

February 3, 2020

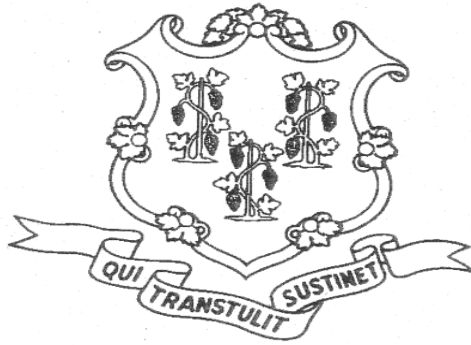
Ms. Kathleen Shaughnessy
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
Attention: Office of Reimbursement and CON

Dear Ms. Shaughnessy:

Enclosed please find the 2019 Medicaid Cost Report for Wilton Meadows Health Care Center.

In preparing this cost report, we did not perform any disallowances for dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. Depreciation taken on page 23 is determined using accelerated tax methods over the estimated tax lives of the assets. The excess movable equipment depreciation is adjusted on page 29. We did not disallow bad debts as it is netted against Private Pay Revenue. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Wilton Meadows Health Care Center	
Address (No. & Street, City, State, Zip Code) 439 Danbury Road, Wilton, CT 06897	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2032C	RHNS	(Specify)	Medicare Provider 07-5317
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Medicaid Provider Numbers:	CCNH	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) Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2019	Page 1	of 37
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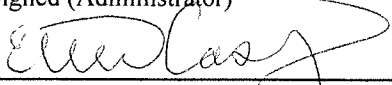
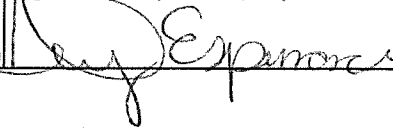
Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator) 		Date 11/27/2019	Signed (Owner)		Date
Printed Name (Administrator) Ellen Casey			Printed Name (Owner)		
Subscribed and Sworn to before me: Amy Espinosa	State of Connecticut	Date 1/27/2020	Signed (Notary Public) 		Comm. Expires 6/30/2020
Address of Notary Public 146 Court D. Bridgeport CT. 06610					

(Notary Seal)

General Information

Name of Facility (as licensed) Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

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

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

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

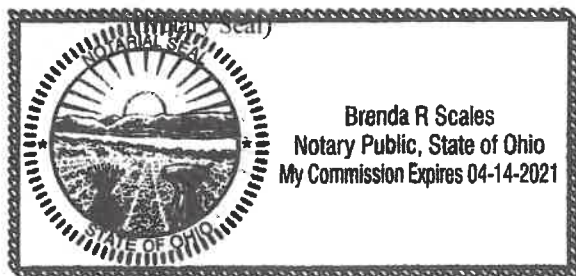
Wilton Meadows Limited Partnership
 By: **Wilton Meadows Health Care Center Corp.** General Partner

Signed (Administrator)	Date	Signed (Owner)	Date
		<i>[Signature]</i>	01-27-2020

Printed Name (Administrator) Ellen Casey	Printed Name (Owner) Fred Rzepka, President
---	---

Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
			<i>[Signature]</i>	/ /

Address of Notary Public
25250 Rockside Road, Cleveland, OH 44146



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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Wilton Meadows Health Care Center	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 439 Danbury Road, Wilton, CT 06897				
Report Prepared By Blum Shapiro & Company, P.C.	Phone Number 860-561-4000	Date 2/3/2020		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-834-0199		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Wilton Meadows Health Care Center		Address (No. & Street, City, State, Zip) 439 Danbury Road, Wilton, CT 06897		
License Numbers:	CCNH 2032C	RHNS (Specify)	Medicare Provider No. 07-5317	
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 checked="" type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Ellen Casey		Nursing Home Administrator's License No.:	001858	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2019	Page 3	of 37
Legal Name of Partnership/LLC Wilton Meadows Limited Partnership		Business Address 439 Danbury Road, Wilton, CT 06897		State(s) and/or Town(s) in Which Registered	
Name of Partners/Members	Business Address	Title		% Owned	
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	Limited partner		70.12%	
Wilton Meadows Health Care	25250 Rockside Road, Bedford Heights, OH 44146	General partner		2.08%	
Fred Rzepka	3330 Warrensville Center Road #808, Shaker Heights, OH 44122	Limited partner		16.3%	
Peter Rzepka	3330 Warrensville Center Road #804, Shaker Heights, OH 44122	Limited partner		11.5%	

General Information and Questionnaire Corporate Owners

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2019	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2019	3B	37

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

Owner(s) of Facility

N/A

General Information and Questionnaire
Related Parties*

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 09/30/2019	Page 4b	of 37
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Description	A/C #	Amount		
TransCon Builders, Inc.				
Travel	75510	16,600	16	L4
Management Fees	75530	145,168	16	m12
		<u>161,768</u>		
Property Insurance	73530.BSC	19,112	27	14A
Worker's Comp Insurance	73250	387,950	15	1A1
General Liability Insurance	73530.BSC1	59,438	27	14C1
Excess Liability Insurance	73530.BSC1	18,140	27	14C1
EPLI	73530	9,838	16	M13
		<u>494,478</u>		
Interest Income on Intercompany Loans	59513	90,608	30	IV 5
Loan Receivable	16100	<u>2,848,852</u>	32	D6
Greens at Cannondale				
Maintenance Services from WM To GC	72106/72155	(15,676)	10	A7A/A7B
Administration Svc from WM To GC	73110	(39,178)	10	A4
Other Administration Services from GC to WM	73110	4,952	10	A4
Dietary Allocation to Greens at Cannondale	69103	(518)	10	A5a
		<u>(50,420)</u>		
Loan Receivable	16600	<u>10,346</u>	32	D6
Greens at Greenwich				
Maintenance Services from WM To GG	72106/72155	(17,106)	10	A7A/A7B
Administration Svc from WM To GG	73156	(15,618)	10	A4
		<u>(32,724)</u>		
Loan Receivable	16700	<u>7,182</u>	32	D6
TBI Profit Sharing Plan				
401K Plan - Other Participants	73310	<u>33,969</u>	15	1a7
Hamden				
Greens at Greenwich				
Greens at Cannondale				
Greenwich Woods				
Candlewood				
Owners Management Co				
TransCon				
Danbury Commons				
Crime, Cyber Insurance Policies - Wilton Meadows Held				
Greens at Cannondale	73530	7,314	16	M13
Greens at Greenwich	73530	1,488	16	M13
		<u>8,802</u>		

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2019	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.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Wilton Meadows Health Care Center		2032C		9/30/2019			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
De Lage Landon Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/01/17	5 years	7,530	7,530	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							7,530	

* 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 Wilton Meadows Health Care Cent	License No. 2032C	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 See attached 2 3 4	Address (No. & Street, City, State, Zip Code)
--	---

Services Provided by This Firm (*describe fully*)

1 See attached	\$ 22,960
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 22,960

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 1 See attached 2 3 4 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 See attached	\$ 97,246
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 97,246

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	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	09/30/2019	7a	37

Ref	InterfaceName	Amount	Vendor Total
Blum, Shapiro & Co., P.C.	Under accrual 2018 Finance Statements	10	
Blum, Shapiro & Co., P.C.	Under accrual 2018 Medicaid Cost Report	50	
Blum, Shapiro & Co., P.C.	Prep 9/30/19 Financial Statements Review	8,875	
Blum, Shapiro & Co., P.C.	Prep 9/30/19 Medicaid Cost Report	8,925	<u>17,860</u>
Howard, Wershbale & Co.	Under accrual 2018 Medicare Cost Report	100	
Howard, Wershbale	Prep 9/30/19 Medicare Cost Report	4,150	<u>4,250</u>
RSM US LLP	2019 Income Tax Return	850	<u>850</u>
Total Accounting Expense			<u><u>22,960</u></u>

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2019	7b	37
Ref	Interface Name	Transaction Date	Amount	Disallow
Epstein Becker & Greer	Professional Services-General	2/26/2019	1,408	
Epstein Becker & Greer	Professional Services-General	3/1/2019	213	
Epstein Becker & Greer	Professional Services-General	3/27/2019	1,320	
Epstein Becker & Greer	Professional Services-General	5/1/2019	1,523	
Epstein Becker & Greer	Professional Services-General	6/25/2019	1,320	
Epstein Becker & Greer	Legal Matters Former Employee	7/1/2019	330	330
Epstein Becker & Greer	Professional Services-General	7/1/2019	255	
Epstein Becker & Greer	Legal Matters Former Employee	8/1/2019	1,254	1,254
Epstein Becker & Greer	Legal Matters Former Employee	8/16/2019	3,597	3,597
Epstein Becker & Greer	Professional Services-General	9/1/2019	1,408	
Epstein Becker & Greer	Professional Services-General	9/30/2019	140	
Epstein Becker & Greer	Legal Matters Former Employee	9/30/2019	132	132
Epstein Becker & Greer	Legal Matters Former Employee	9/30/2019	660	660
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/1/2018	28	28
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/1/2018	163	163
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/1/2018	223	223
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/1/2018	2,568	2,568
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/1/2018	260	260
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/1/2018	545	545
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/1/2018	195	195
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/1/2018	625	625
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/27/2018	33	33
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/27/2018	914	914
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/27/2018	618	618
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/27/2018	1,050	1,050
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/27/2018	195	195
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/27/2018	1,935	1,935
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/27/2018	748	748
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/27/2018	5	5
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/27/2018	916	916
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/27/2018	1,103	1,103
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/27/2018	280	280
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/26/2018	1,040	1,040
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/26/2018	1,018	1,018
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/26/2018	423	423
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/26/2018	583	583
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/26/2018	65	65
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/26/2018	98	98
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/26/2018	748	748
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/26/2018	1,658	1,658
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/26/2018	520	520
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/26/2018	1,214	1,214
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/26/2018	853	853
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/26/2018	468	468
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/28/2019	110	110
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/28/2019	813	813
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/28/2019	845	845
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/28/2019	455	455
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/28/2019	65	65
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/28/2019	420	420
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/28/2019	195	195
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/28/2019	1,083	1,083
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/28/2019	528	528
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/28/2019	83	83
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/29/2019	(8,268)	(8,268)
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2019	1,540	1,540
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2019	83	83
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2019	130	130
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2019	260	260
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2019	1,183	1,183
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2019	488	488
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2019	350	350
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2019	55	55
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2019	2,836	2,836
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/1/2019	104	104
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/1/2019	3,563	3,563
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/1/2019	35	35
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/1/2019	1,182	1,182
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/23/2019	350	350
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/24/2019	210	210
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/24/2019	1,120	1,120
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/24/2019	245	245
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/24/2019	2,310	2,310
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/24/2019	1,470	1,470
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/29/2019	1,745	1,745
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/29/2019	578	578
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/29/2019	1,540	1,540
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/29/2019	4,031	4,031
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/29/2019	4,050	4,050
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/29/2019	315	315
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/29/2019	1,365	1,365
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	6/25/2019	750	750
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	6/25/2019	70	70
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	6/25/2019	930	930
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	6/25/2019	138	138
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	6/25/2019	560	560
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	6/25/2019	175	175
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	6/25/2019	1,874	1,874
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	6/25/2019	1,295	1,295
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/30/2019	140	140
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/30/2019	495	495
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/30/2019	3,605	3,605
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/30/2019	695	695
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/30/2019	717	717
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/27/2019	245	245
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/27/2019	1,440	1,440
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/27/2019	3,131	3,131
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/27/2019	938	938
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/25/2019	285	285
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/25/2019	505	505
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/25/2019	370	370
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/25/2019	350	350
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/25/2019	1,050	1,050
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/25/2019	1,500	1,500
Michael A. Rubino	Legal Services Re WM (vs)	9/1/2019	575	575
Murtha Cullina LLP	Prof Serv Re: Gen Labor/Employment Hand Book	10/31/2018	138	
Murtha Cullina LLP	Prof. Svcs. General Matters	10/31/2018	198	
Murtha Cullina LLP	Prof Serv Re: Gen Labor/Employment Hand Book	12/1/2018	1,774	
Murtha Cullina LLP	Prof. Svcs. Regarding WM/Trancon	12/17/2018	180	
Murtha Cullina LLP	Prof Serv Re: Gen Labor/Employment Hand Book	12/28/2018	160	
Murtha Cullina LLP	Prof Serv Re: Gen Labor/Employment Hand Book	1/29/2019	640	
Murtha Cullina LLP	Prof Serv Re: Gen Labor/Employment Hand Book	3/1/2019	1,280	
Murtha Cullina LLP	Prof Serv Re: Gen Labor/Employment Hand Book	3/25/2019	1,803	
Murtha Cullina LLP	Prof Serv Re: Gen Labor/Employment Hand Book	5/1/2019	3,656	
Murtha Cullina LLP	Prof. Svcs. General Matters Thru 1/31/19	6/1/2019	92	
Murtha Cullina LLP	Legal Matters Former Employee	6/1/2019	90	90
Murtha Cullina LLP	Legal Matters Former Employee	6/17/2019	360	360
Murtha Cullina LLP	Professional Services Thru 8/31/19	9/30/2019	1,811	
Wilton Meadows Petty Cash	Fred Bondi-State Marshall-Conservatorship	10/8/2018	50	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	10/8/2018	225	
Wilton Meadows Petty Cash	Fred Bondi-State Marshall-Conservatorship	10/8/2018	50	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	10/8/2018	225	
Wilton Meadows Petty Cash	Fred Bondi-State Marshall-Conservatorship	11/14/2018	50	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	11/14/2018	225	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	2/12/2019	225	
Wilton Meadows Petty Cash	Fred Bondi-State Marshall-Conservatorship	3/20/2019	50	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	3/20/2019	225	
Wilton Meadows Petty Cash	Fred Bondi-State Marshall-Conservatorship	5/14/2019	50	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	5/14/2019	225	
Wilton Meadows Petty Cash	Fred Bondi-State Marshall-Conservatorship	6/12/2019	(50)	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	6/12/2019	(225)	
			97,246	78,803
			Total Legal Expense	Total Disallowed

Schedule of Resident Statistics

Name of Facility Wilton Meadows Health Care Center			License No. 2032C		Report for Year Ended 9/30/2019				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	148	148			148	148			148	148		
B. On last day of THIS report period	148	148			148	148			148	148		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	143	143			143	143			134	134		
B. As of midnight of THIS report period	133	133			134	134			133	133		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,432	6,432			4,705	4,705			1,727	1,727		
B. Medicaid (Conn.)	32,745	32,745			24,551	24,551			8,194	8,194		
C. Medicaid (other states)												
D. Private Pay	4,494	4,494			4,030	4,030			464	464		
E. State SSI for RCH												
F. Other (Specify) Hospice/Managed Care/Everca	5,756	5,756			3,649	3,649			2,107	2,107		
G. Total Care Days During Period (3A thru F)	49,427	49,427			36,935	36,935			12,492	12,492		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	5	5			5	5						
B. Other Bed Reserve Days	70	70			55	55			15	15		
5. Total Resident Days (3G + 4A + 4B)	49,502	49,502			36,995	36,995			12,507	12,507		

Schedule of Resident Statistics (Cont'd)

Name of Facility Wilton Meadows Health Care Center			License No. 2032C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	16	83		34									
Per Diem Rate													
a. One bed rm.	PPS	228.97		581.40									
b. Two bed rms.	N/A	N/A		N/A									
c. Three or more bed rms.	PPS	228.97		535.50									
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,268	2,268			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									340	340			
2. Restorative Treatments													
C. Other									18,736	18,736			
D. Total Physical Therapy Treatments									21,344	21,344			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									356	356			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									14	14			
2. Restorative Treatments													
C. Other									1,058	1,058			
D. Total Speech Therapy Treatments									1,428	1,428			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									3,061	3,061			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									198	198			
2. Restorative Treatments													
C. Other									18,894	18,894			
D. Total Occupational Therapy Treatments									22,153	22,153			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2019	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	137,794	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	417,413	13,970				
5. Dietary Service						
a. Head Dietitian	54,133	2,070				
b. Food Service Supervisor	54,663	2,142				
c. Dietary Workers	647,156	37,348				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	65,922	1,500				
b. Other Maintenance Workers	74,983	3,892				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	226,535	12,811				
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	217,300	4,187				
b. RN						
1. Direct Care	1,048,698	27,829				
2. Administrative**	395,992	11,099				
c. LPN						
1. Direct Care	1,581,654	49,665				
2. Administrative**	152,026	3,335				
d. Aides and Attendants	2,643,252	152,082				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	298,917	14,070				
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	299,516	8,612				
n. Marketing	3,640	100				
o. Other (Specify) See Attached Schedule	180,215	8,514				
<i>A-13. Total Salary Expenditures</i>	8,499,809	355,312				

* 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
Other Nursing Admin	\$ 180,215	8,514				
Total	\$ 180,215	8,514	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Other Purchased Services - Med A - See Page 13a	\$ 43,916	Disallowed				
Total	\$ 43,916	Disallowed	\$ -	-	\$ -	-

**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
Wilton Meadows Health Care Center				2032C	9/30/2019				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Wilton Meadows Health Care Center				2032C	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Ellen Casey, 147 Cook Hill Road, Wallingford, CT 06492	137,794			Non-preferential	Administrator	2,086	A-2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Wilton Meadows Health Care Center	2032C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	16,073	44				
3. Pharmacist	12,736	192				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	464,897	5,534				
b. Other						
6. Social Worker						
7. Recreation Worker	10,910	62				
8. Physicians						
a. Medical Director (entire facility)	46,800	539				
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) Medical Consultant	1,544	Disallowed				
9. Speech Therapist						
a. Resident Care	89,335	727				
b. Other						
10. Occupational Therapist						
a. Resident Care	510,589	5,767				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	8,939	179				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	43,916	Disallowed				
B-13 Total Fees Paid in Lieu of Salaries	1,205,739	13,044				

* 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 Wilton Meadows Health Care Center		License No. 2032C		Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
See attached		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
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		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
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		<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.

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2019	Page 14a	of 37
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Category	Consultant	Total Paid	Total Hours	
Dentist	Healthdrive Dental	<u>16,073</u>	<u>44</u>	Capitated monthly fee
Pharmacist	Value Health Care Services	<u>12,736</u>	<u>192</u>	Two 8 hr. visits per month
Physical Therapy PT Outpatient	Preferred Therapy	458,988	5,457	
	Preferred Therapy	5,910	77	
		<u>464,897</u>	<u>5,534</u>	
Entertainment	Various	<u>10,910</u>	<u>62</u>	83 Performances @ 45 min per
Medical Director	Alan Radin, MD	<u>46,800</u>	<u>539</u>	\$158.90/hr limit in 2015
Other Medical Consultants	SDX Dysphagia Experts	1,440		Disallow
	New Engalnd Retina Associates	14		Disallow
	HealthDrive Eye Care Group	33		Disallow
	HealthDrive Audiology Group	58		Disallow
		<u>1,544</u>	<u>-</u>	
Speech Therapy	Preferred Therapy	<u>89,335</u>	<u>727</u>	
Occupational Therapy OT Outpatient	Preferred Therapy	509,698	5,753	
	Preferred Therapy	891	14	
		<u>510,589</u>	<u>5,767</u>	
Agency LPNs	HomeCare by RVNA	<u>8,939</u>	<u>179</u>	
Purchased Services	Value Health Care Service	14,098		Disallow
	Preferred Therapy Solutions	27,813		Disallow - Med
	US Labs	731		Disallow - Med
	Stamford Hospital	410		Disallow - Med
	OrthoConnecticut	863		Disallow - Med
	<u>43,916</u>	<u>-</u>		
Total Fees in Lieu of Salaries		1,205,739	13,044	

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2019	Page 14b	of 37
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Entertainer Name	Description	Amount
Shawn Taylor	Entertainment 10/03/18	125
Larry Batter	Entertainment 10/10/18	145
Bennett A. Mazzola	Entertainment 10/11/18	75
Willie Nininger	Entertainment 10/17/18	135
Bennett A. Mazzola	Entertainment 10/20/18	75
Gary Kahn	Entertainment 10/24/18	105
Shalynn M. Sedgwick	Entertainment 10/27/18	150
Paul D. Cavitt	Entertainment 11/01/18	100
Billy Michael	Entertainment 11/07/18	100
Jeff Batter	Entertainment 11/21/18	135
Gary Andreadis	Entertainment 11/28/18	125
Darby Cartun	Entertainment 11/28/18	100
Chris Merwin	Entertainment 11/30/18	125
Jane Marino	Entertainment 12/03/18	125
Alfred Leone	Entertainment 12/05/18	150
Ian Ramdeem	Entertainment 12/06/18	300
Larry Batter	Entertainment 12/19/18	145
Jeff Batter	Entertainment 12/19/18	135
Darby Cartun	Entertainment 12/19/18	100
John B. Gould	Entertainment 12/19/18	150
Kayte Devlin	Entertainment 12/26/18	125
Bennett A. Mazzola	Entertainment 12/29/18	75
Jeff Batter	Entertainment 12/31/18	150
Billy Michael	Entertainment 01/02/19	100
Thomas Sansone	Entertainment 01/09/19	150
Shawn Taylor	Entertainment 01/16/19	125
John B. Gould	Entertainment 01/23/19	150
Larry Batter	Entertainment 01/30/19	145
Alfred Leone	Entertainment 02/06/19	150
Lee Perry Gross Music	Entertainment 02/13/19	150
Gary Kahn	Entertainment 02/20/19	105
Billy Michael	Entertainment 02/27/19	100
Thomas Sansone	Entertainment 11/14/18	150
Shalynn M. Sedgwick	Entertainment 03/02/19	150
John B. Gould	Entertainment 03/06/19	150
Kayte Devlin	Entertainment 03/13/19	125
Billy Michael	Entertainment 03/20/19	100
Thomas Sansone	Entertainment 03/27/19	150
Bennett A. Mazzola	Entertainment 02/16/19	75
Bennett A. Mazzola	Entertainment 03/30/19	75
Shawn Taylor	Entertainment 04/03/19	125
Pitchpipers	Entertainment 04/04/19	125
Shalynn M. Sedgwick	Entertainment 04/06/19	150
Larry Batter	Entertainment 04/10/19	145
John B. Gould	Entertainment 04/17/19	150
Alfred Leone	Entertainment 04/24/19	150
Bennett A. Mazzola	Entertainment 04/29/19	75
Jeff Batter	Entertainment 05/01/19	135
Westport School of Music	Entertainment 03/16/19	250
Shalynn M. Sedgwick	Entertainment 05/04/19	145
Thomas Sansone	Entertainment 05/08/19	150
BF-SNT	Entertainment 05/10/19	105
Tom Nelson	Entertainment 05/12/19	225
John B. Gould	Entertainment 05/13/19	150
Louis Mongillo	Entertainment 05/14/19	150
Lee Perry Gross Music	Entertainment 05/15/19	150
Chris Merwin	Entertainment 05/16/19	125
John B. Gould	Entertainment 05/22/19	150
Gary Kahn	Entertainment 05/29/19	105
Ain't She Sweet	Entertainment 06/03/19	175
Billy Michael	Entertainment 06/05/19	100
Bennett A. Mazzola	Entertainment 06/10/19	75
Kayte Devlin	Entertainment 06/12/19	125
Conroy Warren	Entertainment 06/16/19	200
Lee Perry Gross Music	Entertainment 06/19/19	150
Shawn Taylor	Entertainment 06/26/19	125
Alfred Leone	Entertainment 06/27/19	150
John B. Gould	Entertainment 07/03/19	150
Rebecca Swett	Entertainment 07/07/19	125
Bennett A. Mazzola	Entertainment 07/15/19	75
Thomas Sansone	Entertainment 07/17/19	150
Jeff Batter	Entertainment 07/24/19	135
Jeffrey Daniel	Entertainment 08/01/19	125
Billy Michael	Entertainment 08/07/19	100
Gary Kahn	Entertainment 08/14/19	105
Jeff Batter	Entertainment 08/28/19	135
Shawn Taylor	Entertainment 09/04/19	125
Ain't She Sweet	Entertainment 09/10/19	150
Kayte Devlin	Entertainment 09/11/19	125
Alfred Leone	Entertainment 09/18/19	150
Thomas Sansone	Entertainment 09/26/19	150
Bennett A. Mazzola	Entertainment 09/28/19	75
Bennett A. Mazzola	Entertainment 09/30/19	75
Total Entertainment		<u>10,910</u>

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 387,950	387,950		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 82,086	82,086		
4. Social Security (F.I.C.A.)	\$ 634,349	634,349		
5. Health Insurance	\$ 1,134,171	1,134,171		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 33,969	33,969		
8. Uniform Allowance	\$ 544	544		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 4,495	4,495		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 22,960	22,960		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 97,246	97,246		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 36,681	36,681		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 53,107	53,107		
2. Cellular Phones	\$ 5,595	5,595		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 848,850	848,850		
Subtotal	\$ 3,342,253	3,342,253		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Group Benefit	\$ 1,241		
Employee Physicals	\$ 3,254		
Total	\$ 4,495	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Wilton Meadows Health Care Center	2032C	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
<i>Subtotals Brought Forward:</i>	3,342,253	3,342,253			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 245	245			
2. Holiday Parties for Staff	\$ 117	117			
3. Gifts to Staff and Residents	\$ 6,381	6,381			
4. Employee Travel	\$ 26,500	26,500			
5. Education Expenses Related to Seminars and Conventions	\$ 17,668	17,668			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 7,270	7,270			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 40,263	40,263			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 1,041	1,041			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 97,088	97,088			
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	\$ 9,240	9,240			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,276	12,276			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 138	138			
9. Subscriptions	\$ 21,083	21,083			
10. Contributions*** See Attached Schedule	\$ 724	724			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 145,168	145,168			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 208,846	208,846			
<i>C-14 Total Administrative & General Expenditures</i>	\$ 3,936,301	3,936,301			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Promotions	\$ 20,449		
Business Promotions	\$ 76,639		
Total Other Advertising	\$ 97,088	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues - See page 16b	\$ 12,276		
Total Dues	\$ 12,276	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 724		
Total Contributions	\$ 724	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Background Checks	\$ 10,047		
Recruiting Expense	\$ 29,556		
Consulting Fees	\$ 41,989		
Data Processing Fees	\$ 30,794		
Software Maintenance	\$ 28,045		
EPLI, Crime, Cyber Insurance	\$ 18,552		
Facility Licenses	\$ 3,421		
Employee Licenses	\$ 2,788		
Bank Charges	\$ 9,333		
Late Charges	\$ 343		
Medical Records Supplies	\$ 14,721		
Gift Shop Expense	\$ 191		
Penalties	\$ 253		
Purchased Services - Temporary Help	\$ 18,813		
Total Other Administrative and General	\$ 208,846	\$ -	\$ -

Detail of Dues and Subscriptions

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 09/30/19	Page 16b	of 37
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Ref	Amount	Dues	Subscriptions	Chamber of Commerce	InterfaceName
Academy of Nutrition & Dietetics	191		191		Nutrition Care Manual Renewal-Non Member
American Express	20	20			Ct Sec State-Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	175	175			Annual Dues Mutual Aid Program 9/17-8/18
CAHCF	350	350			Annual Dues Mutual Aid Program 9/18-8/19
CAHCF	117	117			Annual Dues Mutual Aid Program 5/19-4/20
Cogency Global	127	127			State Representation 4/18-3/19
Cogency Global	65	65			State Representation 4/18-3/19-\$129.00
Curaspan Health Group	2,389		2,389		Subscription 5/1/18-4/30/19-\$4095.
Greater Norwalk	25			25	Membership Fees Elanit Linder
Greater Norwalk	25			25	Membership Fees Elanit Linder
Hearst Media	40		40		Weekly Subscription
Hearst Media	43		43		Weekly Subscription
Hearst Media	43		43		Weekly Subscription
Hearst Media	43		43		Weekly Subscription
Hearst Media	43		43		Weekly Subscription
Hearst Media	43		43		Weekly Subscription
Hearst Media	43		43		Weekly Subscription
Hearst Media	43		43		Weekly Subscription
Hearst Media	43		43		Weekly Subscription
Hearst Media	43		43		Weekly Subscription
Hearst Media	43		43		Weekly Subscription
Hearst Media	43		43		Weekly Subscription
Hearst Media	43		43		Weekly Subscription
Hearst Media	43		43		Weekly Subscription
Hearst Media	43		43		Weekly Subscription
Kiwanis Club Of Wilton	80	80			3rd Qtr Dues April - June 2019
MatrixCare Bloomington	219		219		Subscription Fee
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PatientPing	1,000		1,000		Monthly Subscription Revenue
PNC Bank	104	104			Connecticut Geriatrics Membership
PNC Bank	100	100			America Case Management
PNC Bank	60	60			Costco Membership
PNC Bank	270		270		Wal Street Journal
PNC Bank	64		64		NY Times
PNC Bank	14	14			Amazon Prime Membership for Facility
PNC Bank	290	290			Intellectrics Membership
PNC Bank	105	105			Connecticut Geriatrics Membership
PNC Bank	265	265			ACHE Member Services
PNC Bank	135	135			America Case Management
Silver Source	40	40			Membership Sept 2018-May 2019
The Norwalk Hour	548		548		Yearly Subscription 8/18-7/19-\$2145.
Wilton Bulletin	100		100		Renewal Subscription
Wilton Chamber of Commerce	88			88	Membership 7/1/19-6/30/20
Wilton WPCA	125	125			FOG Renewal 7/18-6/30/19-\$250.
Wilton WPCA	63	63			FOG Renewal 7/19-6/30/20-\$250.
New York Times	705		705		Subscriptions
	<u>33,496</u>	<u>12,276</u>	<u>21,083</u>	<u>138</u>	

Schedule C-1 - Management Services*

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2019	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 #
TransCon Builders, Inc.	145,168	See page 4	Page 16 line M12

*** 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
Wilton Meadows Health Care Center		2032C	9/30/2019	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 452,505	452,505			
2. Non-Food Supplies	\$ 44,129	44,129			
3. Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,605	1,605			
c. Other (Specify) _____ Chemicals/Cleaning Supplies	\$ 7,091	7,091			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 505,330	505,330			
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
F. Resident Meals: Total no. of meals served per day:*					
G. Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.	
K. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.	\$552
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					30 IV1
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.	
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Wilton Meadows Health Care Center		2032C	9/30/2019		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	19,239	19,239		
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 (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>) Chemicals/Detergents \$8,183; Supplies \$548		\$	8,731	8,731		
3D. Total Laundry Expenditures (3a + b + c)		\$	27,970	27,970		
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Wilton Meadows Health Care Center		2032C	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	32,508	32,508		
	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. \$	386,410	386,410		
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	418,918	418,918		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	400,238	400,238		
	Medicare \$263,168 Medicaid \$12,778, Medicare OTC \$2,928, Facility \$18,822, Managed Care \$102,542					
	b. Medicine Cabinet Drugs	\$	16,694	16,694		
	c. Medical and Therapeutic Supplies	\$	36,391	36,391		
	d. Ambulance/Limousine***	\$	2,910	2,910		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	23,793	23,793		
	f. X-rays and Related Radiological Procedures***	\$	17,041	17,041		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	54,999	54,999		
	i. Recreation	\$	16,372	16,372		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	389,109	389,109		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	957,547	957,547		

* 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)
Medical Equipment Rental	\$ 23,226		
Basic Mattresses	\$ 233		
Cable TV	\$ 20,358		
PT Equipment Rental	\$ 14,929		
Supplies	\$ 3,243		
Nursing Supplies	\$ 130,040		
Glucose Testing Supplies	\$ 4,963		
Incontinent Care	\$ 61,202		
Gloves	\$ 20,952		
Wound Care Supplies	\$ 50,490		
Nutritional Supplements	\$ 24,616		
Syringes	\$ 2,033		
Tube Feeding - Medicare	\$ 8,618		
Medical Supplies - Medicare	\$ 20,718		
Medical Supply Rental Medicare	\$ 3,488		
Total Other Resident Care	\$ 389,109	\$ -	\$ -

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

Name of Facility Wilton Meadows Health Care Center			License No. 2032C	Report for Year Ended 9/30/2019	Page 21	of 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
Saucier Mechanical	148 Norton St, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Building Repair & Maintenance	24,571			22	6f/6a
Shindler Elevator	850 Brook Street, Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Service	13,510			22	6f/6a
Oak Ridge Hauling	307 White St, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	28,919			22	6f
SMS Cleaning & Housekeeping	5140 Highway 9 S, Howell NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	386,410			20	4b
Shamrock Land Management	721 Cove Road, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance/Snow Plow, Landscaping	44,392			22	6f
Daniels Equipment	445 Priscilla Lane, Auburn, NH 03032	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance/Ozone Rental	18,472			22	6f/6a
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Wilton Meadows Health Care Center	2032C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 85,633	85,633				
b. Heat	\$ 70,051	70,051				
c. Light & Power	\$ 131,177	131,177				
d. Water	\$ 54,408	54,408				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 7,530	7,530				
f. Other (<i>itemize</i>)	\$ 246,161	246,161				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 594,960	594,960				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 1,049	1,049				
b. Building & Building Improvements	\$ 191,817	191,817				
c. Non-Movable Equipment	\$ 13,373	13,373				
d. Movable Equipment	\$ 44,164	44,164				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 250,403	250,403				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 122,827	122,827				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 13,421	13,421				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 386,651	386,651				

* 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)
Small Equipment Purchase	\$ 27,189		
Equipment Rental	\$ 21,272		
Trash Removal	\$ 37,374		
Service Contracts	\$ 50,775		
Supplies	\$ 53,838		
Grounds Maintenance	\$ 39,969		
Grounds Landscaping	\$ 7,303		
Minor Decorating	\$ 4,423		
Copy Charges	\$ 4,018		
Total Other Repairs and Maintenance	\$ 246,161	\$ -	\$ -

Depreciation Schedule

Name of Facility Wilton Meadows Health Care Center			License No. 2032C			Report for Year Ended 9/30/2019			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period			209,287		209,287	208,134	Tax	Various	1,049				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										1,049			
B. Building and Building Improvements													
1. Acquired prior to this report period			11,303,078		11,303,078	10,262,505	Tax	Various	191,114				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			12,406		12,406		Tax	Various	703				
B-4. Subtotal										191,817			
C. Non-Movable Equipment													
1. Acquired prior to this report period			210,448		210,448	152,770	Tax	Various	12,152				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			30,875		30,875		Tax	Various	1,221				
C-4. Subtotal										13,373			
		Is a mileage logbook maintained?		Date of Acquisition									
		Yes	No	Month	Year	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
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 1998 Ford		Yes		5	2001	10,866		10,866	10,866	Tax	5		
b. 2012 Jeep Patriot		Yes		4	2015	9,532		9,532	7,610	Tax	5	1,098	
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,136,030		1,136,030	1,024,867	Tax	Various	39,809	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						32,474		32,474		Tax	Various	3,257	
D-3. Subtotal													44,164
E. Total Depreciation													250,403

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/24/2019	Cooler floor	\$ 1,810	10	\$ 132
2/5/2019	Cooler floor	\$ 1,810	10	\$ 132
6/18/2019	Oak dining room cabinets	\$ 1,900	10	\$ 95
7/18/2019	Oak dining room cabinets	\$ 4,014	10	\$ 201
7/5/2019	Paint dining rooms	\$ 2,872	10	\$ 143
Total additions for Building Improvement		\$ 12,406		\$ 703 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
5/9/2019	Replace RTU 1&4	\$ 10,000	10	\$ 400
8/1/2019	Replace RTU 1&4	\$ 10,000	10	\$ 400
8/13/2019	Replace RTU 1&4	\$ 2,225	10	\$ 89
6/18/2019	Rebuild mixing valve	\$ 3,579	10	\$ 205
8/16/2019	Rada 425 Valve	\$ 2,282	10	\$ 57
9/5/2019	Rada 425 Valve	\$ 2,789	10	\$ 70
Total additions for Non-Movable Equipment		\$ 30,875		\$ 1,221 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/1/2019	Logiflax Millennium Executive Office Desks	\$ 3,409	7	\$ 325
8/27/2019	Sara Lift 3000 US	\$ 3,004	5	\$ 172
1/2/2019	Bladder Scanner (12 payments)	\$ 8,454	7	\$ 906
5/1/2019	Maxi 500 Manual DPS scale	\$ 3,666	5	\$ 327
6/14/2019	Laptops	\$ 4,315	5	\$ 493
1/16/2019	Laptop	\$ 648	5	\$ 97
8/27/2019	Vital Monitor & stand	\$ 2,375	7	\$ 136
11/7/2018	Steam table	\$ 3,074	7	\$ 356
12/10/2018	Steam table	\$ 3,529	7	\$ 445
Total additions for Movable Equipmen		\$ 32,474		\$ 3,257 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-23 Rev. 10/2006

Fixed Asset Rollforward

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2019	23b	37

	Land Improvements	Building & Improvements	Non-movable Equipment	Movable Equipment	Motor Vehicles	
2018 Book Value per CR	209,287	11,303,078	210,448	1,136,030	20,398	
2019 Additions	-	12,406	30,874	32,473	-	
2019 Disposals	-	-	-	-	-	
2019 Book Value CR	<u>209,287</u>	<u>11,315,484</u>	<u>241,322</u>	<u>1,168,503</u>	<u>20,398</u>	<u>\$ 12,954,994</u>
Balance per books-page 31	<u>213,166</u>	<u>11,315,783</u>	<u>241,926</u>	<u>1,177,093</u>	<u>20,398</u>	
Prior year variance	(3,879)	(299)	(604)	(8,590)	-	
<hr/>						
2018 Accumulated Depreciation	208,134	10,262,505	152,770	1,024,867	18,476	
2019 Depreciation	1,049	191,817	13,373	43,066	1,098	
2019 Disposals	-	-	-	-	-	
2019 Accumulated Depreciation	<u>209,183</u>	<u>10,454,322</u>	<u>166,143</u>	<u>1,067,933</u>	<u>19,574</u>	
Balance per books-page 31	<u>209,183</u>	<u>10,454,322</u>	<u>166,172</u>	<u>1,081,584</u>	<u>19,574</u>	<u>\$ 11,930,835</u>
Prior year variance	-	-	(29)	(13,651)	-	

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Wilton Meadows Health Care Center			2032C		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		03/01/88		
2. Date Structure Completed		03/01/88		
3. If NOT Original Owner, Date of Purchase		N/A		
4. Date of Initial Licensure		03/01/88		
5. Total Licensed Bed Capacity		148		
6. Square Footage		75,000		
7. Acquisition Cost				
a. Land		69,000		
b. Building		5,740,000		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 9/30/2019				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Wilton Meadows Health Care Center		2032C	9/30/2019			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2019	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify) Interest Expense	\$	3,787	3,787	
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	3,787	3,787	
14. Insurance				
a. Insurance on Property (buildings only)	\$	19,112	19,112	
b. Insurance on Automobiles	\$	5,679	5,679	
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	77,578	77,578	
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$	102,369	102,369	
15. Total All Expenditures (A-13 thru C-14)	\$	16,639,381	16,639,381	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center				2032C	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 34,870	34,870		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10	Occupational Therapy	\$ 510,589	510,589		
7.			Other - See attached Schedule	\$ 61,533	61,533		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 76,803	76,803		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 4,155	4,155		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 6,532	6,532		
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.	16	L4	Automobile Expense (e.g. personal use)	\$ 243	243		
18.	16	m2/m	Unallowable Advertising *	\$ 98,129	98,129		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 250	250		
20.	30	IV8	Fund Raising / Contributions	\$ 724	724		
21.	16	m12	Unallowable Management Fees	\$ 145,168	145,168		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 44,746	44,746		
Page 18 - Dietary Expenditures							
24.	30	iv1	Meals to employees, guests and others who are not residents	\$ 552	552		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 984,294	984,294		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	a12n	Marketing	\$ 3,640		
10	a2	Administrator Salary over Allowable Amount	\$ 31,230		
Total Other Salaries Adjustment			\$ 34,870	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b2	Dentist	\$ 16,073		
13	b12	Purchased Services - Medicare A (See page 13a)	\$ 43,916		
13	b8e	Medical Consultant	\$ 1,544		
Total Other Fees Adjustments			\$ 61,533	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Late Fees	\$ 343		
16	m13	Bank Charges	\$ 9,333		
16	m13	Penalties	\$ 253		
16	m8a	Chamber of Commerce Dues	\$ 138		
16	l3	Employee Relations	\$ 456		
16	m13	Crime Insurance Policy	\$ 4,172		
16	m9	Newspapers	\$ 2,286		
15	1a	Benefits and Taxes on Disallowed Marketing & Recruiting Salary Noted Above	\$ 728		
15	1a	Benefits on Disallowed Administrator Salary noted Above	\$ 6,246		
16	L4	Condo Rent	\$ 16,600		
16	m13	Gift Shop Expense	\$ 191		
16	m9	Monthly subscription in excess of 12 months (Patient Ping)	\$ 4,000		
Total Other A&G Adjustments			\$ 44,746	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center				2032C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 984,294	984,294		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 400,238	400,238		
28.	20	5d	Ambulance/Limousine	\$ 2,910	2,910		
29.	20	5f	X-rays, etc	\$ 17,041	17,041		
30.	20	5h	Laboratory	\$ 54,999	54,999		
31.	20	5c	Medical Supplies	\$ 36,391	36,391		
32.	20	5e2	Oxygen (non emergency)	\$ 23,793	23,793		
33.	20	5L	Occupational Therapy	\$ 3,243	3,243		
34.			Other - See Attached Schedule	\$ 81,405	81,405		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (14,985)	(14,985)		
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	\$ 22,379	22,379		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 28,190	28,190		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,639,898	1,639,898		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5c	Nursing Supplies	\$ 10,426		
20	5j	Medical Supplies - Medicare	\$ 20,718		
20	5j	Medical Equipment Rental	\$ 23,226		
20	5j	PT Equipment Rental	\$ 14,929		
20	5j	Tube Feeding - Medicare	\$ 8,618		
20	5j	Medical Supply Rental Medicare	\$ 3,488		
Total Other Ancillary Costs			\$ 81,405	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	d2	Excess Movable Equipment Depreciation	\$ (14,985)		
Total Excess Movable Equipment Depreciation			\$ (14,985)	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Cable TV	\$ 20,358		
22	6f	TVs for Resident Rooms	\$ 2,021		
Total Other Property Adjustments			\$ 22,379	\$ -	\$ -

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest Expense	\$ 3,787		
18	2a	Meals on Wheels Disallowance	\$ 13,624		
		Outpatient Utility	\$ 92		
30	IV 8	Other Misc. Income	\$ 6,322		
		Barber and Beauty Shop Allocation Disallowance	\$ 4,365		
Total Other Adjustments			\$ 28,190	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Wilton Meadows Health Care Center	2032C	9/30/2019			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 17,447,043	17,447,043				
b. Medicaid Room and Board Contractual Allowance **	\$ (10,083,281)	(10,083,281)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,464,369	3,464,369				
b. Medicare Room and Board Contractual Allowance **	\$ 684,954	684,954				
4. a. Private-Pay Residents and Other	\$ 5,296,309	5,296,309				
b. Private-Pay Room and Board Contractual Allowance **	\$ (701,747)	(701,747)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 242,644	242,644				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (242,690)	(242,690)				
c. Prescription Drugs - Non-Medicare	\$ 116,833	116,833				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (87,857)	(87,857)				
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	\$ 786,293	786,293				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (721,392)	(721,392)				
c. Physical Therapy - Non-Medicare	\$ 247,422	247,422				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (209,152)	(209,152)				
4. a. Speech Therapy - Medicare	\$ 118,840	118,840				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (98,758)	(98,758)				
c. Speech Therapy - Non-Medicare	\$ 74,282	74,282				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (58,134)	(58,134)				
5. a. Occupational Therapy - Medicare	\$ 874,165	874,165				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (793,128)	(793,128)				
c. Occupational Therapy - Non-Medicare	\$ 276,414	276,414				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (226,717)	(226,717)				
6. a. Other (<i>Specify</i>) - Medicare	\$ (8)	(8)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 3,447	3,447				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 16,410,151	16,410,151				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 552	552				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 90,707	90,707				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 6,322	6,322				
V. Total Other Revenue (1 thru 8)	\$ 97,581	97,581				
VI. Total All Revenue (III +V)	\$ 16,507,732	16,507,732				

* 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)
	X-Ray	\$ 8,961		
	Lab	\$ 39,123		
	Oxygen	\$ 5,650		
	Contractual Adjustment - X-Ray and Lab	\$ (48,093)		
	Contractual Adjustment - Oxygen	\$ (5,649)		
Total Other Resident Revenue - Medicare		\$ (8)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray	\$ 3,008		
	Lab	\$ 14,024		
	Oxygen	\$ 2,316		
	Contractual Adjustment - X-Ray and Lab	\$ (13,544)		
	Contractual Adjustment - Oxygen	\$ (2,357)		
Total Other Resident Revenue		\$ 3,447	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 99		
	Interest Income - Intercompany		\$ 90,608		
Total Interest Income			\$ 90,707	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Miscellaneous Income	\$ 6,322		
Total Other Revenue		\$ 6,322	\$ -	\$ -

F. Statement of Revenue

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2019	Page 30b	of 37
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A/C 59511	Operating Interest	Savings Interest	Security Dep Interest	Medicare/Blue Cross/ABC	Misc.	Total	General Ledger	Difference
Asset	Cash	Cash	Cash	A/R				
Location on Balance Sheet	Cash	Cash	Cash	Resident A/R				
Oct-19			8			8	8	-
Nov-19			8			8	8	-
Dec-19			8			8	8	-
Jan-19			9			9	9	-
Feb-19			12			12	12	-
Mar-19			11			11	11	-
Apr-19			9			9	9	-
May-19			9			9	9	-
Jun-19			7			7	7	-
Jul-19			7			7	7	-
Aug-19			6			6	6	-
Sep-19			6			6	6	-
Totals	-		99	-	-	99	99	-

The associate expense relates to Other Interest Expense on Page 27, Line 12D

A/C # 59513

Interest Income - Intercompany Loans

Asset	L/R TransCon	L/R Candlewood	L/R Greenwich Woods	L/R Hamden	Total	General Ledger	Difference
Location on Balance Sheet	Loans to Owners or Related Parties	Loans to Owners or Related Parties	Loans to Owners or Related Parties	Loans to Owners or Related Parties			
Oct-19	8,216				8,216	8,216	-
Nov-19	7,491				7,491	7,491	-
Dec-19	7,760				7,760	7,760	-
Jan-19	7,780				7,780	7,780	-
Feb-19	7,045				7,045	7,045	-
Mar-19	7,818				7,818	7,818	-
Apr-19	7,585				7,585	7,585	-
May-19	7,858				7,858	7,858	-
Jun-19	7,625				7,625	7,625	-
Jul-19	7,203				7,203	7,203	-
Aug-19	7,221				7,221	7,221	-
Sep-19	7,006				7,006	7,006	-
Totals	90,608	-	-	-	90,608	90,608	-
					Total Interest	90,707	90,707

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	472,041
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,250,230
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	235,920
a. Prepaid Expenses	155,675			
b. Prepaid Insurance	80,245			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,958,191
B. Fixed Assets				
1. Land			\$	542,222
2. Land Improvements	*Historical Cost	213,166	\$	3,983
	Accum. Depreciation	209,183		Net
3. Buildings	*Historical Cost	11,315,783	\$	861,461
	Accum. Depreciation	10,454,322		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	241,926	\$	75,754
	Accum. Depreciation	166,172		Net
6. Movable Equipment	*Historical Cost	1,177,093	\$	95,509
	Accum. Depreciation	1,081,584		Net
7. Motor Vehicles	*Historical Cost	20,398	\$	824
	Accum. Depreciation	19,574		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,579,753

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	4,537,944
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. 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>)			\$	2,866,380
Name and Address		Amount	Loan Date	
See attached		2,866,380	Various	
7. Other Assets (<i>itemize</i>)			\$	6,104
Deposits			6,104	
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	2,872,484
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	7,410,428

* 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
Wilton Meadows Health Care Center	2032C	9/30/2019	32a	37

6. Loans to Owners or Related Parties (itemize)

<u>Name</u>	<u>Amount</u>	<u>Loan Date</u>
Wilton Retirement Housing, LLC	10,346	Various
Greenwich Retirement Housing, LLC	7,182	Various
TransCon Builders, Inc.	<u>2,848,852</u>	Various
Total	\$ 2,866,380	Pg. 32 D6

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G. Balance Sheet (cont'd)

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2019	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,256,184
2. Notes Payable (<i>itemize</i>)				\$	

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>)				\$	732,560
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	11,182
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>)				\$	465,919
Current Portion Capital Lease/Notes		8,791	Provider User Fee	208,413	
Property, Real Estate & Sales Taxes		70,140			
Accrued 401k Employer Liability		22,377			
Operating Expenses		156,198	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,465,845

* 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 Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,465,845	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 6,379	
Long Term Portion of Capital Leases		6,379			
_____ See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 6,379	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,472,224	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	5,069,853
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	(131,649)
10/1/2018 thru 9/30/2019				
7. Total Net Worth			\$	4,938,204
C. Total Reserves and Net Worth			\$	4,938,204
D. Total Liabilities, Reserves, and Net Worth			\$	7,410,428

H. Changes in Total Net Worth

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2019	Page 36	of 37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	5,343,470	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	16,507,732	
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	16,639,381	
D. Net Income or Deficit			\$	(131,649)	
E. Balance			\$	5,211,821	
F. Additions					
1. Additional Capital Contributed <i>(itemize)</i>					
2. Other <i>(itemize)</i>					
F-3. Total Additions					\$
G. Deductions					
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>					\$
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. Balance at End of Period			\$	5,211,821	

I. Preparer's/Reviewer's Certification

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Blum, Shapiro & Company, P.C.</i>	Title	Date Signed 2/3/2020		
Printed Name of Preparer Blum Shapiro & Company, P.C.				
Address Address 29 South Main Street, 4th Floor West Hartford, CT 06127		Phone Number 860-561-4000		
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink		Phone Number 860-561-4000		
Contact Email Address jfink@blumshapiro.com				