Apr-08	3,593	5	3,593	-	3,593	-
Hudson Home Health-Walkers with Wheels	01-May-08	650	7	650	-	650	-
Medline-Shower Garney	01-May-08	926	10	658	93	751	175
Medline-2 Wheelchairs	22-May-08	1,222	5	1,222	-	1,222	-
Raintech-4 bed Sensors	20-May-08	1,306	5	1,306	-	1,306	-
BKM Total Office -5 files Cabinets	19-May-08	1,325	15	626	88	714	611
Mckesson Medical-10 Alarms	07-May-08	534	5	534	-	534	-

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Mckesson Medical-12 Sensors	07-May-08	507	5	507	-	507	-
Medline -2 Wheelchairs	20-Jun-08	819	5	819	-	819	-
Gram-Field-Bariatric Bed	12-Jun-08	1,592	15	705	106	811	780
Sexauer-Smoke Alarms	30-Jul-08	1,724	10	1,076	172	1,248	475
sexauer-Grab Bars	31-Jul-08	4,444	15	1,851	296	2,147	2,297
Trimark United East-Heated Pellet Dispenser	27-Aug-08	5,849	10	3,410	585	3,995	1,854
Perkins-3 Utility Carts	15-Sep-08	592	10	321	59	380	212
Romax Room Service Table	04-Sep-08	889	15	321	59	380	509
Romax 5 OTB Nite Tables	20-Sep-08	635	15	606	29	635	(0)
Arjo Sara Light Lift	23-Sep-08	9,481	10	5,135	948	6,083	3,397
Raintech 40 Informer Plus	22-Sep-08	9,451	10	7,640	945	8,585	866
2008 Adjustment		95				-	95
<b>2008 Totals</b>		<b>\$ 83,358</b>		<b>\$ 67,479</b>	<b>\$ 3,678</b>	<b>\$ 71,157</b>	<b>\$ 12,201</b>

<b>2009 Additions</b>							
Utility Cart	8/26/2008	\$ 1,059	10	\$ 877	106	983	76
2 Mattresses	9/25/2008	679	7	679	-	679	-
12 SHOWER CHAIRS	10/27/2008	3,406	10	3,066	340	3,406	0
6 TRANSMITTERS	10/23/2008	620	5	620	-	620	-
2 CRANBERRY PELLTS	10/28/2008	829	10	746	83	829	(0)
TIMECLOCK	10/1/2008	9,590	10	8,631	959	9,590	0
20 BEDMATE SENSORS	11/14/2008	742	5	742	-	742	-
BAL OF 3 SARA LITE LIFTS	12/8/2008	1,563	10	1,407	156	1,563	1
2 MONITORS	12/30/2008	4,471	5	4,471	-	4,471	-
SOFTWARE	1/1/2009	77,632	15	46,579	5,175	51,754	25,878
SERVER	1/1/2009	7,155	5	7,155	-	7,155	-
10 BED SENSORS	1/5/2009	2,432	5	2,432	-	2,432	-
10 MATTRESSES	1/8/2009	2,793	7	2,793	-	2,793	-
10 ALARMS	1/8/2009	973	5	973	-	973	-
5 CHAIRS	1/15/2009	1,286	15	772	86	858	428
3 TRANSMITTERS	1/16/2009	564	5	564	-	564	-
3 FLAT SCREE TV'S	1/16/2009	934	5	934	-	934	-
4 TELEPHONES	1/21/2009	1,251	7	1,251	-	1,251	-
2 WHEELCHAIRS	1/29/2009	409	5	409	-	409	-
WHEELCHAIR	1/29/2009	409	5	409	-	409	-
ADMISS PC, SS & FETTE	2/1/2009	2,240	5	2,240	-	2,240	-
8 MATTRESSES	2/3/2009	745	7	745	-	745	-
5 NITE TABLES	2/9/2009	583	15	350	39	389	194
5 NITE TABLES	2/9/2009	583	15	350	39	389	194
TRAYS	2/26/2009	720	10	648	72	720	(0)
INVERTER ON WASHER #3	2/26/2009	2,138	10	1,924	214	2,138	(0)
7 WALKERS	2/24/2009	2,076	7	2,076	-	2,076	-
FILING CABINET	2/19/2009	786	15	471	52	523	263
10 SMALL FILING CABINET	2/25/2009	2,493	15	1,496	166	1,662	831
DRYER #2	2/28/2009	808	10	728	81	809	(0)
4 DESKS	3/20/2009	1,421	20	639	71	710	710
2 TELEPHONES	3/16/2009	625	7	625	-	625	-
3 WHEELCHAIRS	3/31/2009	614	5	614	-	614	-
10 NITE TABLES	3/17/2009	1,166	15	700	78	778	388
10 ALARMS	3/13/2009	973	5	973	-	973	-
DRYER REBUILD #3	3/26/2009	666	10	600	66	666	-
10 ROUND TABLES	4/2/2009	1,897	15	1,138	126	1,264	633
5 ALARMS	4/8/2009	573	5	573	-	573	-
10 BED SENSORS	4/9/2009	2,525	5	2,525	-	2,525	-
TV BRACKETS	4/1/2009	824	5	824	-	824	-
3 WHEELCHAIRS	4/7/2009	690	5	690	-	690	-
DESK	4/24/2009	907	20	408	45	453	454
3 DESKS	5/1/2009	1,218	20	548	61	609	609
2 CAMERAS, 2 MONITORS	5/8/2009	649	5	649	-	649	-
7 MATS	5/11/2009	2,616	7	2,616	-	2,616	-
3 WHEELCHAIRS	5/20/2009	614	5	614	-	614	-
2 DESKS	5/21/2009	718	20	323	36	359	359
OFFICE FURNITURE	5/26/2009	2,987	15	1,792	199	1,991	996
DOOR LEVERS	5/29/2009	5,396	15	3,238	360	3,598	1,798
FOOD PROCESSOR	6/15/2009	739	10	665	74	739	(0)
DELL COMPUTER	6/1/2009	1,346	5	1,346	-	1,346	-
PIANO	6/10/2009	832	20	375	42	417	415
2 TELEPHONES	6/15/2009	625	7	625	-	625	-
CHAIR MATS	6/18/2009	644	7	644	-	644	-
6 NIGHT TABLES	6/1/2009	700	15	420	47	467	232
10 NIGHT TABLE	6/12/2009	1,166	15	700	78	778	388
CREDENZA	6/2/2009	1,400	15	840	93	933	467
DESK	6/1/2009	807	20	363	40	403	404
25 CAST IRON TABLES	7/24/2009	1,261	15	756	84	840	420
25 DINING ROOM TABLES	7/29/2009	2,833	15	1,700	189	1,889	944
3 LAPTOPS & INSTALL	8/1/2009	9,255	5	9,255	-	9,255	-
SCALE DIG CHAIR	7/14/2009	1,474	5	1,474	-	1,474	-
6 ADULT TRANSMITTERS	7/2/2009	606	5	606	-	606	-
45 ARM CHAIRS	8/26/2009	13,122	15	7,873	875	8,748	4,374
10 HAMPER BAGS	8/9/2009	1,497	5	1,497	-	1,497	-
WALL MOUNTED SPRAY	8/17/2009	951	5	951	-	951	-
JUICE DISPENSER	8/24/2009	727	10	655	72	727	0
2 CARTS 3 SHELF W COVER	9/14/2009	676	10	609	67	676	0
PILL SHREDDER 225.2CR	9/14/2009	1,640	5	1,640	-	1,640	-
2 LATERAL 5 DRW FILE CABINET	9/25/2009	1,656	15	993	110	1,103	553
<b>2009 End Totals</b>		<b>\$ 203,903</b>		<b>\$ 150,612</b>	<b>\$ 10,381</b>	<b>\$ 160,993</b>	<b>42,010</b>

<b>2010 Additions</b>							
Computer Accessories	10/1/2009	\$ 1,015	5	\$ 1,015	\$ -	1,015	-
Coacheck Machine	10/6/2009	1,152	5	1,152	-	1,152	-
10 Walkers	10/16/2009	874	5	874	-	874	-
Reclining Chair	10/19/2009	914	5	914	-	914	-
10 Overbed Tables	11/4/2009	1,166	15	622	78	700	466
Food Processor	11/5/2009	739	10	591	74	665	74
5 Mattresses	11/20/2009	793	7	793	-	793	-
6 Transmitters	12/4/2009	606	5	606	-	606	-
Flat Screen TV Tranq	12/18/2009	602	5	602	-	602	-
Rollators/Wheelchair	1/12/2010	696	5	696	-	696	-
Mattress	1/15/2010	996	7	996	-	996	-
Business Office Printer	2/2/2010	614	5	614	-	614	-
Night Tables	2/4/2010	1,166	15	622	78	700	466
Single Shelf Living Tra	2/8/2010	1,641	10	1,313	164	1,477	164

**WEST HARTFORD HEALTH AND REHAB CENTER  
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Description	Date of Acquisitions	Historical Cost	Useful Life (in years)	2017 Acc. Dep	2018 Depreciaton	2018 Acc. Dep	Net Book Value
2 Computer	2/10/2010	1,010	5	1,010	-	1,010	-
Night Tables	3/10/2010	1,166	15	622	78	700	466
Admin Printer & Install	3/14/2010	1,189	5	1,189	-	1,189	-
5 Wheelchairs	3/20/2010	670	5	670	-	670	-
2 Antiroll Back Devices	3/31/2010	503	5	503	-	503	-
6 Transmitters	4/27/2010	606	5	606	-	606	-
2 Computers	4/30/2010	2,723	5	2,723	-	2,723	-
2 Fire Rated Cabinets	5/5/2010	951	15	507	63	570	381
2 Antiroll Back Devices	5/11/2010	503	5	503	-	503	-
Bedside Mattress	5/14/2010	1,246	7	1,246	-	1,246	-
TVs for Tranq & Ham	5/14/2010	816	5	816	-	816	-
2 Printers & Install	5/17/2010	1,460	5	1,460	-	1,460	-
Telephone	5/19/2010	625	7	625	-	625	-
Night Tables	6/7/2010	1,166	15	622	78	700	466
Washer	6/30/2010	625	10	501	63	564	62
Laptop	6/30/2010	2,597	3	2,597	-	2,597	-
Night Tables	7/1/2010	1,166	15	622	78	700	466
TVs and Wall Mounts	7/19/2010	1,693	5	1,693	-	1,693	-
Lateral Drawers	7/19/2010	2,092	15	1,115	139	1,254	838
Software	7/31/2010	73,349	3	73,349	-	73,349	-
LCD TV	8/2/2010	1,837	5	1,837	-	1,837	-
19" LCD TV	9/21/2010	933	5	933	-	933	-
Salon Sink	9/15/2010	653	20	262	33	295	359
Wanderguards	9/15/2010	606	5	606	-	606	-
2 HP Mini Notebooks	9/30/2010	1,701	3	1,701	-	1,701	-
<b>2010 TOTAL</b>		<b>\$ 114,859</b>		<b>\$ 109,727</b>	<b>\$ 926</b>	<b>\$ 110,653</b>	<b>\$ 4,206</b>

<b>2011 Additions</b>							
3 Love Seat Benches	10/8/2010	\$ 1,134	10	\$ 793	113	906	227
Wanderguard Tester	10/13/2010	1,030	3	1,030	-	1,030	-
5 High Speed Hand Dryers	10/15/2010	1,855	5	1,855	-	1,855	-
55" LCD TV	11/1/2010	1,696	5	1,696	-	1,696	-
Office Furniture	11/9/2010	2,035	15	950	136	1,086	949
Bladder Scanner	11/12/2010	13,640	5	13,640	-	13,640	-
2 Wheelchairs	11/16/2010	565	5	565	-	565	-
Projector	11/17/2010	518	5	518	-	518	-
Office Furniture	12/3/2010	1,602	15	748	107	855	747
Storage Cabinet	12/8/2010	678	15	316	45	361	317
Mattress	12/28/2010	1,227	7	1,227	-	1,227	0
Office Chair	1/1/2011	509	15	238	34	272	237
Food Processor	2/18/2011	1,125	10	787	112	899	226
4 Mattress	2/24/2011	1,172	7	1,172	-	1,172	0
2 Sleeper Chairs	3/1/2011	1,469	5	1,469	-	1,469	-
Care Plan Library	3/1/2011	1,961	3	1,961	-	1,961	-
Hall ID Signage	3/11/2011	720	10	504	72	576	144
6 Transmitters	3/21/2011	634	3	634	-	634	-
1 Laser & 1 Color Printer	3/31/2011	2,747	5	2,747	-	2,747	-
Heated Pellets	4/12/2011	6,142	10	4,299	614	4,913	1,229
Dishes	4/25/2011	3,888	3	3,888	-	3,888	-
4 Water Coolers	5/9/2011	2,120	10	1,484	212	1,696	424
3 Flat Screen TVs	5/11/2011	827	5	827	-	827	-
Grill	5/24/2011	582	3	582	-	582	-
Blood Pressure Cuffs	5/25/2011	655	3	655	-	655	-
4 Wheelchairs	6/1/2011	619	5	619	-	619	-
Scale Dix Chair	6/2/2011	1,312	10	1,312	-	1,312	-
6 Bed Alarms	6/13/2011	760	3	760	-	760	-
8 Phones	6/22/2011	1,542	10	1,079	154	1,233	309
Bariatric Bed	6/24/2011	1,895	15	884	126	1,010	885
Water Cooler	6/6/2011	693	10	485	69	554	139
Blood Pressure Cuffs	7/1/2011	819	3	819	-	819	-
2 Mini Laptops	7/31/2011	1,434	3	1,434	-	1,434	-
eMar/eTar Software	8/2/2011	13,510	3	13,510	-	13,510	-
eMar/eTar Software Interf	8/2/2011	727	3	727	-	727	-
Driver Part	8/11/2011	787	10	551	79	630	157
Actuator for Hoyer Lift	8/16/2011	647	10	453	65	518	129
5 Transmitters	8/18/2011	507	3	507	-	507	-
Over Bed Night Tables	9/30/2011	1,010	15	471	67	538	472
<b>2011 TOTAL</b>		<b>\$ 76,791</b>		<b>\$ 68,194</b>	<b>\$ 2,005</b>	<b>\$ 70,199</b>	<b>6,592</b>

<b>2012 Additions</b>							
Lateral Drawers	10/3/2011	\$ 620	15	\$ 248	41	289	331
Over Bed Night Tables	10/7/2011	1,010	15	404	67	471	539
Bariatric Bed	10/18/2011	1,895	15	758	126	884	1,012
Hamper Bags	10/27/2011	680	5	680	-	680	-
Heavy Duty Imen Blender	11/1/2011	979	10	588	98	686	294
Trash Container	11/11/2011	617	5	617	-	617	-
Over Bed Night Tables	11/23/2011	957	15	383	64	447	510
12 Bed Alarms	11/29/2011	4,490	3	4,490	-	4,490	-
21 Nursing Station Chairs	11/2/2011	2,602	15	1,040	173	1,213	1,389
Microwave	12/8/2011	562	5	562	-	562	-
Over Bed Night Tables	12/1/2011	957	15	383	64	447	510
Hall ID Signage	1/4/2012	673	10	404	67	471	203
5 Transmitters	1/5/2012	508	3	508	-	508	-
15 Chair Alarms	1/24/2012	526	5	526	-	526	-
2 Rosebud Oximeters	1/27/2012	3,593	10	2,156	359	2,515	1,079
Dishes	2/7/2012	920	3	920	-	920	-
Nurse Call System Harmony	2/15/2012	2,044	10	1,226	204	1,430	614
2 22" Flat Screen TV Res Room	2/22/2012	574	5	574	-	574	-
3 Rec/MDS/Med Rec & Scann	2/29/2012	3,853	3	3,853	-	3,853	-
3 Shelf Cart	3/5/2012	770	10	462	77	539	231
Bariatric Bed	3/9/2012	1,787	15	715	119	834	953
Hoyer Lift w/Scale	3/14/2012	2,150	10	1,290	215	1,505	645
Bulletin Board	3/14/2012	1,038	10	623	104	727	311
Ultrasonic Cleaner	3/19/2012	522	10	313	52	365	157
10 Mattresses	3/21/2012	2,630	7	2,255	376	2,631	(0)
Computer - Recreation	3/30/2012	1,121	5	1,121	-	1,121	-
Tutinauer Sterilizing Unit-Dent	4/1/2012	1,000	12	500	83	583	417
6 Isolation Carts	4/4/2012	1,448	10	869	145	1,014	434
10 Mattresses	4/27/2012	2,801	7	2,401	400	2,801	0
Mini Desktop Inf Control	4/30/2012	1,146	5	1,146	-	1,146	-
NOVA time Fingerprint Reader for Timeclock	5/31/2012	1,372	5	1,372	-	1,372	-
2 Bedside Mats	5/2/2012	721	3	721	-	721	-
4 Hamper Bags	5/21/2012	632	5	632	-	632	-

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Description	Date of Acquisitions	Historical Cost	Useful Life (in years)	2017 Acc. Dep	2018 Depreciaton	2018 Acc. Dep	Net Book Value
Staff Lounge Fridge	5/23/2012	533	10	319	53	372	160
6 Transmitters	5/22/2012	635	3	635	-	635	-
2 24" Acer Flat Monitors	5/22/2012	530	5	530	-	530	-
42' Flat Hannspree - Tranquilit	6/1/2012	617	5	617	-	617	-
Outdoor Love Seats	6/1/2012	1,616	15	647	108	755	862
Pulse Oximeter	6/7/2012	684	5	684	-	684	-
42" LCD Sanyo	6/10/2012	585	5	585	-	585	-
Warming Blanket	6/14/2012	1,164	7	997	166	1,163	1
Rosebud Oximeter	6/15/2012	1,797	10	1,078	180	1,258	538
Whirlpool Frid/Freezer - Nursing	6/15/2012	638	10	383	64	447	191
42" Plasma Sanyo	6/20/2012	606	5	606	-	606	-
AP Office Computer	6/30/2012	2,319	5	2,319	-	2,319	-
Paging Server	6/30/2012	2,168	5	2,168	-	2,168	-
Inf Control Laptop	6/30/2012	2,383	3	2,383	-	2,383	-
Recr Color/AR Multi Printers	6/30/2012	1,269	5	1,269	-	1,269	-
Slicer-Medium Duty	6/7/2012	957	10	575	96	671	287
10 Mattresses	7/20/2012	2,630	7	2,255	376	2,631	(0)
STG Cabinet Cherry	7/16/2012	743	15	298	50	348	395
Mesh Back Chair	7/26/2012	638	10	383	64	447	191
Floor Scale	8/1/2012	585	10	350	58	408	176
Gluten Free Items	8/1/2012	586	3	586	-	586	-
Monitor for Reception	8/10/2012	777	5	777	-	777	-
4 Mini Computers Rehab	8/12/2012	1,762	3	1,762	-	1,762	-
Lounge Blinds	8/22/2012	2,023	5	2,023	-	2,023	-
Computer - Bookkeeping	8/31/2012	1,947	5	1,947	-	1,947	-
2 Spare Laptops	8/31/2012	729	3	729	-	729	-
Food Truck Doors	9/11/2012	1,702	10	1,021	170	1,191	511
SLC-16 Phone Card for Fax	9/14/2012	2,432	5	2,432	-	2,432	-
6 Transmitters	9/14/2012	635	3	635	-	635	-
Rehab Mini Desktop	9/30/2012	1,455	5	1,455	-	1,455	-
Tranquility 11P NB 4530s	9/30/2012	729	3	729	-	729	-
<b>2012 TOTAL</b>		<b>\$ 85,073</b>		<b>\$ 67,914</b>	<b>\$ 4,219</b>	<b>\$ 72,133</b>	<b>12,940</b>
<b>2013 Additions</b>							
Oral Thermometer	10/5/2012	\$ 622	5	\$ 622	\$ -	622	-
Reception Desk	10/8/2012	1,323	20	331	66	397	926
EMR Software	10/9/2012	16,352	5	16,352	-	16,352	-
Amunicator Panels	10/11/2012	657	10	329	66	395	262
Copy Room Mailboxes	10/17/2012	536	5	536	-	536	-
7 Office Chairs	10/26/2012	1,936	15	645	129	774	1,161
Bookcases	11/9/2012	1,084	20	271	54	325	760
Bariatric Footstool	11/19/2012	603	20	151	30	181	423
Paging System	11/30/2012	1,622	10	811	162	973	649
2 Mesh Chairs	12/17/2012	596	15	199	40	239	357
Stair Treads	1/7/2013	1,947	20	486	97	583	1,364
Weather Proof Camera EE Ent	1/21/2013	760	5	760	-	760	-
Fax Machine Kristen's office	1/23/2013	558	3	558	-	558	-
7 Transmitters/12 Chair Mats	1/24/2013	558	3	558	-	558	-
10 Overhead Bed Parts	1/31/2013	968	15	323	65	388	580
Bariatric Bed Parts	2/1/2013	612	15	204	41	245	367
Staff Lounge Chairs	2/1/2013	978	15	326	65	391	587
HR Desktop	2/13/2013	1,750	5	1,750	-	1,750	-
Patio Keypad	3/27/2013	938	10	469	94	563	375
HP Tablet for Dietary	3/31/2013	558	3	558	-	558	-
15 Side Arm Chairs	3/18/2013	1,467	15	489	98	587	880
Scheduler/PR Desks	3/25/2013	1,996	20	499	100	599	1,396
Kaivac Dispense & Vac	5/31/2013	862	8	539	108	647	215
20 Overbed Tables	6/19/2013	2,054	15	685	137	822	1,232
2 Bedside Mats	6/18/2013	1,231	3	1,231	-	1,231	-
20 Outdoor Stacking Chairs	6/3/2013	1,938	10	969	194	1,163	775
5 Patio Umbrellas	6/5/2013	1,923	3	1,923	-	1,923	-
Tranquility Lockers 30	6/30/2013	2,567	12	1,070	214	1,284	1,283
Battery Server	6/30/2013	616	5	616	-	616	-
15 Side Arm Chairs	6/17/2013	1,467	15	489	98	587	880
Outdoor Umbrellas	7/22/2013	1,675	3	1,675	-	1,675	-
Spring Platforms for Ldy	7/31/2013	638	5	638	-	638	-
Hands Free Wireless Headsets	7/31/2013	1,536	5	1,536	-	1,536	-
Admiss PC	8/15/2013	2,139	5	2,139	-	2,139	-
1/2 of Clinical Liason Laptop	8/15/2013	915	3	915	-	915	-
Cisco Wireless Network	8/15/2013	637	5	637	-	637	-
2 Bedside Mats	8/6/2013	1,305	3	1,305	-	1,305	-
2 37" LED Flat Screen TV's	8/14/2013	1,000	5	1,000	-	1,000	-
2 Patio Umbrellas w/stands	9/6/2013	753	3	753	-	753	-
2 Mesh Chairs DNS/ADNS	9/18/2013	638	15	213	43	256	382
<b>Total 2013</b>		<b>\$ 62,315</b>		<b>\$ 45,560</b>	<b>\$ 1,901</b>	<b>\$ 47,461</b>	<b>14,854</b>
<b>2013 Disposals</b>							
Admiss PC	2/1/2009	\$ (1,501)	5	\$ (1,501)	\$ -	(1,501)	-
	9/30/1986	(406,445)		(406,445)	-	(406,445)	-
10 Alarms	5/7/2008	(534)	5	(534)	-	(534)	-
12 Sensors	5/7/2008	(507)	5	(507)	-	(507)	-
40 Informer Plus	9/22/2008	(9,451)	10	(4,804)	-	(4,804)	(4,646)
6 Transmitters	10/23/2008	(620)	3	(620)	-	(620)	-
10 Alarms	3/13/2009	(973)	5	(973)	-	(973)	-
Wall Mounted Spray Hose	8/17/2009	(951)	5	(951)	-	(951)	-
6 Bed Alarms	6/13/2011	(760)	3	(760)	-	(760)	-
12 Bed Alarms	11/29/2011	(4,490)	3	(2,993)	-	(2,993)	(1,497)
15 Chair Arms	1/24/2012	(526)	5	(211)	-	(211)	(316)
<b>Total 2013</b>		<b>\$ (426,758)</b>		<b>\$ (420,299)</b>	<b>\$ -</b>	<b>\$ (420,299)</b>	<b>(6,459)</b>
<b>2014 Additions</b>							
2 Bedside Mats	10/15/2013	\$ 1,239	3	\$ 1,239	\$ -	1,239	-
2 Tablet Chair w/lockable casters	10/22/2013	1,117	15	297	74	371	745
2 24" LED TVs for Residents	10/11/2013	656	5	525	131	656	0
3 Printers	10/31/2013	1,801	5	1,440	360	1,800	0
2 Laptops & Monitor Harmony	10/31/2013	2,759	3	2,759	-	2,759	-
5 24" LED TVs for Residents	11/4/2013	1,640	5	1,312	328	1,640	0
2 Carendo Shower Chairs	11/7/2013	10,014	10	4,005	1,001	5,006	5,008
10 Over Bed Tables	11/14/2013	1,018	15	272	68	340	679
4 Tablet Chair w/lockable casters	11/12/2013	2,127	15	567	142	709	1,418

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Description	Date of Acquisitions	Historical Cost	Useful Life (in years)	2017 Acc. Dep	2018 Depreciaton	2018 Acc. Dep	Net Book Value
2 Swivel Oversized Chairs TranQ	11/25/2013	1,043	15	279	70	349	694
Bedside mattress	12/11/2013	615	7	352	88	440	176
Reception Desktop Computer	12/31/2013	1,042	5	833	208	1,041	1
Lift & Scale	1/17/2014	2,199	5	1,760	440	2,200	(0)
Mattresses	1/24/2014	4,216	7	2,409	602	3,011	1,205
Mobile Tablet Chair	1/6/2014	2,984	15	796	199	995	1,989
WAP Harmony A/Bliss B	1/31/2014	3,035	5	2,428	607	3,035	(0)
Mesh Back Chair	1/13/2014	723	15	193	48	241	482
Bedside mattress	2/6/2014	653	7	373	93	466	187
Desks for Marylin & Mary	2/14/2014	1,839	20	368	92	460	1,379
Cubicle space for Tally Clerk	2/20/2014	1,743	10	697	174	871	872
Kitchen Dishwasher Motor	2/25/2014	1,681	10	672	168	840	841
4 Lateral File Drawers	3/7/2014	3,973	15	1,060	265	1,325	2,649
Metal Desk for MDS	4/4/2014	1,504	20	301	75	376	1,128
QuickBooks Server	4/30/2014	1,822	5	1,457	364	1,821	1
Harmony B Laptop	4/30/2014	637	3	637	-	637	-
Recreation Laptop	4/30/2014	637	3	637	-	637	-
Cogen Router	4/30/2014	1,081	5	865	216	1,081	0
Monitors/Mouse	4/30/2014	1,938	5	1,551	387	1,938	0
Wood Desk for Infec Control	5/19/2014	1,131	20	227	57	284	848
5 Mattresses	5/29/2014	1,430	5	1,144	286	1,430	0
6 Transmitters	5/29/2014	614	3	614	-	614	-
New Timeclock Installation	5/31/2014	3,116	10	1,247	312	1,559	1,557
3 Bariatric Mattresses	6/4/2014	657	5	525	131	656	1
10 Over Bed Night Tables	6/30/2014	976	15	260	65	325	651
DNS HP Laptop	6/30/2014	896	3	896	-	896	-
Russell Laptop Share	6/30/2014	1,318	3	1,318	-	1,318	-
Laminated Desk/Bookcase	7/22/2014	1,599	20	320	80	400	1,199
Bariatric Mattresses	7/10/2014	1,039	5	831	207	1,038	0
7 ER 2-way Radios	7/23/2014	1,672	5	1,337	334	1,671	1
14 MS Office 2013 copies & install	7/31/2014	4,356	3	4,356	-	4,356	-
Hoyer Lift w/Scale	8/27/2014	3,341	10	1,336	334	1,670	1,671
5 Mattresses	9/4/2014	657	5	525	131	656	1
Bliss A Laptop	9/30/2014	637	3	637	-	637	-
<b>Total 2014</b>		<b>\$ 79,177</b>		<b>\$ 45,657</b>	<b>\$ 8,137</b>	<b>\$ 53,794</b>	<b>25,383</b>
<b>Disposals 2014</b>							
Mopnitors	5/31/2005	\$ (772)	5	\$ (772)	\$ -	(772)	-
Hoyer Lift	12/31/2006	(2,327)	5	(2,327)	-	(2,327)	-
6 Transmitters	12/4/2009	(606)	3	(606)	-	(606)	-
<b>Total 2014</b>		<b>\$ (3,705)</b>		<b>\$ (3,705)</b>	<b>\$ -</b>	<b>\$ (3,705)</b>	<b>-</b>
<b>2015 Additions</b>							
Pill Shredder for Nursing	10/22/2014	\$ 2,938	5	\$ 1,764	588	2,352	587
Stainless Bowls for Robo Cupe	10/23/2014	660	3	660	-	660	-
Server Cabinet	10/31/2014	3,172	5	1,902	634	2,536	635
Bedside mattress	11/7/2014	657	7	282	94	376	281
Memory Boxes for Dementia Unit	12/17/2014	2,753	10	825	275	1,100	1,652
Administrator Laptop	12/30/2014	1,042	3	1,042	-	1,042	-
Cisco Router & 3Yr License	12/30/2014	4,924	3	4,924	-	4,924	-
TV for Annex	1/1/2015	915	5	549	183	732	183
Fin-HP Copy/Tranq HP Desktop/Adm NB350	1/31/2015	4,926	5	2,955	985	3,940	986
Housekeeping Linen Carts	2/11/2015	583	5	351	117	468	115
Mattresses	2/24/2015	862	5	516	172	688	174
Hoyer Scale	3/6/2015	619	10	186	62	248	371
Sara Lift	3/16/2015	1,053	10	315	105	420	633
Laundry Cart	3/30/2015	520	10	156	52	208	312
2 Training Computers/SS 2 Monitors	3/30/2015	2,748	5	1,650	550	2,200	549
Automated External Defibrillator	4/8/2015	1,528	5	918	306	1,224	305
Hoyer Lift	5/18/2015	909	10	273	91	364	545
6 Transmitters	5/31/2015	614	3	614	-	614	-
Hell Cushion Float	6/2/2015	711	3	711	-	711	-
Cloud Heel	6/4/2015	1,078	3	1,078	-	1,078	-
Admin Office Chairs	6/4/2015	966	15	192	64	256	709
Heel Boots	6/23/2015	966	3	966	-	966	-
Phone System Card	6/24/2015	667	10	201	67	268	399
Mattresses	6/24/2015	923	5	555	185	740	184
2 Laptops Bliss B and SS	6/30/2015	2,434	3	2,434	-	2,434	-
Finance Office chairs	7/9/2015	744	15	150	50	200	545
Mattresses	7/9/2015	1,324	5	795	265	1,060	264
6 Transmitters	8/1/2015	614	3	614	-	614	-
Harmony Printer	8/1/2015	1,829	5	1,098	366	1,464	365
Trash Containers	8/5/2015	915	5	549	183	732	183
Generator Battery	8/25/2015	1,144	5	687	229	916	228
Washing Machine Inverter	8/26/2015	3,178	10	954	318	1,272	1,906
Bariatric Reclining Shower Chair	8/31/2015	861	10	258	86	344	517
20 Overbed Tables	9/10/2015	1,863	15	372	124	496	1,367
Battery and Battery Charger	9/2/2015	1,778	5	1,068	356	1,424	354
Complete Dish Set	9/24/2015	3,175	3	3,175	-	3,175	-
Server	9/30/2015	13,412	5	8,046	2,682	10,728	2,684
<b>Total 2015</b>		<b>\$ 70,005</b>		<b>\$ 43,784</b>	<b>\$ 9,189</b>	<b>\$ 52,973</b>	<b>17,032</b>
<b>2016 Additions</b>							
Staff Dv Pro Book/ Rec TM15 Machine	11/30/2015	\$ 3,063	3	\$ 2,042	1,021	3,063	(0)
Overbed Tables	12/16/2015	992	15	132	66	198	793
Fire Door for Laundry	1/8/2016	582	20	58	29	87	495
HP ProBook	1/15/2016	2,632	3	1,754	877	2,631	1
Lateral file cabinet	2/2/2016	596	5	238	119	357	238
Wanderguards	2/29/2016	646	5	258	129	387	259
Food Truck Doors	3/31/2016	1,410	20	142	71	213	1,198
Generator starter	4/29/2016	1,415	20	142	71	213	1,202
kitchen equipment	5/31/2016	1,872	20	188	94	282	1,591
wanderguards	4/30/2016	646	5	258	129	387	259
Kitchen trucks/wanderguards	4/30/2016	1,268	20	126	63	189	1,078
mattresses	6/29/2016	599	5	240	120	360	239



**WEST HARTFORD HEATH AND REHAB CENTER**  
**DEPRECIATION SCHEDULES**  
September 30, 2018

Description	Date of Acquisitions	Historical Cost	Useful Life (in years)	2017 Acc. Dep	2018 Depreciaton	2018 Acc. Dep	Net Book Value
mattresses	6/30/2016	599	5	240	120	360	239
Kiosk	6/30/2016	3,235	3	2,156	1,078	3,234	1
kitchen equipment	6/30/2016	2,482	10	496	248	744	1,738
Floor mats	7/6/2016	2,013	3	1,342	671	2,013	0
Library Wall Art	1/8/2016	1,125	15	150	75	225	900
Social Services Laptop	7/25/2016	6,289	3	4,192	2,096	6,288	0
Call Lights	7/31/2016	626	3	418	208	626	0
Oral Thermometers	8/31/2016	1,077	3	718	359	1,077	0
Credis-fiestaware expensed line 864		(3,175)	3	(1,058)	-	(1,058)	(2,117)
Oerbed Tables	9/7/2016	2,071	15	276	138	414	1,657
library bookcase	9/30/2016	834	15	112	56	168	666
wanderguards	9/30/2016	658	5	264	132	396	263
<b>Total 2016</b>		<b>\$ 33,554</b>		<b>\$ 14,883</b>	<b>\$ 7,970</b>	<b>\$ 22,853</b>	<b>10,701</b>
<b>2017 Additions</b>							
Edward Don-3 Tray cart doors	10/31/2016	\$ 1,258	10	\$ 126	126	252	1,006
Home Depot-5 code carts	10/31/2016	820	10	82	82	164	656
digital scale	11/30/2016	761	10	76	76	152	609
digital chain scale w/ lift	11/30/2016	1,144	10	114	114	228	916
Wanderguards (6) Secure Care/	12/31/2016	659	5	132	132	264	395
Model 7 Digital EzPress	1/9/2017	770	10	77	77	154	616
OS-114 Sales & Use Tax (wanderguards/ secure can	1/24/2017	124	5	25	25	50	74
recreation director laptop	1/31/2017	3,979	3	1,326	1,326	2,652	1,327
desk- Jenny APRN	2/16/2017	936	20	47	47	94	842
carts for kitchen- fire rated	3/7/2017	1,055	10	106	106	212	843
rosebud vital signs cart	3/10/2017	1,422	10	142	142	284	1,138
hoyer slings	3/23/2017	1,769	10	177	177	354	1,415
coagucheck meter	3/29/2017	733	5	147	147	294	439
conveyor toaster for kitchen- edward don	3/31/2017	1,381	10	138	138	276	1,105
surface pro 4 tablet for admissions- microsoft store	3/31/2017	1,201	3	400	400	800	401
HP probook 450 Harmony B	3/31/2017	638	3	213	213	426	212
sitting resident scale on rollers	4/30/2017	1,332	10	133	133	266	1,066
6 double hampers	4/30/2017	1,790	5	358	358	716	1,074
2 laptops- 1 for MDS and 1 for Harmony A nurses	5/31/2017	3,401	3	1,134	1,134	2,268	1,133
6 wanderguards	5/31/2017	659	5	132	132	264	395
Inverter for washing machine #3	6/30/2017	3,577	10	358	358	716	2,861
Storage cabinets for supplies in Annex (2)	6/30/2017	617	15	41	41	82	535
Desk for new APRN office	6/30/2017	1,311	20	66	66	132	1,179
6 double bin laundry hampers	7/31/2017	1,790	5	358	358	716	1,074
Refrigerator Harmony Conference Room	7/31/2017	638	10	64	64	128	510
5 mattresses	7/31/2017	798	7	114	114	228	570
Cisco 52 port SG500 series switch	7/31/2017	1,064	2	532	532	1,064	-
wireless router- capital lease	8/31/2017	14,554	5	2,911	2,911	5,822	8,732
30 gal hamper	8/31/2017	581	5	116	116	232	349
bookkeeper replacement computer	9/30/2017	1,010	5	202	202	404	606
<b>Total 2017</b>		<b>\$ 51,772</b>		<b>\$ 9,847</b>	<b>\$ 9,847</b>	<b>\$ 19,694</b>	<b>32,078</b>
<b>2018 Additions</b>							
3 drawer isolation cart	10/31/2017	562	10	-	56	56	506
wanderguards	10/31/2017	659	5	-	132	132	527
laptop, touch screen kiosk	10/31/2017	2,443	3	-	814	814	1,629
Hall chairs	11/30/2017	2,984	15	-	199	199	2,785
repair washer	11/30/2017	9,990	10	-	999	999	8,991
10 Comfortask chairs nurses station	12/31/2017	1,560	10	-	156	156	1,404
bariatric electric bed	12/31/2017	1,065	15	-	71	71	994
sit to stand rehab equip	12/31/2017	8,635	5	-	1,727	1,727	6,908
credits for above	12/31/2017	(3,059)	5	-	(612)	(612)	(2,447)
14 mattress extenders	12/31/2017	560	5	-	112	112	448
10 overbed tables	1/31/2018	1,032	15	-	69	69	963
Full sized refrigerator- bliss nourishment room	1/31/2018	638	10	-	64	64	574
600 lb lift digital scale	1/31/2018	606	10	-	61	61	545
snowblower	1/31/2018	1,275	10	-	128	128	1,147
2 kangaroo feeding pumps	2/28/2018	1,687	10	-	169	169	1,518
credit for kangaroo pumps	3/31/2018	(602)	10	-	(60)	(60)	(542)
2 span america bariatric mattress	2/28/2018	1,091	5	-	218	218	873
6 IV poles	3/31/2018	964	5	-	193	193	771
36 thermal pellets	3/31/2018	904	5	-	181	181	723
2 laptops (dns and bliss b)	3/31/2018	1,563	3	-	521	521	1,042
clinical liason laptop	4/30/2018	788	3	-	263	263	525
secure care 6 wanderguards	4/30/2018	659	5	-	132	132	527
admin laptop	5/31/2018	2,424	3	-	808	808	1,616
2 bariatric trapeze	7/31/2018	2,146	5	-	429	429	1,717
camel power lifting aide	8/31/2018	2,006	5	-	401	401	1,605
truck doors- 4	8/31/2018	1,569	10	-	157	157	1,412
sara stedy	9/30/2018	1,569	10	-	157	157	1,412
maxi move hoyer & scale	9/30/2018	5,992	10	-	599	599	5,393
maxi move hoyer & scale	9/30/2018	5,992	10	-	599	599	5,393
25 gallon capacity blender	9/30/2018	827	10	-	83	83	744
<b>2018 Disposals</b>							
Disposals - No Description Available	Var	(448,474)				(448,474)	-
Mixer and Food process - disposed 10/1/17	11/30/2004	(1,669)				(1,669)	-
Dryer Motor - disposed 10/1/17	1/31/2005	(697)				(697)	-
Satellite TV	8/31/2005	(4,190)				(4,190)	-
install computers	5/31/2006	(731)				(731)	-
Maintenance - disposed 10/1/17	10/19/2006	(719)				(719)	-
Server	12/31/2006	(3,540)				(3,540)	-

**WEST HARTFORD HEATH AND REHAB CENTER  
DEPRECIATION SCHEDULES  
September 30, 2018**

Description	Date of Acquisitions	Historical Cost	Useful Life (in years)	2017 Acc. Dep	2018 Depreciaton	2018 Acc. Dep	Net Book Value
Dish Disposal - disposed 10/1/17	1/31/2007	(612)				(612)	-
Server	3/31/2007	(807)				(807)	-
Computers	3/31/2007	(26,461)				(26,461)	-
Computers	3/31/2007	(410)				(410)	-
Computers	6/30/2007	(1,141)				(1,141)	-
Computers	7/31/2007	(4,146)				(4,146)	-
Computers	8/31/2007	(829)				(829)	-
Computers	9/30/2007	(3,234)				(3,234)	-
Computers	10/31/2007	(2,425)				(2,425)	-
Medical Cart disposed 10/1/17	10/31/2007	(2,228)				(2,228)	-
Computer Server	11/30/2007	(5,438)				(5,438)	-
Computers	12/31/2007	(3,266)				(3,266)	-
5 TV's - disposed 10/1/17	12/31/2007	(948)				(948)	-
Computers	1/1/2008	(1,583)				(1,583)	-
Window Treatments disposed 10/1/17	1/3/2008	(586)				(586)	-
Mattress -disposed 10/1/17	3/11/2008	(335)				(335)	-
Computers	4/1/2008	(3,593)				(3,593)	-
Timelock	10/1/2008	(7,899)				(7,899)	-
2 Monitors	12/30/2008	(4,471)				(4,471)	-
Server	1/1/2009	(7,155)				(7,155)	-
10 Mattresses -disposed 10/1/17	1/8/2009	(2,793)				(2,793)	-
3 Transmitters - disposed 10/1/17	1/16/2009	(564)				(564)	-
Dell computer	6/1/2009	(1,346)				(1,346)	-
Piano - disposed 10/1/17	6/10/2009	(832)				(832)	-
3 Laptops & install	8/1/2009	(9,255)				(9,255)	-
Computer Accessories	10/1/2009	(1,015)				(1,015)	-
2 Computers- Admissions/Document off	2/10/2010	(1,040)				(1,040)	-
6 Transmitters - disposed 10/1/17	4/27/2010	(606)				(606)	-
2 Computers	4/30/2010	(2,723)				(2,723)	-
1 Printer & Install	5/17/2010	(814)				(814)	-
Laptop	6/30/2010	(2,597)				(2,597)	-
Transmitters -disposed 10/1/17	9/15/2010	(606)				(606)	-
2 HP Mini Notebooks	9/30/2010	(1,701)				(1,701)	-
6 Transmitters - disposed 10/1/17	3/21/2011	(634)				(634)	-
2 Mini Laptops - disposed 10/1/17	7/31/2011	(1,434)				(1,434)	-
5 Transmitters -disposed 10/1/17	8/18/2011	(507)				(507)	-
10 Nursing Station Chairs - disposed of 10 chairs 10/1/17	11/2/2011	(1,239)				(1,239)	-
5 Transmitters -disposed 10/1/17	1/5/2012	(508)				(508)	-
Computer - Recreation	3/30/2012	(1,121)				(1,121)	-
6 Transmitters - disposed 10/1/17	5/22/2012	(635)				(635)	-
Paging Server - disposed 10/1/17	6/30/2012	(2,168)				(2,168)	-
4 Mini Computers Rehab	8/12/2012	(1,762)				(1,762)	-
Computer - Bookkeeping	8/31/2012	(1,947)				(1,947)	-
2 Spare Laptops	8/31/2012	(729)				(729)	-
Rehab Mini Desktop	9/30/2012	(1,455)				(1,455)	-
Tranquility HP NB 4530s	9/30/2012	(728)				(728)	-
Fax Machine Kristen's office	1/23/2013	(558)				(558)	-
WAP Harmony A/Bliss B	1/31/2014	(3,035)				(3,035)	-
Office Furniture	10/5/2006	(1,442)				(1,442)	-
Office Furniture	11/30/2006	(619)				(619)	-
Walker	11/30/2005	(706)				(706)	-
Medical Cart disposed 10/1/17	11/30/2006	(4,414)				(4,414)	-
Lawn Equipment disposed 10/1/17	11/30/2007	(2,522)				(2,522)	-
Procedure cart - disposed 10/1/17	1/7/2008	(1,188)				(1,188)	-
Merry Walker - disposed 10/1/17	1/10/2008	(795)				(795)	-
Merry Walker - disposed 10/1/17	2/14/2008	(795)				(795)	-
3 Mats -disposed 10/1/17	3/20/2008	(791)				(791)	-
Nursing Equipment - disposed 10/1/17	3/22/2008	(740)				(740)	-
Mattress -disposed 10/1/17	3/31/2008	(378)				(378)	-
2 Mattresses -disposed 10/1/17	9/25/2008	(679)				(679)	-
8 Mattresses -disposed 10/1/17	2/3/2009	(745)				(745)	-
5 Mattresses -disposed 10/1/17	11/20/2009	(793)				(793)	-
Mattress -disposed 10/1/17	1/15/2010	(996)				(996)	-
Trash Container -disposed 10/1/17	11/11/2011	(617)				(617)	-
Microwave - disposed 10/1/17	12/8/2011	(562)				(562)	-
Inf Control Laptop - disposed 10/1/17	6/30/2012	(2,383)				(2,383)	-
Gluten Free Items -disposed 10/1/17	8/1/2012	(586)				(586)	-
6 Transmitters - disposed 10/1/17	9/14/2012	(635)				(635)	-
7 Transmitters/12 Chair Mats -disposed 10/1/17	1/24/2013	(558)				(558)	-
2 Bedside Mats -disposed 10/1/17	6/18/2013	(1,231)				(1,231)	-
2 Bedside Mats -disposed 10/1/17	8/6/2013	(1,305)				(1,305)	-
2 Swival Oversized Chairs TranQ 1 chair disposed 10/1/17	11/25/2013	(522)				(522)	-
Software "Previously reported-item exempt from taxation, not i	7/31/2010	(73,349)				(73,349)	-
Care Plan Library "Previously reported-item exempt from taxat	3/1/2011	(1,961)				(1,961)	-
eMar/eTar Software "Previously reported-item exempt from tax	8/2/2011	(13,510)				(13,510)	-
eMar/eTar Software Interface "Previously reported-item exemp	8/2/2011	(727)				(727)	-
EMR Software "Previously reported-item exempt from taxation	10/9/2012	(16,352)				(16,352)	-
<b>Total 2018</b>		<b>\$ (655,310)</b>		<b>\$ -</b>	<b>\$ 8,826</b>	<b>\$ (705,012)</b>	<b>\$ 49,702</b>
<b>Grand Total</b>		<b>\$ 905,522</b>		<b>\$ 1,331,040</b>	<b>\$ 67,079</b>	<b>\$ 684,280</b>	<b>\$ 221,241</b>

**Non-Movable Equipment**

<b>2005</b>							
Acquisitions	Date	Cost	Life	2017	2018	2018	Net
Acquisitions	9/30/2005	\$ 2,565	5	\$ 2,565	-	2,565	-
Acquisitions	9/30/2005	2,986	10	2,986	-	2,986	-
Acquisitions	9/30/2005	64,342	15	53,616	4,289	57,905	6,437
Acquisitions	9/30/2005	509	12	509	-	509	-
Acquisitions	11/30/2005	11,301	10	11,301	-	11,301	-
SBC-Phone Lmes	12/31/2005	1,505	10	1,505	-	1,505	-
<b>2005 TOTAL</b>		<b>\$ 83,208</b>		<b>\$ 72,482</b>	<b>\$ 4,289</b>	<b>\$ 76,771</b>	<b>6,437</b>
<b>2012 Additions</b>							
Hot Water #1 Ignitor	12/24/2011	644	10	\$ 386	64	450	194
Hot Water #2 Motor	12/27/2011	1,654	10	992	165	1,157	497
Hot Water #1 Gas Valve	12/27/2011	877	10	527	88	615	263
Recharged Cylinder/New Hood	12/27/2011	1,018	10	611	102	713	305
<b>2012 TOTAL</b>		<b>\$ 4,193</b>		<b>\$ 2,516</b>	<b>\$ 419</b>	<b>\$ 2,935</b>	<b>1,259</b>

**2018 Disposals**

**WEST HARTFORD HEATH AND REHAB CENTER  
DEPRECIATION SCHEDULES  
September 30, 2018**

Description	Date of Acquisitions	Historical Cost	Useful Life (in years)	2017 Acc. Dep	2018 Depreciaton	2018 Acc. Dep	Net Book Value
Acquisitions -no description available	9/30/2005	(2,565)				(2,565)	-
Acquisitions -no description available	9/30/2005	(2,986)				(2,986)	-
Acquisitions	9/30/2005	(509)				(509)	-
Allegiant- Satellite Dish	11/30/2005	(11,301)				(11,301)	-
<b>2018 TOTAL</b>		<b>\$ (17,360)</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ (17,360)</b>	<b>\$ -</b>
<b>Grand Total</b>		<b>\$ 70,041</b>		<b>\$ 74,997</b>	<b>\$ 4,708</b>	<b>\$ 62,345</b>	<b>\$ 7,696</b>
<b>Total Non-Related Party Assets</b>		<b>\$ 2,989,066</b>		<b>\$ 3,353,270</b>	<b>\$ 141,750</b>	<b>\$ 2,205,619</b>	<b>783,447</b>

**Related Party Asset Additions**

<b>1400 Building</b>							
Wood Shed	10/20/2008	\$ 5,566	20	\$ 2,434	278	2,712	2,854
<b>Total for (Building)</b>		<b>\$ 5,566</b>		<b>\$ 2,434</b>	<b>\$ 278</b>	<b>\$ 2,712</b>	<b>2,854</b>

**Building Improvements**

Exterior Painting	11/7/2008	\$ 38,700	5	\$ 38,700	\$ -	38,700	-
Ceiling Tiles	12/18/2008	45,914	8	45,867	47	45,914	0
Corridor Handrails	01/31/09	17,946	15	9,453	1,196	10,649	7,297
Wall in Dining Room	2/28/2009	1,000	20	378	50	428	572
160 Resident Room Closets	3/24/2009	153,977	15	74,419	10,265	84,684	69,293
Shower Core Renovation	5/4/2009	42,537	20	14,150	2,127	16,277	26,260
Acrovyn in Resident Room/Hallwy	5/31/2009	50,855	10	33,187	5,086	38,273	12,583
Corridor Flooring	06/30/09	114,424	10	70,633	11,442	82,075	32,349
4 Condensing Units	6/30/2009	16,500	15	6,790	1,100	7,890	8,610
Door Replacement	06/30/09	107,879	15	44,396	7,192	51,588	56,292
Elevator Panels & Flooring	6/30/2009	5,822	10	3,594	582	4,176	1,646
Boiler	7/15/2009	102,000	20	30,180	5,100	35,280	66,720
Ambulance Glass Doors & Window	7/15/2009	11,109	20	3,286	555	3,841	7,267
7.5 ton Roof Top AC Unit	8/15/2009	12,950	10	7,205	1,295	8,500	4,450
Stainless Steel in Kitchen	8/28/2009	1,780	15	647	119	766	1,014
Carpeting in Tranq Lounge	2/28/2010	4,309	5	4,309	-	4,309	-
Basement Flooring	11/30/2010	19,009	5	19,009	-	19,009	-
Basement Renovations	11/30/2010	34,478	20	12,067	1,724	13,791	20,687
Rooftop AC & Electrical	11/22/2010	37,704	20	13,196	1,885	15,081	22,623
Cabinet for Beauty Salon	12/24/2010	2,045	15	954	136	1,090	955
Painting	12/24/2010	2,650	5	2,650	-	2,650	-
Metal doors for Elevator Vestib	12/17/2010	1,488	10	1,042	149	1,191	297
3 Automatic door openers & devic	6/20/2011	6,251	10	4,376	625	5,001	1,250
Addl electrical for AC Rooftop	1/31/2011	1,195	20	419	60	479	717
Automatic grease trap system	5/18/2011	4,023	10	2,816	402	3,218	805
Electrical for Steam Table	3/20/2011	897	20	314	45	359	538
Vinyl wallboard/dividers/comers	5/5/2011	3,160	10	2,212	316	2,528	632
telephone system upgrades	6/29/2011	11,344	10	7,940	1,134	9,074	2,270
Acoustic Ceiling Tiles-resident	5/12/2012	13,087	8	9,815	1,636	11,451	1,636
Cabinets for 4 med, 2 nourishme	5/21/2012	18,878	15	7,552	1,259	8,811	10,067
Electrical outlets in patient rooms	9/12/2012	8,808	15	3,523	587	4,110	4,698
Wall Protection	7/25/2012	11,334	10	6,800	1,133	7,933	3,401
Wallpaper of Resident Rooms	12/17/2012	24,632	5	24,632	-	24,632	-
Vinyl flooring for rehab gym	12/31/2013	9,341	10	3,736	934	4,670	4,671
Carpet for admin/nursing	9/8/2014	3,026	5	2,420	605	3,025	0
Replace floor in shower stall on	2/16/2015	2,263	10	678	226	904	1,359
Resident Bathroom Floors	4/21/2015	41,131	10	12,339	4,113	16,452	24,679
VCT for resident floor repairs	4/21/2015	1,870	10	561	187	748	1,122
Painting resident room bathroom	5/27/2015	10,210	5	6,126	2,042	8,168	2,042
Shower rooms flooring replacement	9/15/2015	16,683	10	5,004	1,668	6,672	10,011
Wallcovering Bliss Library	6/9/2015	2,993	5	1,797	599	2,396	597
Condensing unit walk-in cooler	11/30/2015	5,965	15	796	398	1,194	4,771
Front Entrance doors/LowerPat	12/10/2015	8,450	10	1,690	845	2,535	5,915
Prep on Bliss shower stalls	11/1/2015	2,956	10	592	296	888	2,068
Cabinet fronts & backslashes in A/C System 12 Airhandling Units	12/30/2015	1,370	15	182	91	273	1,097
2 Exterior Doors - Front entrance	4/1/2016	83,590	15	11,146	5,573	16,719	66,871
4 pairs metal smoke doors	2/1/2016	380	10	76	38	114	266
Insulated Glass Replacement	3/31/2018	6,146	20	-	307	307	5,839
Replacement of 2- 325 gallon hot water tank	3/31/2018	14,475	20	-	724	724	13,751
New Electronic Mixing Valve	6/30/2018	34,775	20	-	1,739	1,739	33,036
	9/30/2018	11,125	20	-	556	556	10,569
<b>Total for (Building Improvements)</b>		<b>\$ 1,185,433</b>		<b>\$ 553,654</b>	<b>\$ 78,188</b>	<b>\$ 631,842</b>	<b>553,591</b>

**Fixed Equipment**

300 KW Diesel Generator	12/28/2011	\$ 71,304	20	\$ 21,391	3,565	24,956	46,348
Blinds	7/25/2012	23,045	5	23,045	-	23,045	-
Vulcan gas range	5/25/2012	5,580	10	3,348	558	3,906	1,674
Zone Valve Replacement Heat S	8/31/2013	13,735	15	4,579	916	5,495	8,240
Zoning for 3 AC Units	3/7/2013	8,100	10	4,050	810	4,860	3,240
Resident bathroom light fixtures	5/21/2014	4,562	10	1,825	456	2,281	2,282
5 replacement toilets & tanks for new radiator coil	2/16/2015	1,119	20	168	56	224	895
	4/28/2016	3,670	5	1,468	734	2,202	1,468
<b>Total for (Fixed Equipment)</b>		<b>\$ 131,115</b>		<b>\$ 59,873</b>	<b>\$ 7,095</b>	<b>\$ 66,968</b>	<b>64,147</b>

**Land Improvements**

Split Rail/Chain Link Fencing	4/30/2009	\$ 7,927	15	\$ 3,634	528	4,162	3,765
Repair Patio and Sidewalk	6/18/2009	29,215	15	12,161	1,948	14,109	15,106
Trenching for Exterior Lighting	6/26/2009	6,006	15	2,481	400	2,881	3,125
Demo and Rebuild South Wall	6/30/2009	6,106	20	1,884	305	2,189	3,916
Driveway	6/30/2009	54,060	8	41,714	6,758	48,472	5,588
Facility Sign	11/7/2011	5,911	10	3,546	591	4,137	1,773
Sidewalk Concrete Replacement	5/12/2012	6,137	15	2,455	409	2,864	3,273
Patio Expansion Caulking	10/31/2012	1,154	15	385	77	462	692
Exterior Signs	6/9/2015	4,281	10	1,284	428	1,712	2,569

**WEST HARTFORD HEATH AND REHAB CENTER  
DEPRECIATION SCHEDULES  
September 30, 2018**

Description	Date of Acquisitions	Historical Cost	Useful Life (in years)	2017 Acc. Dep	2018 Depreciation	2018 Acc. Dep	Net Book Value
<b>Total for (Land Improvements)</b>		<b>\$ 120,797</b>		<b>\$ 69,545</b>	<b>\$ 11,444</b>	<b>\$ 80,989</b>	<b>39,808</b>
<b>Moveable Equipment</b>							
80 Beds	12/8/2008	\$ 101,641	12	\$ 67,691	8,470	76,161	25,480
80 Beds	01/19/09	99,916	12	66,107	8,326	74,433	25,484
160 Resident Room Chairs	2/26/2009	72,992	15	36,861	4,866	41,727	31,265
160 Bedside Cabinets	3/24/2009	50,543	15	24,429	3,370	27,799	22,744
Kitchen Equipment	7/31/2009	13,924	10	8,083	1,392	9,475	4,449
2 100lb washers & 2 75 lb Dryers	6/30/2010	49,401	10	39,521	4,940	44,461	4,940
Food Carts	12/31/2009	17,996	10	14,397	1,800	16,197	1,799
5 tilt tables for tranquility	6/21/2011	2,935	15	1,370	196	1,566	1,369
Ice machines	6/1/2011	8,748	10	6,124	875	6,999	1,749
steam table	3/21/2011	2,330	10	1,631	233	1,864	466
therapy mat (bale)	3/29/2011	4,621	10	3,235	462	3,697	924
therapy table w/lift	12/7/2010	8,930	15	4,167	595	4,762	4,168
weight rack	1/10/2011	1,093	15	510	73	583	510
EMAR/ETAR Computer Equip	8/3/2011	28,744	5	28,744	-	28,744	-
Computer Equipment EMAR/ETAR	10/1/2011	24,097	5	24,097	-	24,097	-
Lounge furniture for 3 resident	8/27/2012	9,183	15	3,673	612	4,285	4,898
13 Elo touch screen computers	9/21/2012	16,328	5	16,328	-	16,328	-
Install 13 ELO Touch Computers	10/31/2012	3,597	5	3,597	-	3,597	-
24 Dining Room Chairs Harmony	8/29/2013	5,611	15	1,870	374	2,244	3,367
New Plate Warming for Kitchen	2/20/2013	3,479	10	1,739	348	2,087	1,391
Recumbent Stepper Machine	6/20/2013	4,694	10	2,347	469	2,816	1,878
5 New timeclock & software	4/30/2014	19,262	10	7,705	1,926	9,631	9,631
Convection Oven	9/8/2014	3,855	10	1,541	385	1,926	1,928
10 Sleeper Sofa Chairs Bliss	12/22/2014	10,533	15	2,106	702	2,808	7,725
2-75lb. Unimac gas dryers and 1	4/21/2015	27,979	10	8,394	2,798	11,192	16,787
61 resident bathroom mirrors	2/16/2015	1,811	10	543	181	724	1,087
Camera Rear Parking Lot	5/27/2015	4,035	5	2,421	807	3,228	807
Recover 158 resident room chair	7/23/2015	14,581	10	4,374	1,458	5,832	8,749
5 Pan Electric steamer Kitchen	3/1/2016	6,646	10	1,330	665	1,995	4,652
<b>Total for (Moveable Equipment)</b>		<b>\$ 619,504</b>		<b>\$ 384,932</b>	<b>\$ 46,323</b>	<b>\$ 431,255</b>	<b>188,249</b>
<b>Total Related Party Assets</b>		<b>\$ 2,062,415</b>		<b>\$ 1,070,438</b>	<b>\$ 143,328</b>	<b>\$ 1,213,766</b>	<b>848,649</b>
<b>Total Assets</b>		<b>\$ 5,051,481</b>		<b>\$ 4,423,708</b>	<b>\$ 285,078</b>	<b>\$ 3,419,385</b>	<b>1,632,096</b>
PY Variance Roll Forward - Mov. Equip		-		223	223	446	(223)
PY Variance Roll Forward - Leasehold		-		1,602	1,602	3,204	(1,602)
<b>Cost Report Total</b>		<b>\$ 5,051,481</b>		<b>\$ 4,425,533</b>	<b>\$ 286,903</b>	<b>\$ 3,423,035</b>	<b>1,630,271</b>

Related Party Leasehold Improvements Depreciation (Disclosed on pg 4 of CR)  
 Related Party Movable Equipment Depreciation (Disclosed on pg 4 of CR)  
 Related Party Non-Movable Equipment Depreciation (Disclosed on pg 4 of CR)

<b>Leasehold Improvements</b>	\$ 2,493,192	\$ 1,947,866	\$ 65,274	\$ 2,013,141	480,051
Additions	78,514	968	4,689	5,657	72,857
Disposals	(558,203)	-	-	(558,203)	-
Related Party Leasehold improvements	1,291,175	632,007	88,601	720,608	570,567
Related Party Additions	20,621	-	1,031	1,031	19,590
Total	<b>\$ 3,325,300</b>	<b>\$ 2,580,841</b>	<b>\$ 159,595</b>	<b>\$ 2,182,234</b>	<b>1,143,066</b>
<b>Movable Equipment</b>	\$ 1,560,832	\$ 1,321,418	\$ 58,253	\$ 1,379,671	181,161
Additions	58,528	9,847	8,826	18,673	39,855
Disposals	(713,838)	-	-	(713,838)	-
Related Party Movable Equipment	573,604	384,933	44,028	428,961	144,643
Related Party Additions	45,900	-	2,295	2,295	43,605
Total	<b>\$ 1,525,026</b>	<b>\$ 1,716,197</b>	<b>\$ 113,402</b>	<b>\$ 1,115,761</b>	<b>409,265</b>
<b>Non-movable Equipment</b>	\$ 87,401	\$ 74,997	\$ 4,708	\$ 79,705	7,696
Disposals	(17,360)	-	-	(17,360)	-
Related Party Non-movable Equipment	131,115	59,873	7,095	66,968	64,147
Related Party Additions	-	-	-	-	-
Total	<b>\$ 201,156</b>	<b>\$ 134,870</b>	<b>\$ 11,803</b>	<b>\$ 129,313</b>	<b>71,843</b>

Per Trial Balance	2,608,702		142,280	1,859,828	748,874
Per Cost Report Depreciation	5,051,481	4,431,909	284,800	3,427,308	1,624,173
Related Party	2,062,415	1,076,812	143,050	1,219,862	842,553
F/S vs C/R Variance	(380,364)		(142,520)	(347,617.56)	(32,746)
Rounding Variance					(1)

F/S vs C/ R Depreciation / NBV Variance (142,520) (32,747)

F/S vs C/R NBV - Page 31, Line 9B (32,747)  
 F/S vs C/R Dep. - Page 36, Line F2 (142,520)  
 Reserve for Dep. - Page 35, Line A3 842,553

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

Name of Facility Brookview Corporation d/b/a West Ha	License No. 1057	Report for Year Ended 9/30/2018	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
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					
5. Total Licensed Bed Capacity	160				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed				
b. Date Mortgage Obtained	08/26/13				
c. Interest Rate for the Cost Year	4.05%				
d. Term of Mortgage (number of years)	30				
e. Amount of Principal Borrowed	6,811,600				
f. Principal balance outstanding as of 9/30/18	6,187,812				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
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
Brookview Corporation d/b/a West Ha		1057	9/30/2018		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. <b>Total Building Interest Expense</b> (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
Brookview Corporation d/b/a West		1057		9/30/2018		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Capital Lease Interest				\$	939	939	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	939	939	
14. Insurance							
a. Insurance on Property (buildings only)				\$	106,109	106,109	
b. Insurance on Automobiles				\$	250	250	
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)				\$	106,359	106,359	
15. Total All Expenditures (A-13 thru C-14)				\$	14,860,085	14,860,085	

## D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Brookview Corporation d/b/a West Hartford Health & Rehabil			1057	9/30/2018	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 344,454	344,454		
7.			Other - See attached Schedule	\$ 1,925	1,925		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 206,408	206,408		
10.	15	1d	Accounting	\$ 1,300	1,300		
10a.	15	1e	Legal	\$ 11,080	11,080		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 394	394		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 10,864	10,864		
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.	16	m2/3	Unallowable Advertising *	\$ 43,947	43,947		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 526	526		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 4,822	4,822		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 625,720	625,720		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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



**Schedule of Other Salaries Adjustment**

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

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	8c	Respiratory Therapist	\$ 1,925		
<b>Total Other Fees Adjustments</b>			\$ 1,925	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Late Fees & Fines	\$ 4,822		
<b>Total Other A&amp;G Adjustments</b>			\$ 4,822	\$ -	\$ -

**West Hartford Health Care 2018 Cost Report  
Disallowance Schedule for Cell Phones  
9/30/2018**

	<u>Amount</u>
Total Cell Phone Exp acct #51300	1,834 TB Linked
Cell Phone Allowed Based on Bed Capacity	4
Monthly Allowable amount per Cell Phone	\$ 30
Months in Cost Report Year	12
Total Allowable Cost	<u>\$ 1,440</u>

<b>Disallowed Cell Phone (Page 28, Line 12)</b>	<u><u>\$ 394</u></u>
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**D. Adjustments to Statement of Expenditures (cont'd)**

Name of Facility				License No.	Report for Year Ended	Page	of
Brookview Corporation d/b/a West Hartford Health & Rehab				1057	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 625,720	625,720		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 269,674	269,674		
28.	20	5d	Ambulance/Limousine	\$ 6,321	6,321		
29.	20	5f	X-rays, etc	\$ 7,825	7,825		
30.	20	5h	Laboratory	\$ 20,879	20,879		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 8,261	8,261		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 25,157	25,157		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$ 250	250		
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 182	182		
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 964,269	964,269		

\*\*\* 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.

Brookview Corporation d/b/a West Hartford Health & Rehabilitation Center  
 9/30/2018

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV Disallowance (See Attached)	\$ 1,047		
20	5l	Supplies Patient Person	4,620		
20	5l	Nursing Equipment Med A	5,315		
20	5l	IV Therapy Expenses	14,175		
<b>Total Other Ancillary Costs</b>			<b>\$ 25,157</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Check Received from ADP	\$ 182		
<b>Total Other Adjustments</b>			<b>\$ 182</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Unallowable Building Interest

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

**West Hartford Health Care 2018 Cost Report  
Disallowance Schedule for Cable TV  
9/30/2018**

**Pg. 29b**

	<u>Amount</u>
Total Cable TV Expense	4,647 TB Linked
Monthly Allowable amount	\$ 300
Months in Cost Report Year	<u>12</u>
Total Allowable Cost	\$ 3,600
Partial Year Cost Report (365 out of 365 Days)	\$ 365
Days in Cost Report Year	<u>365</u>
Partial Year Allowable %	100.00%
Revised Allowable Cost	3,600
<b>Disallowed Cable TV</b>	<b><u><u>\$ 1,047</u></u></b>

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Brookview Corporation d/b/a West Hartfi	1057	9/30/2018			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 17,801,016	17,801,016				
b. Medicaid Room and Board Contractual Allowance **	\$ (8,033,385)	(8,033,385)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,830,512	1,830,512				
b. Medicare Room and Board Contractual Allowance **	\$ 192,457	192,457				
4. a. Private-Pay Residents and Other	\$ 3,079,051	3,079,051				
b. Private-Pay Room and Board Contractual Allowance **	\$ (209,044)	(209,044)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 165,535	165,535				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (157,270)	(157,270)				
c. Prescription Drugs - Non-Medicare	\$ 97,768	97,768				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (97,768)	(97,768)				
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	\$ 250,119	250,119				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (143,218)	(143,218)				
c. Physical Therapy - Non-Medicare	\$ 137,873	137,873				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (137,884)	(137,884)				
4. a. Speech Therapy - Medicare	\$ 177,902	177,902				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (118,366)	(118,366)				
c. Speech Therapy - Non-Medicare	\$ 67,369	67,369				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (67,968)	(67,968)				
5. a. Occupational Therapy - Medicare	\$ 342,233	342,233				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (252,009)	(252,009)				
c. Occupational Therapy - Non-Medicare	\$ 187,886	187,886				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (101,527)	(101,527)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (5,170)	(5,170)				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (108,997)	(108,997)				
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>	\$ 14,897,115	14,897,115				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 26	26				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 782	782				
<b>V. Total Other Revenue (1 thru 8)</b>	\$ 808	808				
<b>VI. Total All Revenue (III +V)</b>	\$ 14,897,923	14,897,923				

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 II 6a	Lab Medicare A	\$ 18,279		
30 II 6a	Allow Lab MCR A	(18,279)		
30 II 6a	X-Ray Medicare A	6,127		
30 II 6a	Allow X-Ray MCR A	(6,127)		
30 II 6a	Allow Pharmacy - MCR B	(5,170)		
	<b>Total Other Resident Revenue - Medicare</b>	\$ (5,170)	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 II 6b	Lab Medicaid	\$ 84		
30 II 6b	Allow Lab MCD	(84)		
30 II 6b	Lab Insurance Other	11,453		
30 II 6b	Allow Lab Insurance Other	(11,453)		
30 II 6b	X-Ray Insurance Other	3,176		
30 II 6b	Allow X-Ray Insurance Other	(3,176)		
30 II 6b	Retro Ancillaries	(108,997)		
	<b>Total Other Resident Revenue</b>	\$ (108,997)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
30 IV 5	Medicare Interest Income	N/A	\$ 26		
	<b>Total Interest Income</b>		\$ 26	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 IV 8	Class Action Settlement relating to PY	\$ 600		
30 IV 8	Check received from ADP	182		
	<b>Total Other Revenue</b>	\$ 782	\$ -	\$ -



### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Brookview Corporation d/b/a West Har	1057	9/30/2018	31	37
<b>Account</b>			<b>Amount</b>	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	609,156
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,748,498
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	77,976
5. Prepaid Expenses			\$	80,102
a. Prepaid Insurance	62,997			
b. Prepaid Real / Property Taxes	2,287			
c. Prepaid Other	14,818			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>4,515,732</b>
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>3,325,300</u>		\$	1,143,066
	Accum. Depreciation <u>2,182,234</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>201,156</u>		\$	71,843
	Accum. Depreciation <u>129,313</u>	Net		
6. Movable Equipment	*Historical Cost <u>1,525,026</u>		\$	409,265
	Accum. Depreciation <u>1,115,761</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	(32,747)
F/S vs C/R NBV	(32,747)			
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>1,591,427</b>

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

(Carry Total forward to next page)

**G. Balance Sheet (cont'd)**

Name of Facility		License No.	Report for Year Ended	Page	of
Brookview Corporation d/b/a West Hart		1057	9/30/2018	32	37
Account				Amount	
Total Brought Forward:				\$	6,107,159
<b>C. Leasehold or like property recorded for Equity Purposes.</b>					
1. Land					
\$					
2. Land Improvements					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
3. Buildings					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
5. Movable Equipment					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
6. Motor Vehicles					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable					
\$					
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>					
\$					
<b>D. Investment and Other Assets</b>					
1. Deferred Deposits					
\$					
2. Escrow Deposits					
\$					
3. Organization Expense					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)					
\$					
5. Investments Related to Resident Care ( <i>itemize</i> )					
\$					
_____					
6. Loans to Owners or Related Parties ( <i>itemize</i> )					
\$					
Name and Address		Amount		Loan Date	
_____		_____		_____	
7. Other Assets ( <i>itemize</i> )					
\$					
_____					
See Schedule					
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>					
\$					
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>					
\$ 6,107,159					

\* 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
Brookview Corporation d/b/a West Hartford Ho		1057	9/30/2018	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	632,028
2. Notes Payable ( <i>itemize</i> )				\$	101,280
Capital Lease Payable					1,280
Note Payable Officer					100,000
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> )				\$	446,705
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	9,494
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> )				\$	1,150,187
See Schedule					1,150,187
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				\$	<b>2,339,694</b>

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

(Carry Total forward to next page)

**G. Balance Sheet (cont'd)**

Name of Facility Brookview Corporation d/b/a West Hartford		License No. 1057	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,339,694	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 517,377	
Name and Address of Lender	Amount	Loan Date			
Due to Avon Health Care	517,377				
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 517,377	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,857,071	

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Fixed Assets (Itemize)</b>			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Credit balance liabilities	\$ 515,315
33	A12	Cost without medicaid/medicare	136,299
33	A12	Due to cash resident refunds	83,525
33	A12	Uninvest lease	26,249
33	A12	CP of capital leases	26,121
33	A12	P/R pension employee	108
33	A12	Accrued pension	65,389
33	A12	accrued accounting	12,850
33	A12	Accrued user fees	231,703
33	A12	accrued insurance financing	33,828
33	A12	accrued expenses other	18,300
<b>Total Other Current Liabilities (Itemize)</b>			\$ 1,150,187

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

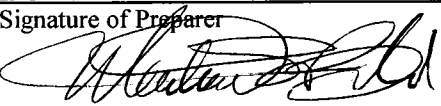
**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of	
Brookview Corporation d/b/a West Ha	1057	9/30/2018	35	37	
Account			Amount		
<b>A. Reserves</b>					
1. Reserve for value of leased land			\$		
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$		
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	842,553	
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			\$	842,553	
<b>B. Net Worth</b>					
1. Owner's Capital			\$		
2. Capital Stock			\$	391,000	
3. Paid-in Surplus			\$		
4. Treasury Stock			\$		
5. Cumulated Earnings			\$	1,836,177	
6. Gain or Loss for Period					
	10/1/2017	thru	9/30/2018	\$	180,358
7. Total Net Worth			\$	2,407,535	
<b>C. Total Reserves and Net Worth</b>			\$	3,250,088	
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	6,107,159	

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Brookview Corporation d/b/a West Hartfo	1057	9/30/2018	36	37
<b>Account</b>			<b>Amount</b>	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	2,652,703
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	14,897,923
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	14,717,565
D. Net Income or Deficit			\$	180,358
E. Balance			\$	2,833,061
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
Total Expenses Per Page 27     \$14,860,085				
F/S vs C/R Depreciation         (\$142,520)				
Total F/S Expenses               \$14,717,565				
2. Other ( <i>itemize</i> )				
Prior Year Bad Debt Expense CJE				(237,490)
F-3. Total Additions			\$	(237,490)
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	188,036
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
Leonard Schwartz		Owner	188,036	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	188,036
H. <b>Balance at End of Period</b>			\$	2,407,535
				09/30/18

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

Name of Facility Brookview Corporation d/b/a West	License No. 1057	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title PRINCIPAL	Date Signed 1/28/19		
Printed Name of Preparer  Matthew S. Bavolack				
Address Address  555 Long Wharf Drive, New Haven, CT 06511		Phone Number  203-781-9600		
Annual Report Contact  Russel Schwartz		Phone Number  860-673-2521		
Annual Report Contact Email Address  russel.schwartz@sbcglobal.net				