

# State of Connecticut



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

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 10/1/2017	Report for Year Ending 9/30/2018

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

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**General Information**

Name of Facility (as licensed) Prospect ECHN ElderCare Services, Inc. d/b/a Woodla	License No. 2433	Report for Year Ended 9/30/2018	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, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursin		Period Covered:	From 10/1/2017	To 9/30/2018
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility (860) 872-2999		Report for Year Ended 9/30/2018	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.				
<b>Administrator</b>				
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 9/30/2018	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	362,444	362,444
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	40,750	40,750
CorpCare Occupational Health	71 Haynes Street, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Employee physicals	15/1A9	40,627	40,627
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	47,392	47,392
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	12,125	12,125
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

## 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 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
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.				
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 Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at			License No. 2433	Report for Year Ended 9/30/2018			Page 6	of 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	1,749	1,749	
	<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
							<b>Total ***</b>	1,749

\* 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 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 BDO 2 Whittlesey & Hadley 3 4	Address (No. & Street, City, State, Zip Code) 330 North Wabash, Suite 3200, Chicago, IL 60611 147 Charter Oak Ave., Hartford, CT 06106
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Services Provided by This Firm (*describe fully*)

1 Financial statement audit	\$ \$0 - Charged to parent comp
2 Pension plans preparation and filings	\$ 100
3	\$
4	\$
	Charge for Services Provided
	\$ 100

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 None 2 3 4 5	Telephone Number
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Address (*No. & Street, City, State, Zip Code*)  
 1  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	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

## Schedule of Resident Statistics

Name of Facility			License No.		Report for Year Ended				Page	of		
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Reh			2433		9/30/2018				8	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	121	121			121	121			125	125		
B. As of midnight of THIS report period	118	118			125	125			118	118		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,596	6,596			5,074	5,074			1,522	1,522		
B. Medicaid (Conn.)	29,920	29,920			22,234	22,234			7,686	7,686		
C. Medicaid (other states)												
D. Private Pay	5,887	5,887			4,359	4,359			1,528	1,528		
E. State SSI for RCH												
F. Other (Specify) Other Insurance	2,687	2,687			2,009	2,009			678	678		
G. Total Care Days During Period (3A thru F)	45,090	45,090			33,676	33,676			11,414	11,414		
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			2	2			3	3		
B. Other Bed Reserve Days	40	40			23	23			17	17		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	45,135	45,135			33,701	33,701			11,434	11,434		

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

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a			License No. 2433			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input 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		82			22							
Per Diem Rate													
a. One bed rm.	554.13		242.21			482.00							
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									3,738	3,738			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									525	525			
C. Other									25,550	25,550			
D. <b>Total Physical Therapy Treatments</b>									29,813	29,813			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									401	401			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									117	117			
C. Other									2,515	2,515			
D. <b>Total Speech Therapy Treatments</b>									3,033	3,033			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,768	1,768			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									329	329			
C. Other									22,106	22,106			
D. <b>Total Occupational Therapy Treatments</b>									24,203	24,203			

**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 9/30/2018	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	107,682	1,311				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	272,417	14,616				
5. Dietary Service						
a. Head Dietitian	68,084	2,197				
b. Food Service Supervisor	55,451	2,892				
c. Dietary Workers	380,305	24,764				
6. Housekeeping Service						
a. Head Housekeeper	24,984	982				
b. Other Housekeeping Workers	250,258	17,218				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor	24,985	982				
b. Other Laundry Workers	10,485	608				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	106,232	3,157				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	203,864	3,640				
b. RN						
1. Direct Care	2,165,194	54,325				
2. Administrative**	290,346	6,857				
c. LPN						
1. Direct Care	637,383	22,109				
2. Administrative**						
d. Aides and Attendants	2,224,366	123,672				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	123,814	6,122				
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	189,554	6,461				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,135,404	291,913				

\* 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
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

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

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapy Services	\$ 47,740	1,061				
Northeast Pulmonary	\$ 1,200	flat monthly fee				
Northeast Pulmonary	\$ 300	1				
<b>Total</b>	\$ 49,240	1,062	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rel				2433	9/30/2018				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rd				2433	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Katherine Hawley (Oct 17-Feb 18, Jul 18-Sep 18)	100,453				Administrator	1,215	10 / A2	none		
Raymond Cyr (June 18)	7,229				Administrator	96	10 / A2	none		
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Prospect ECHN ElderCare Services, Inc. d/b/a Woo	2433	9/30/2018	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	13,608	flat fee cont				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	550,236	11,320				
b. Other						
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	111,525	1,857				
b. Other						
10. Occupational Therapist						
a. Resident Care	425,928	9,081				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	31,930	495				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	22,052	508				
d. Other						
12. Other (Specify) See Attached Schedule	49,240	1,062				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,261,519</b>	<b>24,779</b>				

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

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

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

## Report of Expenditures

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

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodlak		License No. 2433	Report for Year Ended 9/30/2018	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"/>		
		<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"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a W	2433	9/30/2018		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 36,345	36,345			
2. Disability Insurance	\$ 48,414	48,414			
3. Unemployment Insurance	\$ 106,382	106,382			
4. Social Security (F.I.C.A.)	\$ 517,593	517,593			
5. Health Insurance	\$ 762,273	762,273			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,559	7,559			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 50,266	50,266			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 250,000	250,000			
d. Accounting and Auditing	\$ 100	100			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$				
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 12,264	12,264			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 13,433	13,433			
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	\$ 44,537	44,537			
3. Resident Day User Fee	\$ 790,707	790,707			
<b>Subtotal</b>	\$ 2,639,873	2,639,873			

\* 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**

Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation : Attachment Page 15  
9/30/2018

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
02-9305-75970 Pre-employment physicals (CorpCare)	\$ 40,627		
02-9305-75775 FMLA base (Absence Management)	\$ 3,998		
02-9305-75761 EES Criminal/references check	\$ 5,641		
<b>Total</b>	<b>\$ 50,266</b>	<b>\$ -</b>	<b>\$ -</b>

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**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
02-9010-76190 Sales taxes	\$ 44,537		
<b>Total</b>	<b>\$ 44,537</b>	<b>\$ -</b>	<b>\$ -</b>

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**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	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,639,873	2,639,873			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 119	119			
4. Employee Travel	\$ 3,731	3,731			
5. Education Expenses Related to Seminars and Conventions	\$ 18,079	18,079			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$ 1,585	1,585			
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	\$ 13,395	13,395			
4. Fund-Raising***	\$				
5. Medical Records	\$ 11,337	11,337			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,639	3,639			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 9,310	9,310			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete     Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 374,569	374,569			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 76,089	76,089			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,151,726	3,151,726			

\* 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	\$ 1,135		
02-9305-75525 Employee Recognition			
02-9010-71051 Employee Recognition-Employee of month; Attendance awards			
02-9010-71051 Administration Gifts / Donations	\$ 450		
<b>Total Other Travel and Entertainment</b>	\$ 1,585	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
02-9010-74160 Administration - advertising	\$ 10,174		
02-9010-74155 Administration Marketing	\$ 2,612		
02-9010-74660 Administration MKTG/Special Promos	\$ 609		
<b>Total Other Advertising</b>	\$ 13,395	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
02-9010-73380 Dues - CT Association of Healthcare Facilities	\$ 8,665		
02-9010-73380 Dues - ALTCFM	\$ 85		
02-9010-73380 Dues - ACHCA	\$ 310		
02-9010-73380 Dues - Tolland County Mutual Aid	\$ 250		
<b>Total Dues</b>	\$ 9,310	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
02-9010-73410 - Donations -			
<b>Total Contributions</b>	\$ -	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
02-9010-73488 EES Qualidigm-indepenent nurse consultants per State of CT Consent order	\$ 9,884		
02-5900-74665 EES Nursing-Professional Credentialing	\$ 6,447		
02-5900-73488 EES Nursing Contracted Svc - electronic health records	\$ 5,946		
02-6155-71230 EES Financing fees Service Fees - CHEFA (credit)			
02-9010-71033 EES Administration Penalties Center for Medicare & Medicaid			
02-9010-71049 EES Administration Bank Fees	\$ 17,634		
02-9010-71080 EES Administration Late Charges	\$ 6		
02-9205-71080 EES Acct & Tax Late Charges	\$ 3,425		
02-9010-71049 EES Administration Checks/Misc			
02-9010-71140 EES Administration Purchased Svc - VoiceFriend	\$ 2,600		
02-9010-71140 EES Administration Purchased Svc-Gavlak Contingency Water	\$ 1,900		
02-9010-71140 EES Administration Purchased Svc	\$ 2,932		
02-9010-73480 EES Administration Maintenance Contracts-MatrixCare (g/l)	\$ 20,718		
02-9010-73480 EES Administration Maintenance Contracts-Infoshred	\$ 2,613		
02-9010-73480 EES Administration Maintenance Contracts-Ability Network	\$ 1,709		
02-9010-74320 EES Administration License/Registration-State license	\$ 275		
<b>Total Other Administrative and General</b>	\$ 76,089	\$ -	\$ -



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

Name of Facility	License No.	Report for Year Ended	Page of
Prospect ECHN ElderCare Services, Inc.	2433	9/30/2018	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	362,444	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	12,125	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	9/30/2018	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 427,638	427,638			
2. Non-Food Supplies	\$ 63,099	63,099			
3. Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 199,685	199,685			
c. Other (Specify) _____ Food & Nutriion Uniforms	\$ 1,019	1,019			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 691,441</b>	<b>691,441</b>			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
I. Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$1,979
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					30/iv1
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		\$990
L. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$1,979
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlark		2433	9/30/2018		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*	Lbs.					
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	1,543	1,543			
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. \$	386	386			
4. Repair and/or purchase of linens.***	Lbs.					
	Amt. \$	2,822	2,822			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$	106,530	106,530			
c. Other ( <i>Specify</i> )	\$					
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	111,281	111,281			
<b>3F. Laundry Questionnaire</b>						
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.			
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.			
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.			
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.			
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					

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

All allocations should add to total recorded in 3E.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a		2433	9/30/2018		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. \$	80,745	80,745		
	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. \$	38,664	38,664		
	C. Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	119,409	119,409		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Omnicare	\$	516,010	516,010		
	b. Medicine Cabinet Drugs	\$	3,949	3,949		
	c. Medical and Therapeutic Supplies	\$	256,450	256,450		
	d. Ambulance/Limousine***	\$	47,392	47,392		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	43,538	43,538		
	f. X-rays and Related Radiological Procedures***	\$	40,404	40,404		
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
	h. Laboratory***	\$	40,750	40,750		
	i. Recreation	\$	28,785	28,785		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	51,976	51,976		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	1,029,254	1,029,254		

\* 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)	\$ 35,618		
02-5900-71074 Nursing - rentals (bed rentals)	\$ 10,131		
02-6045-72200 Physical Therapy - supplies	\$ 5,577		
02-6056-72200 Speech Therapy - supplies			
02-9270-71140 Social Services Purchased Services - probate, State Marshall	\$ 500		
02-5900-74320 Nursing - License/registration (CLIA Laboratory program)	\$ 150		
<b>Total Other Resident Care</b>	\$ 51,976	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page of					
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabi			2433	9/30/2018	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	40,750			20	5h
CWPM	25 Norton Place, PO Box 415, Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Waste Removal	26,286			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	39,054			22	6a
Rinaldi Linen	47 Commons Court, Waterbury CT	<input type="radio"/>	<input checked="" type="radio"/>		Laundry services	50,875			19	3b
New England Mechanical	166 Tunnel Road, Vernon, CT	<input type="radio"/>	<input checked="" type="radio"/>		HVAC maintenance	22,216			22	6a
Matrixcare	Minneapolis, MN 55480-1414	<input type="radio"/>	<input checked="" type="radio"/>		Billing software maintenance	20,718			16	m13
Angelica Linen	Atlanta, GA 30353-2268	<input type="radio"/>	<input checked="" type="radio"/>		Laundry services	55,655			19	3b
Crothall Healthcare	Drive, Suite 210, Wayne, PA 19087	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	38,664			20	4b
Morrison Healthcare	PO Box 102289, Atlant, GA 30368-2289	<input type="radio"/>	<input checked="" type="radio"/>		Food Service	199,685			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"/>							

\* 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	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 116,981	116,981				
b. Heat	\$ 48,441	48,441				
c. Light & Power	\$ 212,528	212,528				
d. Water	\$ 35,826	35,826				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 1,749	1,749				
f. Other ( <i>itemize</i> )	\$ 321,009	321,009				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 736,534</b>	<b>736,534</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 386,127	386,127				
c. Non-Movable Equipment	\$ 21,509	21,509				
d. Movable Equipment	\$ 80,130	80,130				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 487,766</b>	<b>487,766</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
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	\$ 145,523	145,523				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 19,857	19,857				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 653,146</b>	<b>653,146</b>				

\* 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	\$ 26,286		
02-9360-71530 EES Plant Operation Sewer	\$ 75,213		
02-9360-73488 Plant Operations - Rockville General Hospital Mgmt Svcs	\$ 139,548		
02-9360-73488 Plant Operations - Contracted Services Other (Fire Protection Testing)	\$ 19,064		
02-9360-73488 Plant Operations - Contracted Services Other (HVAC repairs)	\$ 22,206		
02-9360-73488 Plant Operations - Contracted Services Other (vehicle, equipment repairs)	\$ 2,967		
02-9360-73488 Plant Operations - Contracted Services Other (elevator maintenance)	\$ 10,808		
02-9360-73488 Plant Operations - Contracted Services Other (Other r&m)	\$ 10,975		
02-9360-73740 EES Plant Operation Equipment Rental	\$ 2,733		
02-9360-74320 EES Plant Operation License/Registration	\$ 6,614		
02-9360-71140 EES Plant Operation Purchased Svc	\$ 3,595		
02-9360-74175 EES Plant Operation Gas & Oil	\$ 1,000		
<b>Total Other Repairs and Maintenance</b>	\$ 321,009	\$ -	\$ -



### 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		9/30/2018			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			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			7,650,280		7,650,280	415,020	Straight Line	See attache	371,079				
2. Disposals (attach schedule)			(152,126)						(834)				
3. Acquired during this report period (attach schedule)			194,130		194,130		Straight Line	See attache	15,048				
B-4. Subtotal										385,293			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			101,980		101,980	28,023	Straight Line	See attache	5,597				
2. Disposals (attach schedule)									11,494				
3. Acquired during this report period (attach schedule)			113,037				Straight Line	See attache	11,197				
C-4. Subtotal										28,288			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 1998 Ford E350 Minivan 13 passeng		Yes		11	2003	1,350		1,350	1,350	Straight Line	See attache		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						507,611		507,611	141,005	Straight Line	See attach	69,978	
b. Disposals (attach schedule)						(42,900)						(10,660)	
c. Acquired during this report period (attach schedule)						73,374				Straight Line		14,868	
D-3. Subtotal													74,186
<b>E. Total Depreciation</b>													487,767



5/29/2018	50% DEPOSITS ON AEONIX PHONE SYSTEM	\$ 14,979	10	\$ 1,498
5/29/2018	50% DEPOSITS ON AEONIX PHONE SYSTEM	\$ 14,882	10	\$ 1,488
5/29/2018	PHONE UPGRADE	\$ 857	10	\$ 86
5/29/2018	COSCO CATALYST 2960- PHONE UPGRADE	\$ 5,229	10	\$ 523
5/29/2018	PHONE UPGRADE-CLOSET EXTENSION, LADDER RACK	\$ 949	10	\$ 95
5/29/2018	HOOD FAN	\$ 3,191	15	\$ 213
7/31/2018	WAT SECURITY CAMERA SYSTEM	\$ 13,483	10	\$ 1,348
7/31/2018	WAT SECURITY CAMERA SYSTEM	\$ 2,881	10	\$ 288
9/18/2018	COOLER AND FREEZER IN THE KITCHEN-WOODCOCK	\$ 25,500	10	\$ 2,550
9/18/2018	COOLER AND FREEZER IN THE KITCHEN-THERMOKING NORTHEA	\$ 1,542	10	\$ 154
9/26/2018	Fire Pump Controller Equipment	\$ 26,000	10	\$ 2,600
<b>Total additions for Non-Movable Equipmen</b>		\$ 113,037		\$ 11,197 *
<b>Deletions:</b>				
10/1/2017	Reclass Accum Dep between Building / Fixed / Movable accounts			\$ 11,494
<b>Total deletions for Non-Movable Equipmen</b>		\$ -		\$ 11,494 **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

.....

Schedule of Movable Equipment Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
5/31/2018	ELECTRONIC PANEL THERMA SCAN TESTING	\$ 1,025	5	\$ 205
5/29/2018	CHOW RESIDENT ROOM FUNNITURE-100 LED-LCD 32" TV	\$ 45,624	5	\$ 9,125
7/31/2018	CHOW RESIDENT ROOM FUNNITURE-100 LED-LCD 32" TV	\$ 521	5	\$ 104
5/29/2018	TENNANT AUTOMATIC FLOOR SCRUBBER 5000	\$ 5,325	5	\$ 1,065
5/29/2018	TENNANT HIGH SPEED FLOOR BURNISHER, 20IN	\$ 1,091	5	\$ 218
5/29/2018	MONDOWAP 2400 VAPOR CLEANING MACHINE	\$ 3,141	5	\$ 628
7/31/2018	SCOTSMAN ICE AND WATER DESPENSER	\$ 4,573	5	\$ 915
5/29/2018	(4) SPOT VITAL SIGNS MONITOR, SPO2. SURE TEMP.	\$ 10,627	5	\$ 2,125
5/29/2018	HP 745 G4, 8GB 256	\$ 857	3	\$ 286
5/29/2018	CARRYING CASE FOR NOTEBOOK	\$ 22	3	\$ 7
5/29/2018	SHIPPING	\$ 32	3	\$ 11
5/29/2018	INFOCUS IN119HDX DLP PROJECTOR PORTABLE 3D	\$ 502	3	\$ 167
5/29/2018	CARRYING CASE FOR PROJECTOR	\$ 34	3	\$ 11
<b>Total additions for Movable Equipmen</b>		\$ 73,374		\$ 14,868 *
<b>Deletions:</b>				
10/1/2017	Reclass Accum Dep between Building / Fixed / Movable accounts			\$ (10,660)
10/1/2017	Record credit memo for returned TV's	\$ (42,900)		
<b>Total deletions for Movable Equipmen</b>		\$ (42,900)		\$ (10,660) **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report peri

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

\*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		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* 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 9/30/2018	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*			<input 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 <b>NOT</b> 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			
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
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					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
MedEquities Realty Operating Partnership, LP, 3100 West End Avenue, Suite 1000, Nashville,	26 Shenipsit Lake Road, Tolland, CT	06/12/17	12 years	903,413	

**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	9/30/2018			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 340,554	340,554				
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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$ 340,554	340,554				

(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	9/30/2018	27	37		
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:			340,554	340,554		
12. C. Movable Equipment						
1. Automotive Equipment	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)	\$		188	188		
A. Item	Rate	Amount				
Boiler	6.10%					
Lender						
First Independence Bank						
Address of Lender						
6960 Orchard Lake Road West Bloomfield, MI 48322						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$		188	188		
12. D. Other Interest Expense (Specify)	\$					
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$		340,742	340,742		
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. <b>Total Insurance Expenditures (14a + b + c)</b>	\$					
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$		15,230,456	15,230,456		



### 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	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	13	B10	Occupational Therapy	\$ 425,928	425,928		
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 1,515	1,515		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1C	Bad Debts	\$ 250,000	250,000		
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	\$ 1,585	1,585		
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 18,079	18,079		
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 *	\$ 13,395	13,395		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	M4	Fund Raising / Contributions	\$			
21.	16	M12	Unallowable Management Fees	\$ 374,569	374,569		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 1,980	1,980		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,087,051	1,087,051		

\* All except "Help Wanted".

(Carry Subtotal forward to next page )

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

**Schedule of Other Salaries Adjustment**

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

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5a.	Disallow PT Therapy expense for Outpatient services	\$ 1,515		
<b>Total Other Fees Adjustments</b>			\$ 1,515	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other A&amp;G Adjustments</b>			\$ -	\$ -	\$ -

**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	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,087,051	1,087,051		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 516,010	516,010		
28.	20	5d	Ambulance/Limousine	\$ 47,392	47,392		
29.	20	5f	X-rays, etc	\$ 40,404	40,404		
30.	20	5h	Laboratory	\$ 40,750	40,750		
31.			Medical Supplies	\$			
32.	20	5 e2	Oxygen (non emergency)	\$ 43,538	43,538		
33.	20	5j	Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 41,195	41,195		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,860	2,860		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,819,200	1,819,200		

\*\*\* 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.

Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing Center  
9/30/2018

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	02-5900-71018 Nursing - Food	\$ -		
20	5j	02-5900-71074 Nursing - Outside medical services (consolidated billing)	\$ 35,618		
20	5j	02-6045-72200 Physical therapy supplies	\$ 5,577		
20	5j	02-6056-72200 Speech therapy supplies	\$ -		
20	5j	02-5915-72200 Other rehab supplies	\$ -		
		Occupational supplies are disallowed on page 29 line 33.			
<b>Total Other Ancillary Costs</b>			\$ 41,195	\$ -	\$ -

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		Disallow depreciation expense taken on returned TV's	\$ 2,860		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 2,860	\$ -	\$ -

#### Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

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

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Prospect ECHN ElderCare Services, Inc. (2433		9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 12,806,889	12,806,889			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,638,282)	(5,638,282)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 4,283,995	4,283,995			
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$ 3,259,445	3,259,445			
b. Private-Pay Room and Board Contractual Allowance **	\$				
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 436,475	436,475			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (436,475)	(436,475)			
c. Prescription Drugs - Non-Medicare	\$ 157,008	157,008			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (149,685)	(149,685)			
2. a. Medical Supplies - Medicare	\$ 742	742			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 3,268	3,268			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (3,268)	(3,268)			
3. a. Physical Therapy - Medicare	\$ 878,210	878,210			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (716,792)	(716,792)			
c. Physical Therapy - Non-Medicare	\$ 214,093	214,093			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (208,742)	(208,742)			
4. a. Speech Therapy - Medicare	\$ 220,168	220,168			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (183,635)	(183,635)			
c. Speech Therapy - Non-Medicare	\$ 50,240	50,240			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (51,349)	(51,349)			
5. a. Occupational Therapy - Medicare	\$ 679,604	679,604			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (603,782)	(603,782)			
c. Occupational Therapy - Non-Medicare	\$ 200,781	200,781			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (202,519)	(202,519)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 3,469	3,469			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,999,858	14,999,858			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ 5,017	5,017			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 121	121			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 40,865	40,865			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 46,003	46,003			
<b>VI. Total All Revenue</b> (III +V)	\$ 15,045,861	15,045,861			

\* 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.



### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, Inc	2433	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	81,199
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	5,630,671
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	35,571
5. Prepaid Expenses			\$	107,118
a. _____				
b. _____				
c. _____				
d. See Schedule		107,118		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	11,582,330
_____				
_____				
See Schedule		11,582,330		
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>17,436,889</b>
B. Fixed Assets				
1. Land			\$	819,900
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
3. Buildings	*Historical Cost <u>7,692,284</u>		\$	6,891,971
	Accum. Depreciation <u>800,313</u> Net			
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
5. Non-Movable Equipment	*Historical Cost <u>215,017</u>		\$	158,706
	Accum. Depreciation <u>56,311</u> Net			
6. Movable Equipment	*Historical Cost <u>538,085</u>		\$	322,894
	Accum. Depreciation <u>215,191</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> )			\$	51,439
Construction in Progress		51,437		
See Schedule		2		
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>8,244,910</b>

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

(Carry Total forward to next page)



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

Name of Facility	License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, Inc	2433	9/30/2018	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	25,681,799
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
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> )			\$	122,992
	Reinsurance Recoverable	122,992		
_____				
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	122,992
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	25,804,791

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Direct TV - FY19	\$ 1,000
31	A5	Nursing Home License Fee - FY19	\$ 1,090
31	A5	Otis Elevator - FY19	\$ 616
31	A5	Lighthouse Irrigation Landscaping contract - FY19	\$ 3,000
31	A5	Property taxes	\$ 56,756
31	A5	Property tax abatement	\$ 44,656
<b>Total Prepaid Expenses</b>			<b>\$ 107,118</b>

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	\$ 257,773
	A8	02-1813-00175 EES AQUISITION IC - ECHN	\$ (2,234,149)
	A8	02-1813-00180 EES DUE TO/FROM ECHN,INC	\$ 4,611,831
	A8	02-2803-00189 EES DUE TO PMH	\$ 8,946,875
<b>Total Other Current Assets (Itemize)</b>			<b>\$ 11,582,330</b>

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

Page Ref	Line Ref	Description	
		Misc. rounding variance	\$ 2
<b>Total Other Other Fixed Assets (Itemize)</b>			<b>\$ 2</b>

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

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

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

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

## Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

## G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a		2433	9/30/2018	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	344,409
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> )				\$	120,308
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	67,442
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	624,443
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	15,208,273
Due to affiliates		13,824,196	Resident day user fee pay	200,602	
Due to third party payers		843,249	Other accrued expenses	274,432	
Resident Trust Funds		51,419			
Employee withholdings		14,375	See Schedule		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	16,364,875

\* 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 9/30/2018	Page 34	of 37
Account			Amount	
Total Brought Forward:			16,364,875	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
			\$	
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				
			\$ 8,458,286	
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> )				
Estimated self-insurance liabilities, net of current		445,506		
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)			\$ 8,903,792	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)			\$ 25,268,667	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, In	2433	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	161,033
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	559,686
6. Gain or Loss for Period			\$	(184,595)
10/1/2017 thru 9/30/2018				
7. Total Net Worth			\$	536,124
<b>C. Total Reserves and Net Worth</b>			\$	536,124
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	25,804,791

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, Inc.	2433	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	720,719
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	15,045,861
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	15,230,456
D. Net Income or Deficit			\$	(184,595)
E. Balance			\$	536,124
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i> Nonoperating income, net of expenses				
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. <b>Balance at End of Period</b>			\$	536,124

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

Name of Facility Prospect ECHN ElderCare Services, Inc.	License No. 2433	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Christopher Pelletier				
Address Address			Phone Number	
71 Haynes Street, Manchester, CT 06040			(860) 646-1222 ext. 2233	
Annual Report Contact			Phone Number	
Christopher Pelletier			(860) 646-1222 ext. 2233	
Annual Report Contact Email Address				
cpelletier@echn.org				