

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing Center	
Address (No. & Street, City, State, Zip Code) 26 Shenipsit Lake Road, Tolland, CT 06084	
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 2433	RHNS	(Specify)	Medicare Provider 07-5382
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Medicaid Provider Numbers:	CCNH 20991	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

General Information

Name of Facility (as licensed) Prospect ECHN ElderCare Services, Inc. d/b/a Woodla	License No. 2433	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 Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing 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	Signed (Owner)		Date
Printed Name (Administrator) Michael D. Veillette			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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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 Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursin	Period Covered:	From	To	
		10/1/2018	9/30/2019	
Address of Facility 26 Shenipsit Lake Road, Tolland, CT 06084				
Report Prepared By Christopher Pelletier, Prospect ECHN ElderCare Services, Inc.	Phone Number (860) 646-1222 ext. 22	Date		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (860) 872-2999		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at T		Address (No. & Street, City, State, Zip) 26 Shenipsit Lake Road, Tolland, CT 06084		
License Numbers:	CCNH 2433	RHNS (Specify)	Medicare Provider No. 07-5382	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Katherine Hawley		Nursing Home Administrator's License No.:	001751	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Related Parties*

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodla	License No. 2433	Report for Year Ended 9/30/2019	Page 4	of 37				
<p>Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p style="text-align: right;">If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</p>								
<p>Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p style="text-align: right;">If "Yes," provide the following information:</p>								
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Prospect CT Medical Foundation, Inc. (ECMP)	71 Haynes Street, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Medical Director	13/B8a	57,000	57,000
Prospect ECHN, Inc.	71 Haynes Street, Manchester, CT 06040	<input type="radio"/>	<input checked="" type="radio"/>		Legal, Financial, HR, and Administration (d	16/m12	371,774	371,774
Inc. / Prospect Manchester Hospital, Inc.	06066 / 71 Haynes Street, Manchester, CT 06064	<input checked="" type="radio"/>	<input type="radio"/>	99%	Laboratory (disallowed on p. 29)	20/5H	25,700	25,700
CorpCare Occupational Health	71 Haynes Street, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Employee physicals	15/1A9	56,732	56,732
Prospect Rockville Hospital, Inc.	31 Union Street, Vernon, CT 06066	<input checked="" type="radio"/>	<input type="radio"/>	99%	Building maintenance management	22/6f	139,548	139,548
Ambulance Service of Manchester	PO Box 300, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Ambulance Services (disallowed on p.28)	20/5d	49,960	49,960
Prospect Medical Holdings	3415 S. Sepulveda Blvd, 9th Floor, Los Angeles, CA 90034	<input type="radio"/>	<input checked="" type="radio"/>		Management (disallowed on p. 28)	16/m12	9,595	9,595
Inc. / Prospect Manchester Hospital, Inc. / Prospect A	71 Haynes Street, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Nurses aides, dieticians, billing coordinator	Various salary lines	58,865	58,865
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a W	License No. 2433	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.				
Prospect ECHN (ECHN) is the parent company of Woodlake. Revenues and expenses of ECHN were allocated to Woodlake based on a fixed percentage. The percentage was determined based on the percentage of Woodlake revenue to the total revenues of the system. Prospect Medical Holdings (Prospect) is the parent company ECHN. Allocation of ECHN and Prospect expenses are on page 16/m12 and Schedule C-1. These expenses are disallowed on page 28. Some employees float time between affiliates. Time expensed to Woodlake is based on the time badged by the employee. The employees are				
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.				
Woodlake from time-to-time provides rehabilitation services to former residents on an outpatient basis. In FY 2019, there were two residents who had outpatient therapy treatments. (6 sessions in total).				

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
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at			2433	9/30/2019			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes Credit Corporation, 27 Waterview Drive, Shelton, CT 06484-4361	<input type="radio"/>	<input checked="" type="radio"/>	Digital mail machine, postage meter	04/01/18	4/1/18- 6/30/22	2,513	2,513	
RICOH USA, 300 Eagleview Blvd Suite 200, Exton, PA 19341	<input type="radio"/>	<input checked="" type="radio"/>	Copiers and printers	03/01/19	3/1/19- 2/28/24	5,345	5,345	
	<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 ***							7,858	

* 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 Prospect ECHN ElderCare Services	License No. 2433	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 BDO 2 3 4	Address (No. & Street, City, State, Zip Code) 330 North Wabash, Suite 3200, Chicago, IL 60611
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Services Provided by This Firm (*describe fully*)

1 Financial statement audit	\$ \$0 - Charged to parent comp
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Murtha Cullina 2 3 4 5	Telephone Number (860) 240-6000
--	------------------------------------

Address (*No. & Street, City, State, Zip Code*)
 1 185 Asylum Street, 29th Floor, Hartford, CT
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Consulting regarding annual survey results	\$ 128
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 128

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15/1e

Schedule of Resident Statistics

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Reh			License No. 2433		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	130	130			130	130			130	130		
B. On last day of THIS report period	130	130			130	130			130	130		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	118	118			118	118			124	124		
B. As of midnight of THIS report period	126	126			124	124			126	126		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,582	4,582			3,541	3,541			1,041	1,041		
B. Medicaid (Conn.)	31,981	31,981			23,808	23,808			8,173	8,173		
C. Medicaid (other states)												
D. Private Pay	4,610	4,610			3,509	3,509			1,101	1,101		
E. State SSI for RCH												
F. Other (Specify)	2,747	2,747			1,960	1,960			787	787		
G. Total Care Days During Period (3A thru F)	43,920	43,920			32,818	32,818			11,102	11,102		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	31	31			31	31						
5. Total Resident Days (3G + 4A + 4B)	43,951	43,951			32,849	32,849			11,102	11,102		

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a			License No. 2433			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	14		91			21							
Per Diem Rate													
a. One bed rm.	544.59		247.79			475.00							
b. Two bed rms.						439.00							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									4,063	4,063			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									887	887			
C. Other									20,219	20,219			
D. Total Physical Therapy Treatments									25,169	25,169			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									647	647			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									130	130			
C. Other									2,310	2,310			
D. Total Speech Therapy Treatments									3,087	3,087			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,288	2,288			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									593	593			
C. Other									16,468	16,468			
D. Total Occupational Therapy Treatments									19,349	19,349			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at	License No. 2433	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)	139,303	1,656				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	265,787	15,036				
5. Dietary Service						
a. Head Dietitian	69,387	2,220				
b. Food Service Supervisor	55,773	2,722				
c. Dietary Workers	377,235	24,159				
6. Housekeeping Service						
a. Head Housekeeper	26,054	1,025				
b. Other Housekeeping Workers	273,208	18,269				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor	26,054	1,025				
b. Other Laundry Workers	14,726	858				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	182,185	5,043				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	207,945	3,916				
b. RN						
1. Direct Care	1,898,575	46,371				
2. Administrative**	398,191	9,283				
c. LPN						
1. Direct Care	862,985	29,048				
2. Administrative**						
d. Aides and Attendants	2,296,434	151,365				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	93,241	4,386				
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	245,102	7,930				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,432,185	324,312				

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

Name of Facility				License No.	Report for Year Ended				Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rel				2433	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
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rd				2433	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***										
Katherine Hawley	139,303				Administrator	1,656	10 / A2	none		
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		
Prospect ECHN ElderCare Services, Inc. d/b/a Woo	2433	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	14,742	flat fee cont				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	470,178	9,547				
b. Other	448	9				
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	57,000	456				
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)						
9. Speech Therapist						
a. Resident Care	118,152	1,895				
b. Other						
10. Occupational Therapist						
a. Resident Care	359,388	7,380				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	175,377	2,305				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	63,253	1,645				
d. Other						
12. Other (Specify) See Attached Schedule	41,845	930				
B-13 Total Fees Paid in Lieu of Salaries	1,300,383	24,167				

* 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 Prospect ECHN ElderCare Services, Inc. d/b/a Woodlak		License No. 2433	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		
Eastern CT Medical Professional Foundation, Inc., 71 Haynes Street, Manchester, CT 06040	Medical Director Services - Faria Mahmood	<input checked="" type="radio"/>	<input type="radio"/>	Employee of affiliated company.	
HealthDrive Dental Group, 85 Barnes Road, Suite 206, Wallingford, CT 06492	Dental care for residents	<input type="radio"/>	<input checked="" type="radio"/>		
Pro-Caire, PO Box 801, Tolland, CT 06084	Respiratory Therapy Services	<input type="radio"/>	<input checked="" type="radio"/>		
Fusion Rehab Services, LLC, 340 Winter Street, Framingham, MA 01702	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>		
Aya Healthcare, Inc., 5930 Cornerstone Ct W #300, San Diego, CA 92121	Nurses and Nurse Assistants	<input type="radio"/>	<input checked="" type="radio"/>		
J. Morrissey & Company, Inc., 289 Broad Street, Windsor, CT	Nurse Assistants	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<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.

Annual Report of Long-Term Care Facility

CSP-15 Rev. 9/2018

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a W	2433	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 9,029	9,029		
2. Disability Insurance	\$ 26,050	26,050		
3. Unemployment Insurance	\$ 87,817	87,817		
4. Social Security (F.I.C.A.)	\$ 545,591	545,591		
5. Health Insurance	\$ 752,881	752,881		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,677	7,677		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 68,325	68,325		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 1,159,475	1,159,475		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 128	128		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 11,248	11,248		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 10,452	10,452		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 73,411	73,411		
3. Resident Day User Fee	\$ 781,665	781,665		
Subtotal	\$ 3,533,749	3,533,749		

* 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)
02-9305-75970 Pre-employment physicals (CorpCare)	\$ 56,732		
02-9305-75775 FMLA base (Absence Management)	\$ 4,614		
02-9305-75761 EES Criminal/references check	\$ 6,979		
Total	\$ 68,325	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
02-9010-76190 Sales taxes	\$ 73,411		
Total	\$ 73,411	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a Woodla	2433	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,533,749	3,533,749			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 298	298			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 798	798			
5. Education Expenses Related to Seminars and Conventions	\$ 15,168	15,168			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$ 1,353	1,353			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 4,836	4,836			
4. Fund-Raising***	\$				
5. Medical Records	\$ 27,962	27,962			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,613	3,613			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 9,200	9,200			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 100	100			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 371,774	371,774			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 105,708	105,708			
C-14 Total Administrative & General Expenditures	\$ 4,074,559	4,074,559			

* 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)
02-5900-72440 Nurses Week (disallowed on p. 28)	\$ 1,183		
02-9010-71051 Administration Gifts / Donations - hairdressor (disallowed on	\$ 170		
Total Other Travel and Entertainment	\$ 1,353	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
02-9010-74160 Administration - advertising	\$ 555		
02-9010-74155 Administration Marketing	\$ 4,241		
02-9010-74660 Administration MKTG/Special Promos	\$ 40		
Total Other Advertising	\$ 4,836	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
02-9010-73380 Dues - CT Association of Healthcare Facilities	\$ 9,200		
Total Dues	\$ 9,200	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
02-9010-73410 - Donations - Vernon Police Explorer Sponsorship	\$ 100		
Total Contributions	\$ 100	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
02-5900-74310 EES Nursing - Temporary Help - Placement fees	\$ 7,259		
02-9010-73488 EES Administration Contracted Services - Celtic Consulting	\$ 17,237		
02-5900-74665 EES Nursing-Professional Credentialing	\$ (300)		
02-9010-71010 EES General Accrual	\$ 5,044		
02-9010-71033 EES Administration Penalties Center for Medicare & Medicaid	\$ 17,500		
02-9010-71033 EES Administration Penalties - State of CT Citation	\$ 3,720		
02-9010-71033 EES Administration Penalties - User fee penalty	\$ 51		
02-9010-71049 EES Administration Bank Fees	\$ 15,169		
02-9010-71080 EES Administration Finance fees - Morrison	\$ 9,404		
02-9010-71140 EES Administration Purchased Svc - VoiceFriend	\$ 2,860		
02-9010-73480 EES Administration Maintenance Contracts-MatrixCare (g/l)	\$ 23,148		
02-9010-73480 EES Administration Maintenance Contracts-Infoshred	\$ 1,513		
02-9010-73480 EES Administration Maintenance Contracts-Ability Network	\$ 1,242		
02-9010-74320 EES Administration License/Registration-AHA Pals Certificati	\$ 275		
02-9010-74320 EES Administration License/Registration-State license	\$ 545		
02-9010-74320 EES Administration License/Registration-Probate/conservators	\$ 521		
02-9010-74320 EES Administration License/Registration-Town of Tolland Fire	\$ 270		
02-9010-74151 EES Recruiting software and support	\$ 250		
Total Other Administrative and General	\$ 105,708	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Prospect ECHN ElderCare Services, Inc.	2433	9/30/2019	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Prospect ECHN, Inc., 71 Haynes Street, Manchester, CT 06040	362,179	Accounting, human resources, legal, computer network, insurance and management	16/m12
Prospect Rockville Hospital, Inc., 31 Union Street, Vernon, CT 06066	139,548	Building maintenance	22/6f
Prospect Medical Holdings, 3415 S. Sepulveda Blvd, Los Angeles, CA 90034	9,595	Administration and management (cost is disallowed on page 29)	16/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
Prospect ECHN ElderCare Services, Inc. d/b/a Woodla		2433	9/30/2019		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$	374,103	374,103			
2. Non-Food Supplies	\$	61,188	61,188			
3. Other (Specify) _____	\$					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$	269,118	269,118		
c. Other (Specify) _____ License						
		\$	79	79		
2D. Total Dietary Expenditures (2a + b + c + d)		\$	704,488	704,488		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F. Resident Meals:	Total no. of meals served per day:*	3	3			
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 checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$1,591						
I. Where is the revenue received reported in the Cost Report? (Page/Line Item) 30/iv1						
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. \$796						
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$1,591						
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 type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlark		2433	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. \$	2,719	2,719		
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. \$	680	680		
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>)		\$	132,057	132,057		
c. Other (<i>Specify</i>)		\$				
3D. Total Laundry Expenditures (3a + b + c)		\$	135,456	135,456		
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
Prospect ECHN ElderCare Services, Inc. d/b/a		2433	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel	64,800	64,800		
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	69,279	69,279		
	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. \$	45,853	45,853		
	C. Other (<i>Specify</i>)		\$			
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 115,132	115,132		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Omnicare	\$	607,656	607,656		
	b. Medicine Cabinet Drugs	\$	4,687	4,687		
	c. Medical and Therapeutic Supplies	\$	267,762	267,762		
	d. Ambulance/Limousine***	\$	74,352	74,352		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	36,403	36,403		
	f. X-rays and Related Radiological Procedures***	\$	32,117	32,117		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	25,700	25,700		
	i. Recreation	\$	27,727	27,727		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	52,883	52,883		
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 1,129,287	1,129,287		

* 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)
02-5900-71074 Nursing - Outside medical services (consolidated billing)	\$ 10,429		
02-5900-71260 Nursing - rentals (bed rentals)	\$ 33,452		
02-6045-71140 Physical Therapy - purchased services (Trinity Health)	\$ 1,508		
02-6045-72200 Physical Therapy - supplies	\$ 4,171		
02-6057-71140 Occupational Therapy - purchased services (Trinity Health)	\$ 748		
02-9270-71140 Social Services Purchased Services - probate, State Marshal	\$ 900		
02-9270-72200 Social Services - Supplies and Other-reimbursement for loss	\$ 1,676		
Total Other Resident Care	\$ 52,883	\$ -	\$ -

Ambulance is under 5d.; KCI is o
Includes KCI under 71074

.....

n line below.

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

Name of Facility			License No.	Report for Year Ended	Page of					
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabi			2433	9/30/2019	21	37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Prospect Rockville Hospital, Inc.	31 Union Street, Rockville, CT	<input checked="" type="radio"/>	<input type="radio"/>	Affiliated Corporation	Laboratory services	25,700			20	5h
CWPM	25 Norton Place, PO Box 415, Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Waste Removal	20,043			22	6f
Prospect Rockville Hospital, Inc.	31 Union Street, Rockville, CT	<input checked="" type="radio"/>	<input type="radio"/>	Affiliated Corporation	Building maintenance services	139,548			22	6f
Lighthouse Irrigation	7 Grant Street, Vernon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Grounds maintenance, lawn, snow removal	36,000			22	6a
New England Mechanical	166 Tunnel Road, Vernon, CT	<input type="radio"/>	<input checked="" type="radio"/>		HVAC maintenance	29,732			22	6a
Matrixcare	Minneapolis, MN 55480-1414	<input type="radio"/>	<input checked="" type="radio"/>		Billing software maintenance	23,148			16	m13
Angelica Linen	Atlanta, GA 30353-2268	<input type="radio"/>	<input checked="" type="radio"/>		Laundry services	132,057			19	3b
Crothall Healthcare	Drive, Suite 210, Wayne, PA 19087	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	45,853			20	4b
Morrison Healthcare	PO Box 102289, Atlant, GA 30368-2289	<input type="radio"/>	<input checked="" type="radio"/>		Food Service	269,118			18	2b
		<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
Prospect ECHN ElderCare Services, Inc. d/b/a	2433	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 98,296	98,296				
b. Heat	\$ 55,173	55,173				
c. Light & Power	\$ 183,202	183,202				
d. Water	\$ 37,242	37,242				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 7,858	7,858				
f. Other (<i>itemize</i>)	\$ 293,125	293,125				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 674,896	674,896				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 466,827	466,827				
c. Non-Movable Equipment	\$ 37,045	37,045				
d. Movable Equipment	\$ 46,727	46,727				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 550,599	550,599				
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	\$ 212,523	212,523				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 18,060	18,060				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 781,182	781,182				

* 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)
02-9360-71040 EES Plant Operation Waste Removal	\$ 23,993		
02-9360-71530 EES Plant Operation Sewer	\$ 65,142		
02-9360-73488 Plant Operations - Rockville General Hospital Mgmt Svcs	\$ 139,548		
02-9360-73488 Plant Operations - Contracted Services Other (Fire Protection)	\$ 16,200		
02-9360-73488 Plant Operations - Contracted Services Other (HVAC repairs)	\$ 29,732		
02-9360-73488 Plant Operations - Contracted Services Other (elevator mainte)	\$ 12,728		
02-9360-73488 Plant Operations - Contracted Services Other (Other r&m)	\$ 4,647		
02-9360-74175 EES Plant Operation Gas & Oil	\$ 1,135		
Total Other Repairs and Maintenance	\$ 293,125	\$ -	\$ -

Depreciation Schedule

Name of Facility			License No.		Report for Year Ended			Page	of					
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Reh			2433		9/30/2019			23	37					
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals						
A. Land Improvements														
1. Acquired prior to this report period														
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
A-4. Subtotal														
B. Building and Building Improvements														
1. Acquired prior to this report period	7,692,284		7,692,284	800,313	Straight line	See attache	382,851							
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)	923,617				Straight line	See attache	83,976							
B-4. Subtotal								466,827						
C. Non-Movable Equipment														
1. Acquired prior to this report period	215,017		215,017	56,311	Straight line	See attache	32,929							
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)	61,353				Straight line	See attache	4,116							
C-4. Subtotal								37,045						
D. Movable Equipment														
1. Motor Vehicles (Specify name, model and year of each vehicle)														
a. 1998 Ford E350 Minivan 13 passeng	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		
b.														
c.														
d.														
2. Movable Equipment														
a. Acquired prior to this report period					580,985		580,985	215,191				44,353		
b. Disposals (attach schedule)														
c. Acquired during this report period (attach schedule)					25,469							2,374		
D-3. Subtotal												46,727		
E. Total Depreciation										550,599				

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:				
10/31/2018	COMPRESSOR UNIT - WAT C0016740	\$ 7,859	12	\$ 655
11/30/2018	RoofTop Equipment C0016741	\$ 900,219	10	\$ 82,520
1/31/2019	SKYLIGHT GLASS C0016846	\$ 5,986	10	\$ 449
5/31/2019	FIRE DOOR C0016847	\$ 4,002	10	\$ 167
6/30/2019	FLOORING C0016882	\$ 5,551	10	\$ 185
Total additions for Building Improvement		\$ 923,617		\$ 83,976 *
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:				
10/31/2018	ADVANCE SECURITY INTEGRATION	\$ 13,483	10	\$ 1,348
10/31/2018	FIRE PROTECTION TESTING	\$ 12,476	10	\$ 1,248
2/7/2019	COLLINS PHARMACY INC	\$ 2,730	7	\$ 260
3/31/2019	HOME DEPOT CREDIT SERVICES	6,849	10	\$ 400
6/30/2019	OTIS ELEVATOR COMPANY - C0016905	20,163	10	\$ 672
6/30/2019	OTIS ELEVATOR COMPANY	5,652	10	\$ 188
Total additions for Non-Movable Equipment		\$ 61,353		\$ 4,116
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2018	ICE MAKER (C0016738)	\$ 4,532	7	\$ 647
10/31/2018	Hospital Beds (5) C0016796	\$ 7,512	10	\$ 751
10/31/2018	MOBILE HOT BUFFET CART (2) C0016788	\$ 8,036	10	\$ 804
12/31/2018	STACKING CHAIRS (16)	\$ 1,232	10	\$ 103
8/31/2019	WHEEL CHAIR & LIFT SCALE C0016916	\$ 4,156	10	\$ 69
Total additions for Movable Equipmen		\$ 25,469		\$ 2,374 *
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

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
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at 7			2433		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 Prospect ECHN ElderCare Services, Inc.	License No. 2433	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 type="radio"/> Yes	<input checked="" 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		12/18/91		
2. Date Structure Completed		2/18/93		
3. If NOT Original Owner, Date of Purchase		n/a		
4. Date of Initial Licensure		02/01/93		
5. Total Licensed Bed Capacity		130		
6. Square Footage		64,800		
7. Acquisition Cost				
a. Land		720,000		
b. Building		7,013,083		
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				
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
Omega Healthcare Investors, Inc., 303 International Circle, Suite 200, Hunt Valley, MD		26 Shenipsit Lake Road, Tolland, CT	06/12/17	12 years
				916,964

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
Prospect ECHN ElderCare Services, I		2433	9/30/2019			26	37
Item			Total	CCNH	RHNS	(Specify)	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$ 292521	292,521			
Name of Lender		Rate					
Medequities Realty Operating Partnership, LI		1.69%					
Address of Lender							
3100 West End Avenue, Suite 1000Nashville, TN 37203							
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)			\$ 292,521	292,521			

(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
Prospect ECHN ElderCare Services	2433	9/30/2019	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	292,521	292,521		
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)	\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	292,521	292,521	
14. Insurance				
a. Insurance on Property (buildings only)	\$			
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$			
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$			
15. Total All Expenditures (A-13 thru C-14)	\$	16,640,089	16,640,089	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at To				2433	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.	13	B10	Occupational Therapy	\$ 359,388	359,388		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 448	448		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1C	Bad Debts	\$ 1,159,475	1,159,475		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L7	Gifts, flowers and coffee shops	\$ 1,353	1,353		
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 15,168	15,168		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	M3	Unallowable Advertising *	\$ 4,836	4,836		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	M12	Unallowable Management Fees	\$ 371,774	371,774		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ (3,485)	(3,485)		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 1,980	1,980		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.	20	4a &	Housekeeping services to employees, guests and others who are not residents	\$ 12	12		
Subtotal (Items 1 - 26)				\$ 1,910,949	1,910,949		

* 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)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5b.	Disallow PT Therapy expense for Outpatient services	\$ 448		
Total Other Fees Adjustments			\$ 448	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	02-9010-74320 License - misposted invoice - disallow	\$ 275		
16	M13	02-5900-74665 EES Nursing Professional Credentialing-A/P invoice double	\$ (3,760)		
		Invoice was double posted in FY 18 and disallowed on FY 18 Cost Report.			
		Invoice was reversed in g/l in FY 19 and is being added back to the FY 19 Cost Report.			
Total Other A&G Adjustments			\$ (3,485)	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at				2433	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,910,949	1,910,949		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 607,656	607,656		
28.	20	5d	Ambulance/Limousine	\$ 74,352	74,352		
29.	20	5f	X-rays, etc	\$ 32,117	32,117		
30.	20	5h	Laboratory	\$ 25,700	25,700		
31.			Medical Supplies	\$			
32.	20	5 e2	Oxygen (non emergency)	\$ 36,403	36,403		
33.	20	5j	Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 11,937	11,937		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 21	21		
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	\$			
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)				\$ 2,699,135	2,699,135		

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Prospect ECHN ElderCare Services, Inc. (2433		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>)	\$ 14,418,310	14,418,310			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,441,924)	(6,441,924)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,199,088	3,199,088			
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$ 2,188,299	2,188,299			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 257,968	257,968			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (257,968)	(257,968)			
c. Prescription Drugs - Non-Medicare	\$ 390,589	390,589			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (389,283)	(389,283)			
2. a. Medical Supplies - Medicare	\$ 12,151	12,151			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (12,151)	(12,151)			
c. Medical Supplies - Non-Medicare	\$ 6,490	6,490			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (6,746)	(6,746)			
3. a. Physical Therapy - Medicare	\$ 674,989	674,989			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (512,484)	(512,484)			
c. Physical Therapy - Non-Medicare	\$ 376,124	376,124			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (357,493)	(357,493)			
4. a. Speech Therapy - Medicare	\$ 140,834	140,834			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (98,758)	(98,758)			
c. Speech Therapy - Non-Medicare	\$ 50,838	50,838			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (48,652)	(48,652)			
5. a. Occupational Therapy - Medicare	\$ 508,156	508,156			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (434,780)	(434,780)			
c. Occupational Therapy - Non-Medicare	\$ 305,409	305,409			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (277,214)	(277,214)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 273	273			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,692,065	13,692,065			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 4,965	4,965			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 24	24			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 36,696	36,696			
V. Total Other Revenue (1 thru 8)	\$ 41,685	41,685			
VI. Total All Revenue (III +V)	\$ 13,733,750	13,733,750			

* 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)
30/II 6A	02-5090-30203 IV Therapy - Medicare A	\$ 71,901		
30/II 6A	02-5100-30203 Lab - Medicare A	\$ 245,923		
30/II 6A	02-5215-30203 Radiology Diag - Medicare A	\$ 19,319		
30/II 6A	02-5900-50203 IV Therapy - Medicare A allowances	\$ (71,901)		
30/II 6A	02-5900-50203 Lab - Medicare A allowances	\$ (245,923)		
30/II 6A	02-5900-50203 Radiology Diag - Medicare A allowances	\$ (19,319)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II 6B	02-5215-30201 Radiology Diag IPT Medical Self Pay	\$ -		
30/II 6B	02-5215-30204 Radiology Diag IPT Med Medicaid	\$ 273		
30/II 6B	02-5090-30204 IV Therapy - Medicaid	\$ 5,831		
30/II 6B	02-5100-30204 Lab Ipt Med Medicaid	\$ 6,157		
30/II 6B	02-5090-30209 IV Therapy - HMO	\$ 23,179		
30/II 6B	02-5100-30209 Lab Ipt Med HMO	\$ 19,715		
30/II 6B	02-5215-30209 Radiology Diag - HMO	\$ 10,608		
30/II 6B	02-5215-30206 Radiology Diag - Commercial			
30/II 6B	02-5900-50209 Nursing Allowances - HMO	\$ (53,502)		
30/II 6B	02-5900-50204 Nursing Allowances - Medicaid	\$ (11,988)		
30/II 6B	02-5900-500206 Nursing Allowance - Commercial			
30/II 6B	02-5090-30206 IV Therapy - Commercial			
	Rounding			
Total Other Resident Revenue		\$ 273	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
p. 32 D7	02-9010-39600 Interest Income - investments				
	Interest income from payers	N/A	\$ 24		
Total Interest Income			\$ 24	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	02-9010-39025 Miscellaneous income - medical records and misc.	\$ 408		
n/a	02-6915-39800 ECHN affiliation charge - other operating revenue	\$ 19,443		
n/a	02-9010-39710 ECHN affiliation charge - Joint Venture income	\$ 15,290		
n/a	02-9010-39585 Administration Donations			
	Rounding			
	02-9010-39650 Purchase Discounts	\$ 1,555		
Total Other Revenue		\$ 36,696	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, Inc	2433	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	127,910
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,394,764
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	41,671
5. Prepaid Expenses			\$	151,207
a. _____				
b. _____				
c. _____				
d. See Schedule		151,207		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	13,854,574

See Schedule		13,854,574		
A-9. Total Current Assets (Lines A1 thru 8)			\$	17,570,126
B. Fixed Assets				
1. Land			\$	819,900
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>8,615,901</u>		\$	7,348,761
	Accum. Depreciation <u>1,267,140</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>276,370</u>		\$	183,014
	Accum. Depreciation <u>93,356</u>	Net		
6. Movable Equipment	*Historical Cost <u>606,454</u>		\$	344,536
	Accum. Depreciation <u>261,918</u>	Net		
7. Motor Vehicles	*Historical Cost <u>1,350</u>		\$	
	Accum. Depreciation <u>1,350</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	8,696,211

* 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	
31	A5	Direct TV - FY20	\$ 1,000
31	A5	Nursing Home License Fee - FY20	\$ 545
31	A5	Otis Elevator - FY20	\$ 641
31	A5	Water Contingency - FY20	\$ 1,267
31	A5	Matrixcare software - FY20	\$ 2,811
31	A5	HVAC maintenance - FY20	\$ 4,585
31	A5	On-line portal - recruiting - FY20	\$ 1,250
31	A5	Lease payment - FY20	\$ 77,267
31	A5	Prepaid property taxes	\$ 61,842
Total Prepaid Expenses			\$ 151,207

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

Page Ref	Line Ref	Description	
31	A8	02-1011-00160 EES DUE TO/FR MANCHESTER MEM HOSP	\$ 22,688
31	A8	02-1813-00180 EES DUE TO/FRM ECHN,INC	\$ 6,126,647
31	A8	02-2803-00189 EES DUE TO PMH	\$ 7,705,238
Total Other Current Assets (Itemize)			\$ 13,854,574

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	
33	A12	Other accrued expenses	\$ 394,996
33	A12	Due to third party payers	\$ 857,033
33	A12	Due to affiliates	\$ 18,007,536
33	A12	Prepaid room & board	\$ 28,032
33	A12	Resident Trust Funds	\$ 43,954
33	A12	Reserve for Managed Medicare B	\$ 85,751
33	A12	Employee withholdings	\$ 15,679
33	A12	Resident Day User fee payable	\$ 207,386
Total Other Current Liabilities (Itemize)			\$ 19,640,367

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, Inc	2433	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	26,266,337
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>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	104,786
	Reinsurance Recoverable	104,786		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	104,786
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	26,371,123

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

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a		License No. 2433	Report for Year Ended 9/30/2019	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	226,931
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>)				\$	154,724
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	38,196
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	659,583
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	19,640,367

See Schedule				19,640,367	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	20,719,801

* 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 Prospect ECHN ElderCare Services, Inc. d/b	License No. 2433	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			20,719,801	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$ 7,798,703
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>)				\$ 222,835
<u>Estimated self-insurance liabilities, net of current</u>		222,835		

See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 8,021,538
C. Total All Liabilities (Lines A-13 + B-5)				\$ 28,741,339

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

Name of Facility	License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, Inc	2433	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	161,033
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	375,091
6. Gain or Loss for Period			\$	(2,906,340)
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	(2,370,216)
C. Total Reserves and Net Worth			\$	(2,370,216)
D. Total Liabilities, Reserves, and Net Worth			\$	26,371,123

H. Changes in Total Net Worth

Name of Facility Prospect ECHN ElderCare Services, Inc.	License No. 2433	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			\$	536,124
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	13,733,750
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	16,640,089
D. Net Income or Deficit			\$	(2,906,339)
E. Balance			\$	(2,370,215)
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			\$	(2,370,215)

I. Preparer's/Reviewer's Certification

Name of Facility Prospect ECHN ElderCare Services, Inc.	License No. 2433	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Christopher Pelletier				
Address Address			Phone Number	
71 Haynes Street, Manchester, CT 06040			(860) 646-1222 ext. 2233	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Christopher Pelletier			(860) 646-1222 ext. 2233	
Contact Email Address				
cpelletier@echn.org				