State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2020

AMENDED

Name of Facility (as 1	licensed)							
Whispering Pines Rel	habilitation and	Nursing Cent	er					
Address (No. & Stree	et, City, State, Z	Zip Code)						
38 Talmadge Ave, Ea	st Haven, CT 0	6512						
Type of Facility					-0			
Chronic and C	onvalescent		Rest Home with	Nursing				
✓ Nursing Home	only		Supervision onl	y		(Specify)		
(CCNH)			(RHNS)					
Report for Year Begi	nning		Report for Year	Ending				
10/1/2019			9/30/2020					
License Numbers:		CCNH	RHNS		(Specify)		Med	dicare Provider
		2443					9951	
Medicaid Provider N	umbers:	CC	NH T	RH	INS		ICI	F-IID
		07-5294			2003000			
For Department Use								
Sequence Number	Signed and	Date	Sequence No		Signed a	nd Notarize	ed	Date Received
Assigned	Notarized	Received	Assigned		Bigiica a			Date Received
							-	

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Whispering Pines Rehabilitation and Nursing Center	2443	9/30/2020	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Whispering Pines Rehabilitation and Nursing Center [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date		
Printed Name (Administrator) Terrence Brennan			Printed Name (Owner) Michael Bartolotta			
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires		

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	of						
Name of Facility		Period Cov	ered:	From	То			
Whispering Pines Rehabilitation and Nursing Center				10/1/2019	9/30/2020			
Address of Facility								
38 Talmadge Ave, East Haven, CT 06512		·		T				
Report Prepared By		Phone Num		Date				
Laydon and Company LLC		203-799-10	40					
Item		Total	CCNH	RHNS	(Specify)			
1. Dietary wages paid	\$							
2. Laundry wages paid	\$							
3. Housekeeping wages paid	\$							
4. Nursing wages paid	\$							
5. All other wages paid	\$							
6. Total Wages Paid	\$							
7. Total salaries paid	\$							
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$							

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

			ne No. of Fac -469-2316	-	Report for Ye 9/30/2020	ar Ended	Page 2	of 37
Name of Facility (as shown on license)		203			Street, City, Sta	ite, Zip)		
Whispering Pines Rehabilitation and Nursin	g Center		1		e,East Haven, (
	CCNH		RHNS		(Specify)			rovider No.
License Numbers:	2443						9951	
Type of Facility (Check appropriate box(es))							
☐ Chronic and Convalescent Nursing Home only (CCNH)			t Home with lervision only			(Specify)	1	
Type of Ownership (Check appropriate box)							
O Proprietorship O LLC O	Partnership	0	Profit Corp.	,	Non-Profit Cor	-	Government	O Trust
If this facility opened or closed during repor	rt year provide	e:		Date	Opened	Date Clo	sed	
Has there been any change in ownership			37		NI-	16 IIX/ II	1-i 6.11-	
or operation during this report year?			Yes	<u> </u>	No	11 165,	explain full	y
Administrator								
Name of Administrator					Nursing Ho	ome		
Terrence Brennan					Administrat	ı	1091	
					License 1	No.:		
Other Operators/Owners who are assistant a	dministrators	(ful	l or part time)	of th		, , , , , , , , , , , , , , , , , , , 		
Name					License 1	No.:		

General Information and Questionnaire Partners/Members

Name of Facility Whispering Pines Rehabilitation	License No.	Report for Y 9/30/2020	ear Ended	Page of 3 37	
Legal Name of Part Whispering Pines Rehabilitati LLC	State(s) and/			or Town(s) in egistered	
Name of Partners/Members	Business Ad	ddress		<u>I</u> Fitle	% Owned
Louis Viteritti	38 Talmadge Ave, Eas 06512	t Haven, CT	Member		33.33
Michael Bartolotta	38 Talmadge Ave, Eas 06512	t Haven, CT	Member		33.33
Erik Burgos	38 Talmadge Ave, Eas 06512	t Haven, CT	Member		33.33

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	ded	Page of
Whispering Pines Rehabilitation and Nursing	2443	9/30/2020		3A 37
If this facility is owned or operated as a corpo	oration, provide the	e following informat	ion:	
Legal Name of Corporation		s Address	State(s) in Whi	ch Incorporated
Name of Directors, Officers	Busines	s Address	Title	No. Shares
				Held by Each
Names of Stockholders Owning at Least				
10% of Shares				
1070 01 0114100				
			•	
:				

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Whispering Pines Rehabilitation and Nursing Cent	2443	9/30/2020	3B	37
If this facility is owned or operated as an individua		rovide the following informat	ion:	
	ner(s) of Facility			
	(·) · · · · · · · · · · · · ·			
	···			
			***************************************	····
	·			
				
	· · · · · · · · · · · · · · · · · · ·			



General Information and Questionnaire Related Parties*

Name of Facility		License	e No.		Report for Year Ended		Page	of
Whispering Pines Rehal	pilitation and Nursing Center		2443		9/30/2020		4	37
***************************************		·						
Are any individuals rece	eiving compensation from the fa	icility re	lated th	rough		If "Yes," provide th	e Name/Ad	dress and
marriage, ability to cont	rol, ownership, family or busine	ess assoc	ciation?	0	Yes • No	complete the inform	nation on Pa	ige 11 of the report.
Are any individuals or c	ompanies which provide goods	or servi	ices,					
including the rental of p	roperty or the loaning of funds	to this fa	acility,					
related through family a	ssociation, common ownership,	control	, or bus	iness	Yes O No			
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide th	e following	information:
			so Provi			Indicate Where		
			ls/Servi			Costs are Included		
Name of Related	Business		Related		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company		Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
WP Realty LLC	38 Talmadge Ave, East Haven, CT 06512	0	0		rental of real estate	p 22 L 9	486,564	486,564
WP Management LLC	38 Talmadge Ave, East Haven, CT 06512	0	0		management services	p 16 M 12	553,862	553,862
		0	0					
		0	0					1000
		0	0					
		0	0					
	4	0	0					
(t)		0	0					
		0	0					

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No	i i	Report for Year Ended	Page of				
Whispering Pines Rehabilitation and Nursing C	2443		9/30/2020	5 37				
If the facility is licensed as CDH and/or RCH or	r provides A	IDS or TBI	services with special Medica	id rates, costs				
must be allocated to CCNH and RHNS as follow	ws:							
Item		Method of Allocation						
Dietary		Number of meals served to residents						
Laundry		Number of	pounds processed					
Housekeeping		Number of	square feet serviced					
		Number of	hours of routine care provided	l by EACH				
Nursing		employee c	lassification, i.e., Director (or	Charge Nurse),				
		Registered	Nurses, Licensed Practical Nu	irses, Aides and				
		Attendants						
Direct Resident Care Consultants		Number of	hours of resident care provide	d by EACH				
		specialist (See listing page 13)					
Maintenance and operation of plant		Square feet						
Property costs (depreciation)		Square feet						
Employee health and welfare		Gross salar	ies					
Management services			e cost center involved					
All other General Administrative expenses		Total of Direct and Allocated Costs						
The preparer of this report must answer the foll	owing quest	ions applica	able to the cost information pr	ovided.				
1. In the preparation of this Report, were all	O V	O M-	If "No," explain fully why suc	h allocation was				
costs allocated as required?	• Yes	O No	not made.					
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data	a.				
3. Did the Facility appropriately allocate and se	elf-disallow	direct and in	ndirect costs to non-nursing he	ome cost centers?				
(e.g., Assisted Living, Home Health, Outpati	ent Services	s, Adult Day	Care Services, etc.)					
	0.17	0.37	If "No," explain fully why suc	ch allocation was				
	Yes	O 190	not made.					
		·····						

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility	•		License No.		Report for Year Ended			
Whispering Pines Rehabilitation and Nurs	sing Center	ŗ	2443	9/30/2020			Page 6 Amoun Claimed 9,466 3,600	37
	1	ed * to						
		ners,						
	1 -	ators,		7	T	Annual		. 4
Name and Address of Logger		cers	Description of Itoma Logard	Date of Lease**	Term of Lease	Amount of Lease	1	
Name and Address of Lessor De Lage Landen Financial Services Inc.	Yes	No	Description of Items Leased 2 copiers	Lease	Lease	01 Lease	Clai	illeu
	0	0		5/24/2018	60 months	6,668	9,466	
Toyota Financial Services	0	•	2018 Rav 4	6/20/2018	36 months	3,600	3,600	l
	0	0						
	0	0						
	0	0						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
Is a Mileage Log Book Maintained for Al	l Leased V	ehicles	? O Ye	es o	No	Total ***	13,066	

* 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.

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended	1	Page	or
Whispering Pines Rehabilitation an	2443	9/30/2020		7	37
The records of this facility for the p	period covered by this report v	were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this		VOUST 11 1 1			
•	Yes	If "No," explain.			
previous period? O	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
 Laydon and Company LLC 		PO Box 945, Orange CT 06477			
2 Annnunziata and Co		236 Boston Post Road, Orange, CT 0647	7		
3					
4				·····	
Services Provided by This Firm (de					
1 monthly accounting services, tax retu	irn preparation, cost report preparat	ion	\$	46,436	
2 12/31/19 Audit			\$	13,000	
3	 		\$		
4			\$		
			Charge for	Services P: 59,436	rovided
Are These Charges Reflected in the Expen	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.	<u></u>	37,430	
⊙ Yes O No		,,			
Legal Services Information					· · · · · · · · · · · · · · · · · · ·
Name of Legal Firm or Independen	it Attorney		Telephone	Number	
1 Green & Levine	·		860-677-70		
2 Kainen, Escalera and McHale			860-493-08	370	
3 Withers Bergman LLP			203-789-13	320	
4 Murtha Cullina LLP/Abrams F	Fensterman		203-772-77	700/516-32	8-2300
5 Chubb Group of Insurance Co	mpanies		888-259-64	145	
Address (No. & Street, City, State,	• '				
1 231 Farmington ave, Farmington					
2 21 Oak St. Suite 601, Hartford					
3 157 Church St. New Haven, C					
		/3 Dakota Dr, Sutie 200 Lake Success, NY 110)42		
5 202A Hall's Mill Rd. PO box 1 Services Provided by This Firm (de		08889			
general corporation matters, litigation			\$	3,823	
2 labor and personnel issues			\$	22,343	
3 debt collections, defense of Oxyair la	wsuit/media/reputational advice re	COVID/contract drafting and review	\$	84,053	
4 health care regulatory issues/COVID			\$	2,690	
5 accounts receivable claims	.,, companies program retains		\$	4,683	
5 accounts receivable claims			Charge for		rovided
			1		ovided
Ara Thasa Chargas Ballastad in the Course	ditura Partian of This Passet 153	'es, Specify Expense Classification and Line No.	\$	117,591	
-	p 15 1 e	es, specify expense Classification and Line No.			
⊙ Yes O No	p 10 1 0				

Schedule of Resident Statistics

Name of Facility		License N	No.	Report fo	r Year Ende	:d		Page	of			
Whispering Pines Rehabilitation and Nursing Center			2	443			9/30/2020	00			8	37
)	Period 10	od 10/1 Thru 6/30 Period 7/1			1 Thru 9/3	50	
		Total	Total									
	Total All	CCNH	RHNS	Total				(0 10)		~~~		(0 10)
	Levels	Level	Level	(Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	90	90			90	90						
B. On last day of THIS report period	90	90							90	90		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	87	87			87	87						
B. As of midnight of THIS report period	67	67							67	67		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,317	3,317			2,406	2,406			911	911		
B. Medicaid (Conn.)	18,866	18,866			15,029	15,029			3,837	3,837		
C. Medicaid (other states)												
D. Private Pay	1,535	1,535			1,261	1,261			274	274		
E. State SSI for RCH												
F. Other (Specify) managed care, covid, rugs, hosp	3,873	3,873			2,574	2,574			1,299	1,299		
G. Total Care Days During Period (3A thru F)	27,591	27,591			21,270	21,270			6,321	6,321		
Total Number of Days Not Included in Figures in 3G												
4. for Which Revenue Was Received for Reserved												
Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	-											
5. Total Resident Days (3G + 4A + 4B)	27,591	27,591			21,270	21,270			6,321	6,321		

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			License No. Report for Year Ended								Page	of		
Whispering P	ines Re	habilitat	ion and Nursing	1 1							9	37			
	-	_	in the certified t		ed capacity during the report year? O Yes O No Change in Beds Capacity After Change							No			
			f Change		Cł	ange	in Bed	s		Car	pacity Afte	er Change			
Date of		RHNS	(Specify)		Lost			Gaine	d						
	001111	ian (S	(-1)		13001										
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason for Chang		
,															
	l	<u> </u>								<u></u>					
		_	in certified bed 90 days followir	-	-	the r	eport y	ear (a	s repor	ted in iter	n 4 above) provide the nu	mber of		
1 , 1			Change in Ro	esider	it Days					CC	CNH	RHNS	(Spe	cify)	
1st chan 2nd char															
3rd chan										ļ					
4th chan															
		dents an	d Rates on Septe	mber	30 of Co	st Ye	ar								
			Medicare		Medi	caid				Se	if-Pay		Other Star	e Assisted	
								ŀ							
	Item		CCNH	C	CNH	RI	INS	CC	CNH	RI-	INS	(Specify)	R.C.H.	ICF-MR	
No. of R		3	14	100 M (01/100/100	48				5						
Per Dien									1000						
a. One b			638.40		239,91				427.00 391.00						
c. Three					239,91				391.00						
bed i															
Dea I	1115.			L	,,	l									
		f Physica are - Par	al Therapy Treat	ments	3					то	TAL 4,786	CCNH 4,786	RHNS	(Specify)	
			lusive of Part B)								1,700	1,7,00			
			e Treatments												
		torative	Treatments												
	Other										6,924	6,924			
			Therapy Treatm								11,710	11,710			
			Therapy Treatn	nents							1.016	1016	9.5		
		are - Par	lusive of Part B)								1,216	1,216			
Б.			e Treatments									ar redicione a sociale 3/		**************************************	
			Treatments										· · · · · · · · · · · · · · · · · · ·		
C.	Other											1,574			
D.	Total S	Speech T	Therapy Treatm									2,790			
			ational Therapy	Treatments											
		are - Par									5,370	5,370			
В.			lusive of Part B)											37.55	
<u></u>			e Treatments Treatments												
C.	Other	vc	110411101110							 	7,403	7,403			
		Occupati	onal Therapy T	reatn	ients						12,773	12,773			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Year		Page	of
Whispering Pines Rehabilitation and Nursing Center	2443		9/30/2020	Bridea	10	37
Are time records maintained by all individuals receiving con			Yes	0	No	
Are time records maintained by an individuals receiving con	ipensation:		Total Cost a			
Grant Control (St. 9-12 phonor of Co.) and additional control of the Co.			Total Cost a	iu riouis		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
Operators/Owners (Complete also Sec. I	100					
of Schedule A1)				E-months of		
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	132,190	2,091				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	310,526	12,476				
5. Dietary Service	310,320	12,470				
a. Head Dietitian	29,044	712				
b. Food Service Supervisor	66,050	2,100				
c. Dietary Workers	292,439	17,789				
6. Housekeeping Service						
a. Head Housekeeper	240.014	15 120				
b. Other Housekeeping Workers 7. Repairs & Maintenance Services	240,914	15,138				
a. Engineer or Chief of Maintenance	50,447	2,071				
b. Other Maintenance Workers	208	8	1			
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	47,792	2,353				
9. Barber and Beautician Services	ļ					
I0. Protective Services II. Accounting Services						
a. Head Accountant	52422 35 SEC.					
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	183,851	3,313				
b. RN						
Direct Care	566,227	12,514				
2. Administrative**	75,891	2,147				
c. LPN	000 205	29,284				
Direct Care Administrative**	900,305	29,204				
d. Aides and Attendants	1,158,292	63,356				
e. Physical Therapists	231,448			***		
f. Speech Therapists	87,038					
g. Occupational Therapists	150,349					
h. Recreation Workers	98,815	4,452	The second control of			
i. Physiciansl. Medical Director						
2. Utilization Review	 					
3. Resident Care***	1					
4. Other (Specify)			4.00	100		
j. Dentists						
k. Pharmacists						
Podiatrists M. Social Workers/Case Management	125,386	3,970				
n. Marketing	123,300	3,970				
o. Other (Specify)						
See Attached Schedule	41,957					
A-13. Total Salary Expenditures	4,789,167	187,241		l	l	l

^{*} 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)

	CC	NH	RI	INS	(Specify) S Hours	
Position	S	Hours	S	Hours		
Scheduler	\$ 41,969	2,127				
Medical records NA PTO adjustment	\$ (12)					
		Kanan Xid				统体验验证
		er frankliger (b. 1948)				
Property of the second				THE BUILDING		
			A STATE OF THE			
			Assault and a		BEXEKS AND	
	or defection of the A.S.	Joseph Land	ALLEN SERVICE	THE STATE		
						SERVICE SET
			ALVANIA NOV.	460-40-40		
			2,42,62,753,000	REPRESENTATION		
				350 J. W. V. P. V.	10 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	PRODUCTS
		100000000000000000000000000000000000000	18/16/2015			A STATE OF THE
	54.28.65.6023	- 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND STREET			
		2012				Walley Committee
			Verdiene sy			
Total	\$ 41,957	2,127	\$ -		\$ -	-

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	(Spe	ecify)
Service	S	Hours	S	Hours	S	Hours
Nurse Consultant	\$ 3,000	24		建设计划的		
					· 名基制度 法协会	
	3.44	医影响器医 管部	44 F 1 E			
		184 S 1845		1975 (1976)		
						生在4.35%
			ANNE DE			
			The Marine			
		THE WAR STATE	KENTER A			
Total	\$ 3,000	24	\$ -		\$ -	HORSELL -

.....

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

Assistant Administrators and Other Related Parties*

Name of Facility					Page	of				
Whispering Pines Rehabilitation a	and Nursing	Center		2443		9/30/2020			11	37
Name	CCNH	Salary Pai	d (Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
Michael Bartolotta	106,011				Business office manager	2,106	pg 10 A 4			
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).										
Diana Bartolotta	24,326				Business office manager asst.	808	pg 10 A 4			

^{*} 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.

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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
Whispering Pines Rehabilitation at	nd Nursing	Center		2443		9/30/2020			12	37
Name	CCNH	Salary Pai RHNS	d (Specify)	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
Section III - Administrators***		, 4, 11 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4								
Terrence Brennan	132,190				Licensed Admin 7/2/18-current	2,091	pg 10a 2			
Section IV - Assistant Administrators										

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

^{**} Include <u>all</u> other employment worked during the cost year.

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

B. Report of Ex	License No.	<u>cs - 1 101</u>	Page	of		
Name of Facility Whispering Pines Rehabilitation and Nursing Center			1 age	37		
Whispering Pines Renadilitation and Nursing Center	24-	† <i>J</i>	9/30/2020 Total Cost :	and Hours	15	37
			Total Cost i	and mours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee	CCITI	110010	10		(-15)	
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	4,800	96				
3. Pharmacist	8,179	70				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	10,569	78				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians	material security and the second	200	2000			
a. Medical Director (entire facility)	24,000	115				
b. Utilization Review					CONTRACTOR NAME OF	
(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)						
Psychiatrist	1,500	10				
9. Speech Therapist	eu. e					
a. Resident Care						
b. Other						
10. Occupational Therapist					1.0	
a. Resident Care b. Other						
b. Other 11. Nurses and aides and attendants						
a. RN						
a. KN	8,041	107			101,000 Table 100 Table 10	
2. Administrative***	25,875	398				
b. LPN	43,673	396				
l. Direct Care	1,596	35	Company of the second second second			
2. Administrative***	1,390	J.J.				
c. Aides	12,884	430				l
d. Other	12,004	7.50				
12. Other (Specify)					4,11	
See Attached Schedule	3,000	24				
B-13 Total Fees Paid in Lieu of Salaries	100,444	1,363				
* Do not include in this section management consultants or services whis	<u> </u>	<u> </u>	1	L	<u> </u>	<u> </u>

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

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

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

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

Name of Facility		License No.		Report for Y	ear Ended	Page	of
Whispering Pines Rehabilitation and Nurs	ng Center	2443		9/30/2020		14	37
				to Owners,			
Name & Address of Individual	Full Expla	nation of Service		s, Officers	Expla	nation of R	elationship
			Yes	No			
LTC Management		dental	0	•			
Partners Pharmacy of CT LLC	preso	cription drugs	0	0			
Foremost Reahb of CT		PT/OT	0	0			
Dr. A. Walaliyadda	Med	lical Director	0	0			
PsychAssociates Group	P	sychiatric	0	0			
AAA Nursing Care	I	.PN/CAN	0	0			
Nurse Network LLC	RN	I/LPN/CAN	0	0			
Maureen Canil	Independe	nt Nurse Consultant	0	0			
Consistent Compliance	Comp	liance Review	0	0			
			0	•			
			0	0			
			0	0			
			0	0			
			0	0			
			0	•			
			0	•			
			0	•			
			0	•			
			0	0			
			0	0			
			0	•			
			0	0			

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Report for Y	ear Ended	Page	of
9/30/2020		15	37
Total	CCNH	RHNS	(Specify)
		S.	
\$ 146,287	146,287		
\$			
\$ 67,925	67,925		
\$ 360,706	360,706		
\$ 360,838	360,838		
\$			
\$			
\$			
\$ 14,110	14,110		
\$			
\$ 48,000	48,000		
\$ 59,436	59,436		
\$ 117,591	117,591		
\$			
			100
\$ 15,606	15,606		
\$ 8,801	8,801		
\$ 1,000	1,000		
\$			
			9
10 pt	4.70		
\$ 26,049	26,049		
\$ 		- p. com. Communication of the	- marina de la compressa de maistre (COS COMPESSA DE SESSO DE COMPESSA DE COMP
\$ 			·
 100.001	420.004	76 P. C.	
\$ 420,904	420,904	Ī	
\$\\ \$\\ \$\\ \$\\ \$\\ \$\\ \$\\ \$\\ \$\\ \$\\	9/30/2020 Total \$ 146,287 \$ 67,925 \$ 360,706 \$ 360,838 \$ \$ 14,110 \$ \$ 14,110 \$ \$ 14,110 \$ \$ 17,591 \$ \$ 15,606 \$ 8,801 \$ 1,000 \$ \$ 26,049 \$ \$ 26,049	Total CCNH \$ 146,287	Total CCNH RHNS \$ 146,287

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

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

Attachment Page 15

Schedule of Other Employee Benefits

Description	(CCNH	RHNS	(Specify)
Employee Benefits Other	\$	9,392		
Employee Background Screen	\$	2,233		
Employee Drug Screen	\$	544		
Employee Welfare	\$	500		
Staff Education	\$	1,440		
	250			
	112 E 123 11 E 123			
Total	\$	14,110	\$ -	\$ -

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Schedule of Other Taxes

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

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Whispering Pines Rehabilitation and Nursing Center	2443		9/30/2020		16	37
Item			Total	CCNH	RHNS	(Specify)
Subtotal	s Brought Forwa	ırd:	1,647,253	1,647,253		
l. Travel and Entertainment						Constitution (Constitution)
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$	11,471	11,471		
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$	15,804	15,804		
5. Education Expenses Related to Seminars an	d Conventions	\$	859	859		
6. Automobile Expense (not purchase or depre	eciation)	\$	8,509	8,509		
7. Other (<i>Specify</i>)		\$			pro-specific and procedure of the Strains (Strains Const.)	
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expenses	s)	\$				
2. Advertising Telephone Directory (all such e	xpenses)***	\$				
3. Advertising Other (Specify)***		\$	18,902	18,902		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service i	s supplied	\$				
directly and not by contract or fee for service	e)***		100			
7. Postage		\$	3,573	3,573		
* 8. Dues and Membership Fees to Professional		\$	6,627	6,627		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$	200	200		
9. Subscriptions		\$	7,783	7,783		
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$			risks bissessificate attack agents	Alterial College With Made College
Schedule C-2, Page 21 for each firm or indi	ividual)					
12. Administrative Management Services**		\$	553,862	553,862		
13. Other (Specify)		\$	289,599	289,599		
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	2,564,443	2,564,443		

^{*} 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)
		PERMIT	特别的现在分词 。
	松中和 巴斯(4		
	THE WILLIAM		
			\$ 10 a billion 1
	41.29(4)(4)	THE CAUSES	SELECTION
		NEW STATES	
Total Other Travel and Entertainment	S CONTRACTOR	\$ -	s -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Adversting/Public Relations	\$ 18,902		·治路界(物域4)扩。
	ical water	-建于42年16年	网络小油油
Total Other Advertising	\$ 18,902	\$	\$

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 6,492		
National Council of Certified Dementia Practitioners	\$ 135	340194014959	
		(\$1988) Files (\$1	
			中国的经验的
	\$145° (\$450)	1974 Feb. 314	対対対数と対抗
	THE SET NEW	1188748	法国际证券
	0.0000000000000000000000000000000000000	HEARING VIO	
	中国的中心力	Taken waster	A. (3) (4) (4) (6)
	NAME OF THE PARTY OF		
Total Dues	\$ 6,627	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
		机构设置等	ewaci dajar
	List etalists		
Total Contributions	s -	\$.	s -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
AR Consulting	\$ 42,086	477	
Guaranteed Payments to Partner	\$ 78,000		
Administration	\$ 30,116		-500 mg - 500 mg - 1 -500 mg - 500 mg -
Printing and Copy	\$ 248	1447 MARKET	
Other Professional Fees	\$ 7,421		SHEET RESERVE
Computer Service	\$ 65,282	月1日本本等。1915年,在1	
Admin. Minor Equipment	\$ 50		基础的图像
P/S IT	\$ 22,957	Figure 1	
Finance Charges	\$ 2,398	WEST SEED	
Bank Charges	\$ 7,531	TAMBLE BOST	
Provider Tax Penalty Expense	\$ 33,511		
Total Other Administrative and General	\$ 289,599	S -	\$ -

.....

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Whispering Pines Rehabilitation and Nurs	2443	9/30/2020	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
WP Management LLC, 38 Talmadge Ave, East Haven, CT 06512	553,862	operational management	page 16 M 12

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

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

1	ne of Facility spering Pines Rehabilitation and Nursing Cente	1	License	No. 2443	Report for Y 9/30/2020		Page 18	of 37
11111	spering rines remainment and reasoning come						İ	
	Item			Total	CCNH	RHNS	(Sp	ecify)
2.	Dietary							
	a. In-House Preparation & Service		_					
	1. Raw Food		\$	194,891	194,891			
	2. Non-Food Supplies		<u>\$</u> \$	42,235	42,235		 	
	3. Other (Specify)	******	Þ	21	21			
	Minor Equipment							
	b. Purchased Services (by contract other		\$	2,497	2,497			
	than through Management Services)		Ψ	2,	2,1,7			
	(Complete Schedule C-2 att. Page 21)							
	c. Other (Specify)		\$					
	•							
2D.	Total Dietary Expenditures $(2a + b + c + d)$		\$	239,645	239,645			
2E.	Dietary Questionnaire			Total	CCNH	RHNS	(S _I	pecify)
F.	Resident Meals: Total no. of meals served per	day:	*	81,822	81,822			
G.	Is cost of employee meals included in 2D?	· 0	Yes	•	No			
T.T.	D'1		V	0	N.	If yes, specify		
H.	Did you receive revenue from employees?	0 '	y es	•	No	amt.		
I.	Where is the revenue received reported in the	Cost	Repor	t? (Page/Line	Item)			
	Is cost of meals provided to persons other					If yes, specify		
J.		0 '	Yes	•	No	cost.		
	Members, Guests) included in 2D?							
K.	Is any revenue collected from these people?	0 '	Yes	•	No	If yes, specify		
						amt.		
L.	Where is the revenue received reported in the	Cost	Repor	t? (Page/Line	Item)			
	Is cost of food (other than meals, e.g.,							
M.	snacks at monthly staff meetings, board	0	Yes	•	No	If yes, specify		
	meetings) provided to employees included					cost.		
	in 2D?					If yes specify		
N.	Is any revenue collected from employees?	0	Yes	•	No	If yes, specify amt.		
-	William Vallage	C 1	D -	10 (D== // !=	Yearry	ailt.		
Ο.	Where is the revenue received reported in the	Cost	Kepor	(Page/Line	nem)			

^{*} 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 Whignering Pines Rehabilitation and Nursing Center	ne of Facility License No. Report for Year Ende 9/30/2020			Page	of 37	
Whispering Filles Rehabilitation and Nursing Center		2443	7/30/2020			
Item		Total	CCNH	RHNS	(Spec	cify)
3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.					
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	4,341	4,341			
Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
processed.***	Amt. \$					1
3. Personal clothing of residents	Lbs.					
washed, ironed, and/or processed.***	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs.					
h Dywahagad Caminag (hu continue atham	Amt. \$		67.207			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	•	67,297	67,297			
c. Other (<i>Specify</i>)	\$					
3D. Total Laundry Expenditures (3a + b + c)	\$	71,638	71,638			
3E. Laundry Questionnaire						
F. Is cost of employee laundry included in 3D? C	Yes	0	No	If yes, specify cost.		
G. Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.		
H. Where is the revenue received reported in the Cos	t Report?)	(Page/Line	ltem)		
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	•	No	If yes, specify cost.		
J. Did you receive revenue from these people? C	Yes	•	No	If yes, specify amt.		
K. Where is the revenue received reported in the Cos	t Report?)	(Page/Line	Item)		

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

^{***} Pounds of Laundry only required for multi-level facilities.

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

me of Facility License No. Report for Year Ended		nded	Page	of	
Whispering Pines Rehabilitation and Nursing C	2443	9/30/2020		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced				
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops</i> ,	Amt.	\$ 16,834	16,834		
pails, brooms, etc.)					
b. Purchased Services (by contract other	Sq. Ft. Serviced				# T
than through Management Services)	by Personnel				
(Complete Schedule C-2 att.	Amt.	\$			
Page 21)					
C. Other (<i>Specify</i>)		\$			
4D. Total Housekeeping Expenditures (4a +	b+c)	\$ 16,834	16,834		
5. Resident Care (Supplies)**					10.79
a. Prescription Drugs***					manufacture and the Appendix
1. Own Pharmacy		\$			
2. Purchased from		\$ 152,067	152,067		
			100		1000
b. Medicine Cabinet Drugs		\$ 19,058	19,058		
c. Medical and Therapeutic Supplies		\$ 1,694	1,694		
d. Ambulance/Limousine***		\$ 263	263		
e. Oxygen					
1. For Emergency Use		\$			
2. Other***		\$ 2,933	2,933		
f. X-rays and Related Radiological		\$ 5,929	5,929		
Procedures***					
g. Dental (Not dentists who should be inc	luded under	\$			
salaries or fees)					100
h. Laboratory***		\$ 39,599	39,599		
i. Recreation		\$ 7,281	7,281		
j. Direct Management Services*		\$ 			
k. Indirect Management Services*		\$ 			
l. Other (Specify)****		\$ 251,956	251,956		
See Attached Schedule				and the second second second	A substitution of the second
5M. Total Resident Care Expenditures (5a - 5		\$ 480,780	480,780		

^{*} 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)
Resident Telephone / Cable TV	\$ 5,705		
Social Service Supplies	\$ 4,242		
Patient Personal Needs	\$ 35		
Nursing Supplies	\$ 225,511		
Nursing Non Medical Supplies	\$ 8,317		
Nursing Equipment Rental	\$ 8,146		
Total Other Resident Care	\$ 251,956	\$	\$ -

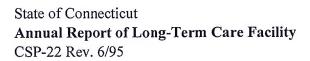
Report of Expenditures Schedule C-2 - Individuals or Firms Providing Services by Contract *

Name of Facility		License No.	Report for Year Ende	d						
Whispering Pines Rehabilitati	on and Nursing Center	2443	2443 9/30/2020					37		
		Related ** 1					Total Cost	/Page Ref.**:	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
Unitex Textile Rental Services	Pkwy, Mt. Vernon, NY 10550	0	0	2	laundry service	67,297				3b
PointClickCare Technologies	PO Box 674802, Detriot MI 48267	0	0		software	12,818			16	m13
All American Waste	PO Box 630, East Windsor, CT 06088	0	•		waste disposal	22,984			22	6f
		0	0							
		0	•							
		0	•							
		0	•							
		0	•							
		0	•							
		0	•							
		0	•							
		0	0							
		0	•							
		0	•							

^{*} 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 Ye	ear Ended		Page	of
Whispering Pines Rehabilitation and Nursing 2443		9/30/2020			22	37
Item		Total	CCNH	RHNS	(Sp	ecify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	64,590	64,590			
b. Heat	\$	37,255	37,255			
c. Light & Power	\$	97,073	97,073			
d. Water	\$	51,681	51,681			
e. Equipment Lease (Provide detail on page 6)	\$	9,466	9,466	Sala		
f. Other (itemize)	\$	112,271	112,271			The Sales and The
See Attached Schedule		euros a				
6g. Total Maint. & Operating Expense (6a - 6f)	\$	372,336	372,336			
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	157,908	157,908			
c. Non-Movable Equipment	\$			X.11		
d. Movable Equipment	\$	100,162	100,162			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	258,070	258,070			
8. Amortization (Complete att. Schedule Page 24*)			v			
a. Organization Expense	\$	22,746	22,746			
b. Mortgage Expense	\$	8,727	8,727	1		
c. Leasehold Improvements	\$					
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	31,473	31,473			
9. Rental payments on leased real property less				7		
real estate taxes included in item 10b	\$	486,564	486,564			
10. Property Taxes						
a. Real estate taxes paid by owner	\$	155,375	155,375			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	17,637	17,637			
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$	949,119	949,119			

^{*} 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)
Maintenance	\$ 54,637		
Repairs	\$ 6,992		
Grounds Keeping	\$ 12,625		
Fire System Maint	\$ 6,248		
Sprinkler System Maint	\$ 5,347		
Phone System Maint	\$ 175		
Waste Disposal	\$ 22,984		
Pest Control	\$ 2,946		
Waste Disposal - medical	\$ 316		
		7.00	
Total Other Repairs and Maintenance	\$ 112,271	\$ -	\$ -

Depreciation Schedule

Name of Facility			***************************************		License No.	iation Sc		Report for Year E	-dod		Dooo	of
Whispering Pines Rehabilitation and Nursing Center			License No.	12		9/30/2020	naea		Page 23	37		
The state of the s			<u> </u>	1	I	<u> </u>	1	ī	23	31		
					Historical			Accumulated				
					Cost	Less	G B	Depreciation to	Method of			
Duran auto X4 au					Exclusive of	Salvage Value	Cost to Be	Beginning of	Computing	Useful Life	Depreciation for This Year	Tatala
Property Item					Land	value	Depreciated	Year's Operations	Depreciation	Life	for I his Year	Totals
A. Land Improvements												
Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)				or about a the fact of the same was strong		a transporting as Store as Section 5.				
A-4. Subtotal												
B. Building and Building Improvements												
Acquired prior to this report period					5,147,622		5,147,622	190,763			146,956	
Disposals (attach schedule)					(9,600)						(283)	
3. Acquired during this report period (atta	ch sch	edule)			354,130						11,235	
B-4. Subtotal												157,908
C. Non-Movable Equipment												
Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)					:					
C-4. Subtotal						the state of the s						
	Ic o n	nileage				T	[
		meage book	1	te of	Historical			Accumulated				
	-	tained?	1	te of disition	Cost	Less		Depreciation to	Method of			
		1		1	Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated		Depreciation	Life	for This Year	Totals
D. Movable Equipment	105	140	Month	1 Cal	Land	varde	Bepreciated	Tear's Operations	Bepreciation	Diffe	101 Tins Tear	Totals
Motor Vehicles (Specify name, model												
,					The second second							
and year of each vehicle)			11	2018	10,000		10,000	1,833	al	5	2,000	
a. pickup Truck b.		IX.	11	2010	10,000	 	10,000	1,033	SI	3	2,000	
c.			<u> </u>	<u> </u>								
d.		<u> </u>		 		 						
2. Movable Equipment												
a. Acquired prior to this report period			(C. 1204) 15.4		906,942	3.00 J. 20 S. O.	906,942	112,934			92,541	
b. Disposals (attach schedule)	-			 	700,742		700,742	112,934			72,341	
c. Acquired during this report period												
(attach schedule)			33,000	100000000	92,828		92,829				5,620	
					92,828		92,829				3,020	100 171
D-3. Subtotal E. Total Depreciation	1					14.5						100,161
1E. Iotal Depreciation	13.25	1	1000000		Language Control of the Control		1	1			1000 0000000000000000000000000000000000	258,069

Schedule of Land Improvements Acquired during this report period

Aequisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
State days			经发展的证 证	- 其代表明成年
		第6条条件	1/26/2014/6/Ellist	
				Fry (\$5), 80%
			建基础设计	12311111111
		3. V. S.	Marka Salasa	egi dati sita
Total additions for	Land Improvements	\$ 1000000		s -
Deletions:				
				19/5/5/8/25/5/5/6
621017/5304.75				
Metreman		SARRIE		
Total deletions for	Land Improvements	\$ -		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Aequisition Date	Description of Item		Cost	Useful Life	Dep	reciation
Additions:						
10/31/2019	John Cleary Renovations	\$	10,303	SL/20 yrs	\$	515
	John Cleary Renovations	\$	12,058	SL/20 yrs	\$	553
11/5/2019	CCI LLC- Wall Coverings - Woodland Grove and Windsor Court Corridors	S	25,114	SL/20 yrs	\$	1,151
11/6/2019	CCI LLC - Dining Room Wall Coverings	\$	1,369	SL/20 yrs	\$	63
11/8/2019	Ferraros Painting - Exterior window/installation	\$	4,919	SL/20 yrs	\$	225
11/18/2019	NJF Electrical - dishwasher area outlet installation	\$	962	SL/20 yrs	\$	44
11/21/2019	Dependable Heating - Burnham boiler	\$	15,970	SL/20 yrs	\$	732
11/6/2019	ACI Flooring - Oak Dining room Flooring and installation	\$	8,489	SL/20 yrs	\$	389
11/23/2019	Ferraros Painting -Carpentry and countertops install in nursing station	\$	15,686	SL/20 yrs	\$	719
11/24/2019	Accurate Security - keypad and install for pation exit door	\$	950	SL/20 yrs	\$	40
11/30/2019	Moser Pilon Nelson - site and zoning analysis for propsed renovation	\$	3,000	SL/20 yrs	\$	125
12/31/2019	John Cleary Renovations	\$	7,235	SL/20 yrs	\$	301
12/2/2019	NJF Electrical - furnish and install electric baseboard heater and kitchen par	\$	1,599	SL/20 yrs	\$	67
12/16/2019	ACl Flooring - regency dining room floor purchase and isntall	\$	5,720	SL/20 yrs	\$	238
1/31/2020	John Cleary Renovations	\$	10,465	SL/20 yrs	\$	392
1/17/2020	A&J Upholstery - reupholster 16 arm chairs	\$	2,968	SL/20 yrs	\$	111
1/16/2020	CCI LLC - woodland grove and terrace gardens corridor wallcovering	S	1,728	SL/20 yrs	\$	65
1/14/2020	kamco	\$	749	SL/20 yrs	\$	28
1/17/2020	NJF - Electrical sensor replacement	\$	463	SL/20 yrs	\$	17
1/22/2020	ACI Flooring - Employee Break dining room floor purchase and install	\$	3,117	SL/20 yrs	\$	117
1/21/2020	ACI Flooring - hallway flooring and install	\$	63,467	SL/20 yrs	\$	2,380
1/29/2020	Dependable Heating - blast tube - boiler room	\$	2,961	SL/20 yrs	\$	111
2/28/2020	John Cleary Renovations	\$	10,433	SL/20 yrs	\$	348
2/28/2020	dependable heating	\$	5,000	SL/20 yrs	\$	167
2/27/2020	Dependable Heating - replace terrace garden water source heat pump	\$	6,381	SL/20 yrs	\$	213
2/28/2020	NJF Electrical - wall plug and cable outlet install	\$	367	SL/20 yrs	s	12
3/3/2020	NJF Electrical-install new nighlights and conduit in kitchen	\$	771	SL/20 yrs	\$	22
3/4/2020	NJF Electrical-install 25 new resident room lights	\$	3,722	SL/20 yrs	\$	109
3/31/2020	John Cleary Renovations	\$	7,085	SL/20 yrs	S	207
3/6/2020	NJF Electrical-install new amp and plugs	\$	1,356	SL/20 yrs	\$	40
3/12/2020	NJF Electrical-wiring nurses stations, outlets	S	436	SL/20 yrs	\$	13
3/16/2020	Driveway Drclean, sealcoast, line strips	\$	5,052	SL/20 yrs	\$	147
A CONTRACTOR AND A CONT	NJF Electrical-install new led panels, wires	\$	1,345	SL/20 yrs	\$	39
3/24/2020	Forthill - install 2 big dipper grease removal	\$	5,094	SL/20 yrs	s	149
and the second s	Dependable Heating - new terrace garden unit	\$	14,766	SL/20 yrs	s	369
The state of the s	Ferraros Pianting - station 2, substations and station 1	\$	19,170	SL/20 yrs	ş	399
	John Cleary Renovations	\$	8,125		\$	135
6/30/2020	CCI LLC - new interior signs	s	10.718	SL/20 yrs	\$	190

^{**}Ties to Page 23, Line A2

John Cleary Renovations	\$ 9,490	SL/20 yrs	\$ 119
John Cleary Renovations	\$ 12,058	SL/20 yrs	\$ 100
Driveway Dr.s - sealcoat and hot asphalt work	\$ 1,861	SL/20 yrs	\$ 16
John Cleary Renovations	\$ 11,440	SL/20 yrs	\$ 48
Russo Roofing - new roof	\$ 17,764	SL/20 yrs	\$ -
Reis Wood Floors LLC - sand & finish flooring	\$ 2,405	SL/20 yrs	\$ 10
Building Improvements	\$ 354,130		\$ 11,235
hrp assoc asbestos survey	\$ (2,140)	SL/20 yrs	\$ (54)
hrp assoc asbestos survey	\$ (1,560)	SL/20 yrs	\$ (33)
hrp assoc asbestos survey	\$ (5,900)	SL/20 yrs	S (197)
Building Improvements	\$ (9,600)	777-1178	\$ (283)
	John Cleary Renovations Driveway Dr.s - sealcoat and hot asphalt work John Cleary Renovations Russo Roofing - new roof Reis Wood Floors LLC - sand & finish flooring Building Improvements hrp assoc asbestos survey hrp assoc asbestos survey hrp assoc asbestos survey	John Cleary Renovations	John Cleary Renovations \$ 12,058 \$ 1220 yrs

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Cost	Y .C	
	Life	Depreciation
	CARAGOS A	
\$ -3.50 (c. 1.5)	golden steller	\$ 17.11
年記述は 基金化の サモ		
	a Biji wa Maji Kati Ati	THE STATE OF STATE
		5. 5. 16. 17. 2
\$	Higgs Heller	\$ -
	S	S

^{**}Ties to Page 23, Line B2

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Acquisition Date	Description of Item		Cost	Useful Life	Depreciation		
Additions:	2 tvs and mounts for residents (T brennen Reimburse)	s	393	SL/7 yrs	\$	56	
	HPC Foodservice - blower motor	\$		SL/10 yrs	s	106	
	CCI LLC - lounge furniture	S		SL/10 yrs	s	172	
	Daniels Equipment - refurbished Unimac Washer	S	2,550	SL/10 yrs	S	233	
	Medline -1 trainer/mobility bungee	s	·····	SL/10 yrs	s	655	
	Home Depot - leaf blower	S	318	SL/5 yrs	S	58	
	Talmadge Farm - leaf blower	Ś	489	SL/5 yrs	\$	90	
	A&J upholstery - 16 arm chairs	S	2,968	SL/10 yrs	\$	247	
12/31/2019	Control and provide a control of the	S	800	SL/10 yrs	s	67	
	HPC Foodservice - beverage cart	\$	1,422		s	107	
	Asantino Consulting - Computers/monitors	S	3,235	and the second second	s	485	
	HPC Foodservice - beverage cart (2)	S	2,843		s	213	
	Daniels Equipment - refurbished Unimac Washer	\$	5,586		\$	512	
	A&J Upholstery - 17 ARM CHAIRS REUPHOLSTER	S		SL/10 yrs	\$	203	
	Medline - 1 SCALE WHEELCHAIR HDRL 2 RAMPT	S	1,771		s	118	
	HPC Foodservice - CHEFTOP OVEN	S		SL/10 yrs	s	689	
	HPC Foodservice - Combi OVEN	\$		SL/10 yrs	s	648	
	Medline - Bed, head and foot board	S	***************************************	SL/10 yrs	s	120	
	Alco Sales - 36" AMHERST BED END SET -10	S		SL/10 yrs	s	50	
The second secon	Medline - Bed, head and foot board	\$		SL/10 yrs	\$	(1)	
	Medline - 2 electric beds	S	3,615		\$	151	
	3 tvs for residents - (T Brennen reimburse)	S	472		S	124	
	A&J Upholstery - 16 ARM CHAIRS REUPHOLSTER	S S	2.968		S	39	
7/23/2020		\$	1,550		S	39	
	Asantino Consulting - apple ipad	8	904		S	4:	
	All Star Carts - ice cream pushcart	S	3,101	SL/5 yrs	s	103	
	Ebay - frozen yogurt/ice cream machine		3,101	SL/5 yrs	S	54	
	A&J Upholstery -22 ARM CHAIRS REUPHOLSTER	S	4,081		S	34	
1121 21 1221 1221 1221 122		S	744		S	1:	
	FCS-REIMBURSABEL II LEGIONELLA CULLTURE Sysco co	S	1,822	 	\$	30	
				SL/10 yrs	S	1	
	Medline - 2 BED, HEAT/FOOT BOARD, HDWRE HPC foodservice		To 1 1 1 1 1 1	SL/10 yrs	\$	11	
		s	7,789	SL/5 yrs	\$	130	
9/30/2020	Asantino consulting - sonicwall	• • • • • • • • • • • • • • • • • • •	1,109	SL/3 yls	3	130	
otal additions for	Movable Equipment	S	92,828		\$	5,620	
Deletions:			at estimate de la				
		1,415/19	alevery,				
					1 1 1 1 1 1		
				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1.4	artist to	
Cotal deletions f	Moveble Payinment	\$		Tanifes Leideli.	S		
total detections for	Movable Equipment		11.1 (1) • 31		ا ع	-	

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Barrier Maria				
40.000			Y-Sofat (naite)	
		3 7 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Talk Str	
Total additions for	Leasehold Improvement	\$ -		\$ -
Deletions:				
		-विद्वारिकीयी हो है है है ।		
		\$150 S S S S S		

^{**}Ties to Page 23, Line D2b

Total deletions for Leasehold Improvement S - S - ** Attachment Pages 23 24

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

CSP-24 Rev. 10/2006

Amortization Schedule*

Nam	e of Facility	***	License No.		Report for Year Ended			Page	of	
Whis	pering Pines Rehabilitation and Nursing	Center		24	43	9/30/2020			24	37
						Accumulated				
		Date	e of			Amort. to				
		Acqui	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									4
	1. Organizational Costs	5	2018	15	341,192	32,224	SL		22,746	
	2.									
	3.									
A-4.	Subtotal									22,746
B.	Mortgage Expense									
	1. Financing Costs				43,633	1,474			8,727	Targette
	2.									100
	3.				2			Company of the Orleans	OF WAY 12 CHARLES OF CHARLES OF CHARLES	
B-4.	Subtotal									8,727
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period									
	2. Disposals (attach schedule)							annance somewin		
	3. Acquired during this report period		- 2.2			100			200.000	
	(attach schedule)							dankoonyakonyi Haliot		
C-4. Subtotal					12,2396		100			
D.	Total Amortization					1000				31,473

^{*} Straight-line method must be 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.

^{**} Specify which of the following bases were used:

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

Name of Facility License No.		Report for Year En	ded		Page of 25 37
Whispering Pines Rehabilitation and N 244	13	9/30/2020			23 31
11. Property Questionnaire					
Part A					reure u 1 · p · p
Is the property either owned by the Facility or leased from a Related Party?*	0	Yes	•	No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related	by family, n	narriage, ownership, abi	lity to control or		ii i io, compiete i uit c.
business association to any person or organization					
a related party transaction.		T. 1			
Description 1. Date Land Purchased		Total			
Date Land Purchased Date Structure Completed					
If NOT Original Owner, Date of Purchase	<u> </u>	5/2/2018			100 STR 100 ST
4. Date of Initial Licensure		5/2/2018			
Total Licensed Bed Capacity		90			
6. Square Footage		42,000		200	
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				4200	
a. Type of Financing (e.g., fixed, variable	e)				
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					**************************************
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
Complete if Mortgage was Refinanced					
g. Type of Financing (e.g., fixed, variable	<u></u>				
h. Date of Refinancing	-)				
i. New Interest Rate			· · · · · · · · · · · · · · · · · · ·		-
j. Term of Mortgage (number of years)	* ** ***				
k. Amount of Principal Borrowed					
Principal Outstanding on Note Paid-Of	ff		***************************************		
Part C - Arms-Length Leases for Real I		mprovements Only	1	<u> </u>	
Name and Address of Lessor				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 Yes	ar Ended		Page	of
Whispering Pines Rehabilitation and 2443		9/30/2020			26	37
Item		Total	CCNH	RHNS	(Spe	cify)
12. Interest		10141	001111		(2)	<u> </u>
A. Building, Land Improvement & Non-Movable	e			-		
Equipment						
1. First Mortgage	\$					
Name of Lender	Rate				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Address of Lender						
2. Second Mortgage	\$					
Name of Lender	Rate					
Address of Lender					ures per	
3. Third Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage	\$	A COMPANIE STONE OF THE PROPERTY OF THE STONE OF T		A CONTRACTOR OF THE CONTRACTOR		54,5 m (200,000 m (3),5 m (3),5 m (3),5 m (3),5 m
Name of Lender	Rate		1			
Address of Lender					e de la companya de l	
B. CHEFA Loan Information						
1. Original Loan Amount	\$		56 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -		100	
2. Loan Origination Date						
3. Interest Rate %						
4. Term			11.00			
5. CHEFA Interest Expense					and Communication (Control of Control	and the second of the second o
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		(0	v Subtotals t	7 ,		·

(Carry Subtotals forward to next page)

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

Name of Facility License N			Report for Y 9/30/2020	ear Ended		Page 27	of 37
Whispering Pines Rehabilitation ar 24	43		9/30/2020			1 21	31
Item			Total	CCNH	RHNS	(Spe	cify)
	otals Brou	ight Forward:					
12. C. Movable Equipment		<u> </u>					
Automotive Equipment		\$					
A. Item	Rate	Amount					
Lender		<u> </u>					
Address of Lender							
2. Other (Specify)		\$		a_0.5	T		
A. Item	Rate	Amount					
Lender		I.					
Address of Lender							
		,					
B. Item	Rate	Amount					
Lender			A Business				
Address of Lender					Police (1997)		
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	est	\$					
12. D. Other Interest Expense (Specify)		\$	<u> </u>	29,368			
LOC and Ascentium (flooring)				The second second			
13. Total All Interest Expense (12B7 + 120	C3 + 12D) \$	29,368	29,368			2018-94-02-05-05-05
14. Insurance							
a. Insurance on Property (buildings or	nly)	\$	129,536	129,536			
b. Insurance on Automobiles		\$	3,467	3,467			
c. Insurance other than Property (as sp	pecified a	ibove)					
1. Umbrella (Blanket Coverage)		\$ \$					
Fire and Extended Coverage		\$				ļ	
3. Other (Specify)		\$	18,845	18,845			
D&O and Liability							
				1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			
14d. Total Insurance Expenditures (14a + l		\$		151,848			
15. Total All Expenditures (A-13 thru C-1	4)	\$	9,765,621	9,765,621			

D. Adjustments to Statement of Expenditures

Name	of Fa	cility		Lic	cense No.	Report for Ye	ar Ended	Page	of
Whis	pering	Pines	Rehabilitation and Nursing Center	<u> </u>	2443	9/30/2020		28	37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	cify)
Page	10 - S	alarie	es and Wages			400			
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.	10	12g	Occupational Therapy	\$	150,349	150,349			
4.			Other - See attached Schedule	\$					
	13 - P	rofes	sional Fees		2,450.4				
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$					
<u> </u>	s 15 &	16 -	Administrative and General		44.5				
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	48,000	48,000			.,
10.		····	Accounting	\$					
10a.			Legal	\$	36,290	36,290			
11.			Telephone	\$					
12.	15	1h2	Cellular Telephone	\$	1,000	1,000			
13.			Life insurance premiums on the life		المعادلة ا			Tallet Hart Con	
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or						
			universities for tuition and related costs			nedažinio rijem arim tu	2.19 4 1 - 2.21		ar Kana da as ili
			for owners and employees	\$					
16.			Travel for purposes of attending						
			conferences or seminars outside the						
			continental U.S. Other out-of-state		2.00				
			travel in excess of one representative	\$					
17.	16	16	Automobile Expense (e.g. personal use)	\$		8,509			
18.			Unallowable Advertising *	\$		18,902			
19.	15	1 <u>j</u>	Income Tax / Corporate Business Tax	\$	26,049	26,049			
20.			Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$	 				
23.			Other - See attached Schedule	\$	130,713	130,713			
·····	18 - L)ietar	y Expenditures			177			
24.			Meals to employees, guests and others	_	Carrier Street	oda a bita i dia ana ana ana		2	
			who are not residents	\$		10 K 20 K			
	19 - L	aund	ry Expenditures			n de la company	2.0		
25.			Laundry services to employees, guests	*	15 (15 (15 (15 (15 (15 (15 (15 (15 (15 (
<u></u>	لــــا		and others who are not residents	\$					
	20 - E	Iouse	keeping Expenditures						
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$					
			Subtotal (Items 1 - 26)	\$	419,811	419,811			

^{*} 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)
	04				
Total Othe	r Salaries	Adjustment	\$ -	\$	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
3.235.351					
			Ųrijų sigliju, s		WATE WAY
2,440,250,000	ACCEPTAGE				
Total Othe	r Fees Adj	ustments	\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8a	Chamber of Commerce Dues	200.00		
16	m13	Nursing Home user fee Penalties/interest	33,510.99		
16	m13	Bank Charges	7,530.50		
16	12	Staff Party	11,471.08		
16	m13	Guaranteed payments to partners	78,000.00		
Total Othe	r A&G Ad	justments	\$ 130,713	\$ 200	\$ -

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

Name of Facility License No. Report for Year Ended Pa								Page		of
			Rehabilitation and Nursing Center	ייי	2443	9/30/2020	cai Ended	29	1	37
WIIIS	permg	Pines	Renadification and Nursing Center		Total	7/30/2020		<u> </u>	1	
Ţ	D	T '			Amount of					
	Page		M. o. D			CCNH	RHNS	(8.	pecif	:.\
No.	No.	No.	Item Description	Φ.	Decrease		KUINO	(3)	pecn	<u>y)</u>
<u> </u>			Subtotals Brought Forward	\$	419,811	419,811				
			nt Care Supplies***	_						
27.	20	5a2	Prescription Drugs	\$	152,067	152,067				
28.			Ambulance/Limousine	\$						
29.			X-rays, etc	\$	5,929	5,929				
30.			Laboratory	\$	39,599	39,599				
31.	20	5c	Medical Supplies	\$	1,694	1,694				
32.	20	5e2	Oxygen (non emergency)	\$	2,933	2,933				
33.			Occupational Therapy	\$						
34.			Other - See Attached Schedule	\$						
Page	22 - N	<i>Iainte</i>	enance and Property							
35.			Excess Movable Equipment Depreciation		4.4		Programme and the control of		e tem	
			See Attached Schedule	\$						
36.			Depreciation on Unallowable							
			Motor Vehicles	\$	And the second s		The committee of the control of the			
37.			Unallowable Property and Real							
			Estate Taxes	\$	STORESTON OF STORES	AND CONTRACTOR OF THE	AND THE PROPERTY OF THE PROPER		- Annaharan	NAME OF TAXABLE PARTY.
38.			Rental of Building Space or Rooms	\$						
39.			Other - See Attached Schedule	\$						
Page	27 - I	nsura				The same			1 Territoria	
40.			Mortgage Insurance	\$			Control Contro	. (4170)	The second second	
41.			Property Insurance	\$	VIII.					
	r - Mis		neous							
42.			Other - Indirect	\$	31,766	31,766				Program Constitution of the Constitution of th
43.			Interest Income on Account Rec.	\$						
44.			Other - Miscellaneous Administrative	\$						
45.			Management Fees Direct	\$						
46.			Management Fees Indirect	\$						
47.			Other - Direct	\$		1				
	Tor Pr	ofit P	roviders Only	Ψ						
48.	OI XI		Building/Non Movable Eq. Depreciation							
+0.			Unallowable Building Interest -		and the proper Toller			3.5		
			See Attached Schedule	ው		and the second second			No.	
10	Total	4 *** **		<u>\$</u>	652 700	652 700		<u> </u>		
49.	10tal	Amoi	unt of Decrease (Items 1 - 48)	<u> </u>	653,798	653,798		<u> </u>		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			Naw Jalas y		
			建设工业业 工作		
	er distance. Participan				
2.5					
Total Othe	r Ancillary	Costs	\$ -	\$ -	\$

.....

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
WAS SANG					
				iş er hizeyi.	
Signal Control	4833				
5,90,703					
	94946				
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
					7.5000000000000000000000000000000000000
	36311314				
	NEWES A				
				Tag Garage A	
	当时的政务				
				LUNCHAMINA	网络有效效
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	12d	LOC interest and equip lease interest	\$ 29,368		
		finance charges	\$ 2,398	1911 (1918) 1 Al 31	
Carlot Court of Carl			(1) (1) (1) (1)		
	00.71				
	300 J. S.		\$18.5 A.		
15.0000000			全国的国际 第二		
			14 4 5 (P A T		
Total Othe	r Adjustm	ents	\$ 31,766	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
4206-2614					
STATE OF THE STATE					
			THE WAR SET	SHIBY LANG	
					建设设施设施
hadanyan					
基础表达	Albana and				
1900 Sept. 14	PARTIES.			South President	
	rebie 35 m				
Total Othe	r Adjustm	ents	\$ -	\$ 11	\$ -

.....

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	Adjust (
Valor (Italia)					
				ाक्षरीयाः संस्थाने विकास स्थापना । स्थापना स्थापना स्थापना स्थापना ।	
			412 19 18 18		
	網網的報告				
Total Othe	r Adjustm	ents	\$	\$	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Autob.o	MARKE COLUMN				
	44 AN 45 A				
	4000				
	teranovi venus Laury ariodosia				
	Anto Har				
125 - 125 -	director fr			and the second s	
			Part to a part		
			A. B.		
Total Unal	lowable Bu	illding Interest	\$	\$ -	\$ -



State of Connecticut

Annual Report of Long-Term Care Facility

CSP-30 Rev.10/2005

F. Statement of Revenue

		Report for Yo 9/30/2020	Page of 30 37		
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	7,478,590	7,478,590		
b. Medicaid Room and Board Contractual Allowance **	\$	(2,839,009)	(2,839,009)		
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$	1,699,675	1,699,675		
b. Medicare Room and Board Contractual Allowance **	s	2,442,989	2,442,989		
4. a. Private-Pay Residents and Other	S	608,556	608,556		
b. Private-Pay Room and Board Contractual Allowance **	S	32,790	32,790	es alement	
II. Other Resident Revenue			1	03111	
a. Prescription Drugs - Medicare	\$	120,957	120,957	*	
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$		28,714		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
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	\$		1,117,900		
b. Physical Therapy - Medicare Contractual Allowance **	\$		1,111,500		
c. Physical Therapy - Non-Medicare	\$		72,500		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	72,300	12,500		
4. a. Speech Therapy - Medicare	\$	415,400	415,400		1000000
b. Speech Therapy - Medicare Contractual Allowance **	\$	415,400	413,400		
c. Speech Therapy - Non-Medicare	\$	3,100	3,100		
d. Speech Therapy - Non-Medicare Contractual Allowance **	S		3,100		
5. a. Occupational Therapy - Medicare	S		1,191,000		
b. Occupational Therapy - Medicare Contractual Allowance **	S		1,191,000		
c. Occupational Therapy - Non-Medicare	\$		86,250		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$		60,230		
6. a. Other (Specify) - Medicare	\$		(2,613,661)		
b. Other (Specify) - Non-Medicare	S		861		
III. Total Resident Revenue (Section I. thru Section II.)	\$				
IV. Other Revenue*	3	9,846,612	9,846,612		
		Total State of the	and 1	10.15 (S. 10.15)	MAN THE STATE OF T
Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$				-
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$			_	
8. Other (Specify)	\$		666,314	/	
V. Total Other Revenue (1 thru 8)	\$	666,314	666,314		
VI. Total All Revenue (III+V)	\$	10,512,926	10,512,926		

^{*} 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	RIINS	(Speeify)
	I.V. Medicare "A"	\$	2,538	TO COL	
488	Radiology Medicare "A"	S	5,360	出版的中 。	1
L PARK	Lab Medicare "A"	\$	28,989	aksir'i	
	Lab Managed Care	\$	6,219		6.7
20.543	Ancillary Allowance Medicare	\$ (1,684,194)		
一路網	Ancillary Allowance State / M	\$	(49,183)	and the state of	100
	Ancillary Allowance Managed C	\$	(149,390)	Table And The Control	CBTAS
Albuman.	Ancillary Allowance Med. B	\$	(774,000)	AMILIA DESCRIPTION	
Total Oth	er Resident Revenue - Medicare	\$ (2,613,661)	\$ -	S -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
0-0x (0-04)	1.V. Managed Care	\$ 807	THE PROPERTY OF	
P. Latinovice	Radiology Managed Care	\$ 650		1000
75-04	Lab State / Medicaid	\$ 333		A Control of
7-	Other Ancillary Managed Care	\$ (929)		
	THE REPORT OF THE PERSON OF TH		z Hidiya .	- N Salt 20
7.535	· 是的是自己的人,这是是"我们是一个一个一个一个一个一个一个一个一个一个一个一个			
Total Oth	er Resident Revenue	\$ 861	\$ -	\$.

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
1287	(京岛): 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	0.0100020000000000000000000000000000000			
25 1000			or the second		100
	AND DESCRIPTION OF THE PROPERTY OF		S. S. B. W. S. M.		PER BUILD
I HE IS		THE DESI		THE WAR THE	
Total Inte	rest Income		\$ -	\$ -	s -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Other Revenue	\$ (61,545)		
15,000	US HHS STIMULUS DEPOSIT	\$ 140,500		
	QUAL SICK LEAVE PR TAX CREDIT	\$ 79.819		
	CT DSS CRF Grant	\$ 507,540		WH
			SW SEARCE	The street
E 10 -1 28 2		多用袋物化物等	- FE	
Jan State		SOLD HIS MISS	NEW AND	
TARRA			SARSA CIT	
157644			28,840	
STONE TO S	NEW YORK THE PARTY OF THE PARTY	The latter of the		
Princip		可能信息 t/ll 二/l		1.10
1400	CONTROL OF THE PROPERTY OF THE	() () ()	STATE	PART DESTR
Total Other	er Revenue	\$ 666,314	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Yea	r Ended	Page	of
Whispering Pines Rehabilitation and	Nı 2443	9/30/2020		31	37
	Account			Ar	nount
Assets					
A. Current Assets					
1. Cash (on hand and in bank	s)		\$		1,367,978
2. Resident Accounts Receiva	able (Less Allowance	for Bad Debts)	\$		165,060
3. Other Accounts Receivable	(Excluding Owners	or Related Parties)	\$		
4 Inventories			\$		10,564
5. Prepaid Expenses			\$		41,773
a				and the second	
b					
c					
d. See Schedule		41,773			
6. Interest Receivable			\$		
7. Medicare Final Settlement	Receivable		\$		
8. Other Current Assets (item	ize)		\$		4,242
See Schedule		4,242	2		
A-9. Total Current Assets (Lines A	.1 thru 8)		\$		1,589,617
B. Fixed Assets					
1. Land			\$		
2. Land Improvements	*Historical Cost		_ \$		
	Accum. Deprecia	tion	Net		
3. Buildings	*Historical Cost	1,263,351	\$		1,170,170
	Accum. Deprecia	tion 93,181	Net		
4. Leasehold Improvements	*Historical Cost		\$		
	Accum. Deprecia	tion	Net		
5. Non-Movable Equipment	*Historical Cost		_ \$		
	Accum. Deprecia	tion	Net		
6. Movable Equipment	*Historical Cost	999,771			788,675
	Accum. Deprecia	tion 211,096			
7. Motor Vehicles	*Historical Cost	10,000	<u>) </u>		6,167
	Accum. Deprecia	tion 3,833	Net		
8. Minor Equipment-Not Dep	reciable		\$		
9. Other Fixed Assets (itemize	?)		\$		
See Schedule					
B-10. Total Fixed Assets (Lines	B1 thru 9)		\$		1,965,012

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



Attachment Page 31-34

Schedule of Prepaid Expenses Page 31 Line A5

3	1 05	Uncarrired Workers Comm. Insur	S	36,386
	n5	Pre-nid Other	5	5,387
Mari	8250 EW		100	E CHILL
S. 11	SIES	SOUTH THE SECRETARY OF THE PROPERTY OF THE PARTY OF THE P	1	STATE OF
Saltana.	1000	1000000 100000 10000000 10000000 1000000	100	-10
O to a	J. Berry		his	tial 2
	1526 10	以下,以此是一位是在1000年间,1000年度1000年度1000年度1000年度1000年度1000年度1000年度1000年度1000年度1000年度1000年度1000年度1000年度1000年度1000年度1000年度	22	17.00
Total Pre	paid Expen		5	41,773

Schedule of Other Current Assets (Itemized) Puge 31 Line A8

ekini:	31 18	Other Receivables	STATE OF	8	4,034
37642	31 48	Loans/Advances Em Joves	CONTRACTOR OF	8	208
(A)	(H 2011)		EH POLISH		1370
W.	The second		Charles and party		100
SSH	OF SHEETS		TWO CONTRACTOR	10.5	A Pilitin
	N PAGE		VERELEVER		
16.5	S. S. Albert	THE RESERVE AND THE PARTY OF TH	A DESCRIPTION OF		
5435	F 1918-35	A STEWN OF THE RESERVE OF THE PROPERTY OF THE	101 K 17 MM	97.1	
ntal O	ther Curre	it Assets (Hemize)	DESCRIPTION OF REAL PROPERTY.	8	4.242

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

Page Ref	Line Ref	Description	116932116
THE PART	7	BUILDING BANKS ASSESSED OF BUILDING BUI	
elogae.	SP SHEE	Season of the wife of the Control of	T-54 P
	863686	PERSONAL PROPERTY OF THE PERSON OF THE PERSO	A STATE
	S CONTRACTOR	以表现44年2年11月2日 - 10日本 10日本 10日本 10日本 10日本 10日本 10日本 10日本	3 101
N/Anti-	10.50405		0111
Total Othe	r Other Fi	ed Assets (Itemize)	\$.

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Descri-tion	
(5)(4)	History and	SERVICE CONTROL SERVICE SERVIC	MI (M) TO THE
(2)(M)(2)-	11134		
Aun	Storage		E-07
355 CT 11	ASSESSED AR	Committee and the second of the committee of the committe	
STEEL ST	SHIPWIT !	1255 125 125 125 125 125 125 125 125 125	HILL TO A
CHS 700	Per 24 11		Ministra
910867	165035A	ETHER HALLOW RESIDENCE AND REPORT WITH CONTRACT OF THE PROPERTY.	BUT OF
Total Offic	r Assets	THE STATE OF THE PROPERTY OF T	5 -

Schedule of Nates Payable (Itemize) Page 33 Line A2

		100
STORY STREET	1 PA PHILIPPING STREET WAS REPORTED IN THE SHARE THE PARTY OF THE STREET WAS REPORTED IN	
362 F-5-		
No. of Contract of		3 7 7 7
Sales of the		TOWN TO THE
CONTRACTOR		5-14-5
market Park		120 Co.

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

33	a12	Accrued Paid Time Off	S	125,505
33	412	Wa e Garnishment	S	160
33	a12	401 K Contribution Withheld	\$	(2.878)
33	a12	Roth Contribution Withheld	5	275
33	n12	Credit Union Withheld	2	(1,349)
33	112	Other Employee Withheld	8	692
33	a12	Accrued Rent	\$	(145,902)
33	a12	Accrued Personal Pro Tox	S	(5.700)
33	a12	Acerued Provider Tax	5	83,575
33	a12	Acented A/P	S	136,721
33	s12	Security Demits Residents	S	25,620
33	a12	Security Deresit - ather	S	(1,000)
33	a12	Resident Trust Payable	S	111,172
33	a12	Uneamed Revenue		470097
Othe	r Curre	nt Liabilities (Itemiae)	S	796 988

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

34	ы	Due to HMS	5	147,262
34	b4	Due to WP Realty LLC	S	(661,492
34	bit	Patriot Bank Loan \$500k	S	403,979
34	bi	Note Pavable - Telmadge Park	S	114,645
34	b4	PPP Loan Poyable	S	1 134,000
34	b4	SBA EIDL Ioan	S	159 900
Total Othe	r Curr	ent Liabilities (Itemize)	S	1.298.294

G. Balance Sheet (cont'd)

1	Name of Facility		License No.	Report for Year End	ed	Page	of
Whis	sper	ing Pines Rehabilitation and N	<u>ų 2443</u>	9/30/2020		32	37
			Account			An	nount
				Total Brought Fo	rward: \$		3,554,629
C.		asehold or like property record	ed for Equity Purposes	S.			
		Land			\$		1,771,200
	2.	Land Improvements	*Historical Cost	• • • • • • • • • • • • • • • • • • • •			
			Accum. Depreciation		\$		
	3.	Buildings	*Historical Cost	4,228,800			
			Accum. Depreciation	255,490 Net	\$		3,973,310
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciation	Net Net	\$		
	5.	Movable Equipment	*Historical Cost				
			Accum. Depreciation	Net Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	n Net	<u> </u>		
	7. Minor Equipment-Not Depreciable						
C-8	To	tal Leasehold or Like Propert	ies (C1 thru 7)		\$		5,744,510
D.	Inv	vestment and Other Assets					
	1.	Deferred Deposits			\$		
	2.	Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost	341,192			
			Accum. Depreciation	54,970 Net	\$		286,222
	4.	Goodwill (Purchased Only)			\$		
	5.	Investments Related to Resid	ent Care (itemize)		\$		
	6.	Loans to Owners or Related I	Parties (itemize)		\$		(226,999)
		Name and Address	Amount	Loan Date			
		10.00					Programme and the second secon
		WP Realty LLC	(226,999)	5/2/18			
	7.	Other Assets (itemize)			\$		33,432
		Financing costs		33,432			
		See Schedule					
D-8.	To	tal Investments and Other Ass	sets (Lines D1 thru 7)		\$		92,656
D-9.	To	tal All Assets (Lines A9 + B1)	0 + C8 + D8		\$		9,391,794

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-33 Rev. 6/95



G. Balance Sheet (cont'd)

Name of Facility			License No.	Report for Year	Ended	Page	of
Whispering Pi	ines	Rehabilitation and Nursing	2443	9/30/2020		33	37
			Account			A	mount
Liabilities				7.15			
A.	Cui	rrent Liabilities					
	1.	Trade Accounts Payable				\$	335,133
	2.	Notes Payable (itemize)				\$	
		0 0.1 1.1					
	2	See Schedule		\ ('4'\)		S	
	3.	Loans Payable for Equipm			Data Dua	2	医高度医局部
	_	Name of Lender	Purpose	Amount	Date Due		
							of the second
	4.	Accrued Payroll (Exclusive	a of Owners and/or	Stockholders only)		\$	123,514
	5.	Accrued Payroll (Owners of				\$	125,514
	6.	Accrued Payroll Taxes Pay		ony)		\$	24,543
	7.	Medicare Final Settlement				\$	24,545
	8.	Medicare Current Financia				\$	
						\$	
					\$	2,020	
					\$	2,020	
		Other Current Liabilities (itamiza)			\$	796,988
	14.	Other Current Diabilities (nemize j			Ψ	750,500
		·					
				See Schedule	796,988		
		tal Current Liabilities (Lin		acc achedule	170,700	\$	PROPERTY OF PERSONS ASSESSED.

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Whispering Pines Rehabilitation and Nursir	2443	9/30/2020		34	37
A	Account			Am	ount
		Total Brough	nt Forward:		1,282,198
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment			\$		
Name of Lender	Purpose	Amount	Date Due		
			1.2		
2. Mortgages Payable	1		\$		
Loans from Owners or Relationships	ated Parties (itemize)	j	\$		
Name and Address of Lender	Loan D	The second secon			
	Amount				
					- 196 - 196 - 196
				7	
4. Other Long-Term Liabilitie	es (itemize)	1	\$		1,298,294
6	,				, , ,
			il a		

See Schedule		1,298,294			
B-5. Total Long-Term Liabilities (1	Lines B1 thru 4)		\$		1,298,294
C. Total All Liabilities (Lines A-	\$		2,580,492		



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

Nan	e of Facility	License No.	Report for Y	'ear Ended	Page	of
Whi	spering Pines Rehabilitation and N	2443	9/30/2020		35	37
		Account			Aı	nount
A.	Reserves					
	1. Reserve for value of leased la	and			\$	1,771,200
	2. Reserve for depreciation valu	e of leased build	ings and appurte	enances		
	to be amortized				\$	4,079,030
	3. Reserve for depreciation valu	ie of leased perso	nal property (Eq	quity)	\$	
	4. Reserve for leasehold real pr	operties on which	fair rental valu	e is based	\$	
	5. Reserve for funds set aside a	s donor restricted			\$	
	6. Total Reserves			eli-section.	s	5,850,230
B.	Net Worth					
5	1. Owner's Capital				\$	213,768
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				s	
-	5. Cumulated Earnings				\$	
	6. Gain or Loss for Period	10/1/20	19 thru	9/30/2020	s	747,304
	7. Total Net Worth				\$	961,072
C.	Total Reserves and Net Worth				\$	6,811,302
D.	Total Liabilities, Reserves, and	Net Worth			\$	9,391,794

State of Connecticut

AMENDED Annual Report of Long-Term Care Facility

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H. Changes in Total Net Worth

	e of Facility License 1	No.	Report for Year	Ended		age of
Whis	spering Pines Rehabilitation and Nul 2	2443	9/30/2020		3	6 37
	Account			Amount		
A.	Balance at End of Prior Period as shown on l		\$	192,948		
B.	Total Revenue (From Statement of Revenue .	Page 30)			\$	10,512,926
C.	Total Expenditures (From Statement of Expe	nditures Pa	ige 27)		\$	9,765,621
D.	Net Income or Deficit				\$	747,305
E.	Balance				\$	940,253
F.	Additions					
	Additional Capital Contributed (itemize) Other (itemize)		20.010			
	Prior period adjustment		20,819			
F-3.	Total Additions				\$	20,819
G.	Deductions					
	1. Drawings of Owners/Operators/Partners	(Specify)			\$	
	Name and Address (No., City, State, Zip	7)	Title	Amount		4
	2. Other Withdrawings (Specify)				\$	
	Purpose		Amo	unt	100000	St feet
3. Total Deductions						
	J. Total Deductions					

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended Page of						
Whispering Pines Rehabilitation and	2443	9/30/2020 37 37						
	Check appropriate category							
☐ Chronic and Convalescent Nursi Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)						
Preparer/Reviewer Certification								
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.								
Signature of Preparer	Title	Date Signed						
Printed Name of Preparer								
Elmer A Laydon CPA								
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