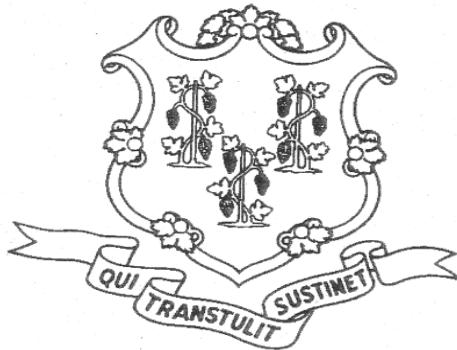


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) WAT OPCO, LLC dba Woodlake at Tolland	
Address (No. & Street, City, State, Zip Code) 26 Shenipsit Lake Road, Tolland, CT 06084	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

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) WAT OPCO, LLC dba Woodlake at Tolland	License No. 2433	Report for Year Ended 9/30/2022	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 WAT OPCO, LLC dba Woodlake at Tolland [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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.

(a) Subject to Desk Audit review

Signed (Administrator)	Date	Signed (Owner)	Date
Printed Name (Administrator) Richard Dimeola		Printed Name (Owner) Rachel Shakow	
Subscribed and Sworn to before me:	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 WAT OPCO, LLC dba Woodlake at Tolland	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 26 Shenipsit Lake Road, Tolland, CT 06084				
Report Prepared By Marcum LLP	Phone Number 203-781-9680	Date 2/8/2023		
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 9/30/2022	Page 2
Name of Facility (as shown on license) WAT OPCO, LLC dba Woodlake at Tolland		Address (No. & Street, City, State, Zip) 26 Shenipsit Lake Road, Tolland, CT 06084	
License Numbers:	CCNH 2433	RHNS	(Specify)
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)			
Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust			
If this facility opened or closed during report year provide:		Date Opened	Date Closed
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
If "Yes," explain fully.			
Administrator			
Name of Administrator Richard Dimeola		Nursing Home Administrator's License No.:	000504
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name		License No.:	

General Information and Questionnaire

Partners/Members

General Information and Questionnaire

Corporate Owners

General Information and Questionnaire Individual Proprietorship

Name of Facility WAT OPCO, LLC dba Woodlake at Tolland	License No. 2433	Report for Year Ended 9/30/2022	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

General Information and Questionnaire

Related Parties*

Name of Facility WAT OPCO, LLC dba Woodlake at Tolland	License No. 2433	Report for Year Ended 9/30/2022			Page 4	of 37	
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				If "Yes," provide the Name/Address and complete the information on Page 11 of the report.			
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input type="radio"/> Yes <input checked="" type="radio"/> No				If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**			
		<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.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility WAT OPCO, LLC dba Woodlake at Tolland	License No. 2433	Report for Year Ended 9/30/2022	Page 5	of 37
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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? Yes No If "No," explain fully why such allocation was not made.

N/A

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

N/A

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.)

Yes No If "No," explain fully why such allocation was not made.

N/A

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-6 Rev. 9/2002

**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 WAT OPCO, LLC dba Woodlake at Tolland		License No. 2433		Report for Year Ended 9/30/2022			Page 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					
Aztec Leasing Inc.: PO Box 509015, San Diego CA 92150	<input type="radio"/>	<input checked="" type="radio"/>	7 Kyocera copiers	08/05/21	63 Months	19,143	19,143
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	postage shipping printer	08/10/21	63 Months	550	550
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		Total ***	19,693

* 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.



Lease Agreement

0041185052

Agreement Number

Your Business Information

Full Legal Name of Lessee / DBA Name of Lessee

Woodlake at Tolland

Tax ID # (FEIN/TIN)

854355556

Sold-To: Address

26 Shenipsit Lake Rd, Tolland, CT, 06084-2332, US

Sold-To: Contact Name

Michelle Cortina

Sold-To: Contact Phone #

914-447-7799

Sold-To: Account #

0018453680

Bill-To: Address

26 Shenipsit Lake Rd, Tolland, CT, 06084-2332, US

Bill-To: Contact Name

Michelle Cortina

Bill-To: Contact Phone #

914-447-7799

Bill-To: Account #

0018453680

Bill-To: Email

mcortina@regalcare.com

Ship-To: Address

26 Shenipsit Lake Rd, Tolland, CT, 06084-2332, US

Ship-To: Contact Name

Michelle Cortina

Ship-To: Contact Phone #

914-447-7799

Ship-To: Account #

0018453680

PO #

Your Business Needs

Qty	Item	Business Solution Description
1	SPMAILSTATION	SendPro Mailstation
	F9S6	SendPro Mailstation Install and Training
1	HZ00	SendPro Mailstation with 5lb Scale
1	PTJ1	SendPro Online
1	PTJ8	SendPro Mailing Included W/ HW
1	PTJN	Single User Access
1	PTJR	50 User Access with Hardware or Meter
1	PTKQ	SendPro Mailstation Stamps 50 Users
1	STDSLA	Standard SLA-Equipment Service Agreement (for SendPro Mailstation)

Your Payment Plan

Initial Term: 63 months	Initial Payment Amount:	
Number of Months	Monthly Amount	Billed Quarterly at*
63	\$ 33.05	\$ 99.15

*Does not include any applicable sales, use, or property taxes which will be billed separately.

() Tax Exempt Certificate Attached
 () Tax Exempt Certificate Not Required
 () Purchase Power® transaction fees included
 () Purchase Power® transaction fees extra

Your Signature Below

By signing below, the parties agree to be bound by all the terms of the Group Purchasing Agreement VQ19100 between INTALERE and PITNEY BOWES INC., dated September 1, 2015, as amended from time to time, and the same is incorporated by reference. You acknowledge that you may not cancel the lease for any reason and that all payment obligations are unconditional. The lease will be binding on us after we have completed our credit and documentation approval process and have signed below. The lease requires you either to provide proof of insurance or participate in the ValueMAX® equipment protection program (see Exhibit C, Section L9) for an additional fee.

E-Signed : 08/10/2021 09:36 AM EDT

Michelle Cortina

mcortina@regakare.com
Title: VP of Corporate Affairs
IP: 71.235.56.119

Sertifi Electronic Signature
DocID: 20210809144139841

Lessee Signature

Print Name

Title

Date

Email Address

Salvatore Polletta

Pitney Bowes Signature

Salvatore Polletta

Print Name

Director, Credit & New Business Operations

8/10/2021

Date

Sales Information

Ryan Finley

ryan.finley@pb.com

Account Rep Name

Email Address

PBGFS Acceptance

Customer Name

Woodlake at Tolland

Sold To Information

0018453680
26 Shenipsit Lake Rd
Tolland CT US 06084-2332

Ship To Information

0018453680
26 Shenipsit Lake Rd
Tolland CT US 06084-2332

Bill To Information

0018453680
26 Shenipsit Lake Rd
Tolland CT US 06084-2332

Install At Information

0018453680
26 Shenipsit Lake Rd
Tolland CT US 06084-2332

Information

LEASE TYPE
FMV

PROGRAM
STRATEGIC

CP DISCOUNT %
0

DOC ID
US154444.28

Competitive Invoice Required 3rd Party Buyout Water/Deficiency White Glove

PO Required Dollar Buyout Multi - Location

Contract Term Contract Freq Free Months

Opportunity

Information

QUOTE ID	Y102265449
SALES OFFICE	2000
SALES TYPE	Lease
REFERENCE CONTRACT ID	
TIN NUMBER	854355556
CUSTOMER GROUP ID	Strategic
CREDIT STATUS	Approved
CURRENCY	USD

QUOTE EXPIRATION DATE	2021-11-07
SALES GROUP	InsideSalesGroup
REQUESTED DELIVERY	
SALES ORG	1000
CUSTOMER GROUP ID1	ART
QUOTE STATUS	Presented
CREDIT EXPIRY	2021-10-20
PRICELIST	Commercial Price
Contract Commencement Date	

PURCHASE ORDER

PO NUMBER	
PO EXPIRY	

INSTALLATION COMMENTS

ITEMS

Line	Qty	Material	Usage	Offer	Description	GSA	List Price	Adjustment	Net Price	Adjustment%	Action	Ship-To BPN	Sales Deals	OLFM Ref Id	Pricelist	Level	Install BPN	Customer Material #	Bifurcation
1	1	SPMAILSTATION	LEASE	1	SendPro Mailstation	Y	0.0	0.00	0.00	0.00	New	0018453680			Z3	1	0018453680		
2	1	HZ00	LEASE	1	SendPro Mailstation with 5lb Scale	N	850.0	-212.50	637.50	0.00	New	0018453680			Z3	1.13	0018453680		
3	1	PTJ1	Service	1	SendPro Online	Y	0.0	0.00	0.00	0.00	New	0018453680			XA	1.9	0018453680		
4	1	PTJ8	Service	1	SendPro Mailing Included W/ HW	N	0.0	0.00	0.00	0.00	New	0018453680			XA	1.5	0018453680		
5	1	PTKQ	RENT	1	SendPro Mailstation Stamps 50 Users	N	13.0	0.00	13.00	0.00	New	0018453680			Z3	1.9	0018453680		
6	1	PTJN	Service	1	Single User Access	N	0.0	0.00	0.00	0.00	New	0018453680			XA	1.9	0018453680		
7	1	PTJR	RENT	1	50 User Access with Hardware or Meter	N	0.0	0.00	0.00	0.00	New	0018453680			Z3	1.9	0018453680		
8	1	F9S6	LEASE	1	SendPro Mailstation Install and Training	N	250.0	-62.50	187.50	0.00	New	0018453680			Z3	1.35	0018453680		
9	1	STDSLA	Service	1	Standard SLA-Equipment Service Agreement	N	13.5	-2.03	11.47	0.00	New	0018453680			XA	1.2000	0018453680		

PAYMENT STREAM

# of Pmt	Location	Item Description	Lease	Meter Services	SLA	SMA/Softguard	Subscription	Valuemax	Total
21	0018453680	SendPro Mailstation	56.94	0.00	3.21	0.00	39.00	0.00	99.15
		Subtotal	56.94	0.00	3.21	0.00	39.00	0.00	99.15
		TOTAL	56.94	0.00	3.21	0.00	39.00	0.00	99.15

LOCATION SUMMARY

Location	Equipment	Adjustment	TradeIn	Net	Tax	S&H	Doc Fee	SubTotal	Settlement	TradeUp	Loyalty Value	CLBO	LRF	Lease
0018453680	1100.00	275.00	0.00	825.00	0.00	26.00	40.00	891.00	0.00	0.00	0.00	891.00	0.0213	18.98
All	1100.00	275.00	0.00	825.00	0.00	26.00	40.00	891.00	0.00	0.00	0.00	891.00	0.0213	18.98

SOLD-TO CONTACT INFORMATION

SOLD-TO BPN	Name	Phone	E-Mail
0018453680	Michelle Cortina	914-447-7799	mcortina@regalcare.com

BILLING CONTACT INFORMATION

Bill to BPN	Name	Phone	E-Mail
0018453680	Michelle Cortina	914-447-7799	mcortina@regalcare.com

SHIPPING CONTACT INFORMATION

Ship to BPN	Name	Phone	E-Mail
0018453680	Michelle Cortina	914-447-7799	mcortina@regalcare.com

INSTALL CONTACT INFORMATION

Install At BPN	Name	Phone	E-Mail
0018453680	Michelle Cortina	914-447-7799	mcortina@regalcare.com

General Information and Questionnaire

Accounting Basis

Name of Facility WAT OPCO, LLC dba Woodlake a	License No. 2433	Report for Year Ended 9/30/2022	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 Yes If "No," explain.
previous period? No

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 Roth&Co Certified Public Accountants & Consultants 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven CT, 06511 1428 36th St #200, Brooklyn, NY 11218
---	---

Services Provided by This Firm (*describe fully*)

1 Advisory Services/Medicaid Cost Report/Interim rate preparation	\$ 14,271
2 Financial and Tax Prep Services	\$ 9,000
3	\$
4	\$
	Charge for Services Provided \$ 23,271

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

Yes No |Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Dorsi & Dorsi 2 Murtha Cullina LLP 3 State Marshall 4 State of Connecticut 5	Telephone Number 860-240-6000 203-787-4805
--	--

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

1 44 Church Street West Haven, CT 06516	
2 185 Asylum Street, 29th Floor, Hartford, CT 06103	
3 32 Elm St #1, New Haven, CT 06510	
4	
5	

Services Provided by This Firm (*describe fully*)

1 Judgement to change town's appraisal	\$ 35,909
2 DPH Issues/License/DPH/CHOW/Incorporating and religious exemptions	\$ 7,413
3 Conservatorship (Disallow Page 28)	\$ 110
4 Conservatorship (Disallow Page 28)	\$ 500
5	\$
	Charge for Services Provided \$ 43,932

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

Yes No |Page 15 Line 1e

Schedule of Resident Statistics

Name of Facility WAT OPCO, LLC dba Woodlake at Tolland			License No. 2433				Report for Year Ended 9/30/2022				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					130	130						
A. On last day of PREVIOUS report period	130	130										
B. On last day of THIS report period	130	130							130	130		
2. Number of Residents					117	117						
A. As of midnight of PREVIOUS report period	117	117										
B. As of midnight of THIS report period	102	102							102	102		
3. Total Number of Days Care Provided During Period					4,706	4,706						
A. Medicare	6,553	6,553							1,847	1,847		
B. Medicaid (Conn.)	23,588	23,588			17,608	17,608			5,980	5,980		
C. Medicaid (other states)												
D. Private Pay	6,054	6,054			4,638	4,638			1,416	1,416		
E. State SSI for RCH												
F. Other (Specify) HMO & Hospice	1,884	1,884			1,485	1,485			399	399		
G. Total Care Days During Period (3A thru F)	38,079	38,079			28,437	28,437			9,642	9,642		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds					194	194			121	121		
A. Medicaid Bed Reserve Days	315	315										
B. Other Bed Reserve Days	14	14			14	14						
5. Total Resident Days (3G + 4A + 4B)	38,408	38,408			28,645	28,645			9,763	9,763		

Schedule of Resident Statistics (Cont'd)

Name of Facility WAT OPCO, LLC dba Woodlake at Tolland	License No. 2433	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?

 Yes No

If "YES", provide the following information:

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

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.

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	13	68		21				
Per Diem Rate								
a. One bed rm.	Various	292.89		529.00				
b. Two bed rms.	Various	292.89		439.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		3,968	3,968		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments		1,152	1,152		
C. Other		11,409	11,409		
D. Total Physical Therapy Treatments		16,529	16,529		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		677	677	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments		289	289	
C. Other		1,623	1,623	
D. Total Speech Therapy Treatments		2,589	2,589	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		5,919	5,919	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments		1,722	1,722	
C. Other		12,551	12,551	
D. Total Occupational Therapy Treatments		20,192	20,192	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		2433	9/30/2022	10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes		<input type="radio"/> No	
		Total Cost and Hours			
Item		CCNH	Hours	RHNS	Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	147,669	2,890			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	163,546	8,163			
5. Dietary Service					
a. Head Dietitian	32,822	1,027			
b. Food Service Supervisor	67,171	2,220			
c. Dietary Workers	332,452	15,596			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	258,591	14,112			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	92,061	1,955			
b. Other Maintenance Workers	4,893	216			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers					
9. Barber and Beautician Services					
10. Protective Services					
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	217,574	3,490			
b. RN					
1. Direct Care	549,274	6,185			
2. Administrative**	409,834	15,350			
c. LPN					
1. Direct Care	880,266	21,930			
2. Administrative**					
d. Aides and Attendants	1,617,246	65,307			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	106,947	4,437			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
j. Dentists					
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	107,691	3,367			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	109,888	4,279			
<i>A-13. Total Salary Expenditures</i>	5,097,925	170,524			

* 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)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility WAT OPCO, LLC dba Woodlake at Tolland			License No. 2433		Report for Year Ended 9/30/2022			Page 11	of 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.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
WAT OPCO, LLC dba Woodlake at Tolland				2433		9/30/2022			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***										
Nicotra Redd	78,060			Non Discriminatory	Administrator 8/10/2021-5/26/2022	1,355	A2			
Allison Avery	5,772			Non Discriminatory	Administrator 11/29/2021-1/25/2022	141	A2			
Ashely Frame	27,678			Non Discriminatory	Administrator 2/14/2022-6/25/2022	674	A2			
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.

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

Name of Facility (as licensed) WAT OPCO, LLC dba Woodlake at Tolland			License No. 2433	Report for Year Ended 9/30/2022			Page 12a	of 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***										
Richard Dimeola	36,158			Non Discriminatory	Administrator 5/26/2022- Current	720	A2			
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 WAT OPCO, LLC dba Woodlake at Tolland	License No. 2433	Report for Year Ended 9/30/2022		Page 13	of 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	26,194	476			
2. Dentist	7,860	86/Est			
3. Pharmacist	12,597	149			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	293,710	4,345			
b. Other					
6. Social Worker	364	5			
7. Recreation Worker	1,845	13			
8. Physicians					
a. Medical Director (entire facility)	55,000	363/Est			
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	88,245	1,304			
b. Other					
10. Occupational Therapist					
a. Resident Care	350,991	5,196			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	426,465	5,011			
2. Administrative***					
b. LPN					
1. Direct Care	1,117,823	17,365			
2. Administrative***					
c. Aides	1,517,564	29,229			
d. Other					
12. Other (Specify)					
See Attached Schedule	254,091	1,446			
B-13 Total Fees Paid in Lieu of Salaries	4,152,749	64,539			

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

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

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

Report of Expenditures

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

Name of Facility	License No.	Report for Year Ended		Page	of
	2433	9/30/2022		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
LTC Management, 174 Scott Rd, Prospect, CT 06712	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
HC Consulting, PO Box 265 Waterbury CT 06720	Clinical Consulting	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
KHP Consulting Services LLC: 40 Lacey Road, Bethany CT 06524	Nursing Consultant Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Technical Gas, 101 North Plains Industrial Rd Wallingford CT 06492	Respiratory Therapist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Medwiz, 167 Route 304 Bardonia NY 10954	Peripheral / Midline Insertion	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
AAA Nursing Care, 3303 Main Street, Stratford CT 06614	Contract CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Aya Healthcare: 5930 Cornerstone Crt W, Suite 300, San Diego, CA 92121	Contract CNAs RNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Cardie Dorvil: 15 Chambers Street, Waterbury CT 06708	Contract RNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Cheninta Barrett	Contract LPNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Paramount Healthcare Services, Inc: 3 Courthouse Lane, Unit 2, Chelmsford MA 01824	Contract CNAs LPNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Yamba Care: 2 Burlington Woods Drive, Suite 100, Burlington MA 01803	Contract CNAs LPNs RNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Genie Healthcare Inc: 104 Interchange Plaza, Suite 100, Monroe NJ 08831	Contract CNAs LPNs RNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Norton and Associates, 97 Elm Street Cohasset MA 02025	Social Work Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Flora Ibraimi, 1000 Burlington Ave Bristol CT 06010	Contract RNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Shirley Fairley, 91 Fairfield St Manchester CT 06040	Contract LPNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Tatola Bell-Reid, 107 Keeney St Manchester CT 06040	Contract LPNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
The Nurse Network, 653 Main Street Plantsville CT 06479	Contract CNAs LPNs RNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Velissa Grullon, 96 High Street Vernon CT 06066	Contract LPNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Ventura A. Aquino, 821 Maple Ave Hartford CT 06114	Contract RNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Starling Physicians 1260 Silas Deane Highway Wethersfield CT 06109	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Regal Care Rehabilitation, 7B Medical Park Drive Pomona NY 10970	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
NutraCo, NutraCo Corporate Offices Bell Works,	Dietician Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A	

* 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
WAT OPCO, LLC dba Woodlake at Tolland	2433	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 88,214	88,214		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 441,776	441,776		
5. Health Insurance	\$ 583,240	583,240		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 8,429	8,429		
8. Uniform Allowance	\$			
9. Other (Specify) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 155,161	155,161		
d. Accounting and Auditing	\$ 23,271	23,271		
e. Legal (Services should be fully described on Page 7)	\$ 43,932	43,932		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 26,794	26,794		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 23,717	23,717		
2. Cellular Phones	\$ 168	168		
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes (franchise tax)	\$ 80	80		
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 645,313	645,313		
Subtotal	\$ 2,040,095	2,040,095		

* 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**

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		16	37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	2,040,095	2,040,095		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	13,079	13,079		
3. Gifts to Staff and Residents	\$	3,827	3,827		
4. Employee Travel	\$	24,552	24,552		
5. Education Expenses Related to Seminars and Conventions	\$	1,280	1,280		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	23,206	23,206		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	22,949	22,949		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	1,794	1,794		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	439	439		
10. Contributions*** See Attached Schedule	\$	23,600	23,600		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	306,756	306,756		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	13,886	13,886		
<i>C-14 Total Administrative & General Expenditures</i>	\$	2,475,463	2,475,463		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Admin Expense>Marketing & Advertising	\$ 22,949		
Total Other Advertising	\$ 22,949	\$ -	\$ -

Schedule of Dues

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

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Admin Expense>Donations/Charity	\$ 23,600		
Total Contributions	\$ 23,600	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Activity Expense>Resident Missing Items (Disallow Page 28)	\$ 2,210		
Admin Expense>Licenses	1,277		
Admin Expense>Fines, Penalties & Settlements>COVID19 (Disallow Page 28)	2,293		
Admin Expense>Late Fees (Disallow Page 28)	974		
Admin Expense>Bank Fees	143		
Credit Card/Bounced Check Fees (Disallow Page 28)	2,245		
Employee Food (Disallow Page 28)	4,717		
Employee Relations (Disallow Page 28)	27		
Total Other Administrative and General	\$ 13,886	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility WAT OPCO, LLC dba Woodlake at Tolla	License No. 2433	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

*** 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
	2433	9/30/2022		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 273,700	273,700		
2. Non-Food Supplies	\$ 17,026	17,026		
3. Other (Specify) _____ Dietary Equip & Supplies	\$ 1,576	1,576		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 172,183	172,183		
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 464,485	464,485		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.
K. Is any revenue collected 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)				
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 WAT OPCO, LLC dba Woodlake at Tolland	License No. 2433	Report for Year Ended 9/30/2022		Page of 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. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	146,020	146,020	
c. Other (Specify) Laundry Supplies	\$	1,961	1,961	
3D. Total Laundry Expenditures (3a + b + c)	\$	147,981	147,981	
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
	2433	9/30/2022		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced				
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
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. \$				
C. Other (<i>Specify</i>)	\$	41,561	41,561		
Housekeeping Supplies					
4D. Total Housekeeping Expenditures (4a + b + c)	\$	41,561	41,561		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Mckesson	\$	224,652	224,652		
b. Medicine Cabinet Drugs	\$	10,095	10,095		
c. Medical and Therapeutic Supplies	\$				
d. Ambulance/Limousine***	\$	15,573	15,573		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	3,695	3,695		
f. X-rays and Related Radiological Procedures***	\$	12,779	12,779		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	13,855	13,855		
i. Recreation	\$	21,446	21,446		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	191,070	191,070		
5M. Total Resident Care Expenditures (5a - 5j)	\$	493,165	493,165		

* 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)
Nursing Expense>Supplies (Disallow \$54,138 Page 28)	\$ 109,854		
Nursing Expense>Supplies>COVID19	26,227		
Nursing Expense>Minor Equip & Supplies	4,464		
Nursing Expense>Sanitation & Incineration	2,350		
Nursing Expense>Equip-Rental (Disallow Page 29 \$17,560)	35,777		
Nursing Expense>Data Processing	10,955		
Nursing Expense>Data Processing>COVID19	1,443		
Total Other Resident Care	\$ 191,070	\$ -	\$ -

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

Name of Facility WAT OPCO, LLC dba Woodlake at Tolland				License No. 2433	Report for Year Ended 9/30/2022				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Angelica	PO Box 532268 Atlanta GA 30353	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry	97,078			19	3b
Century Linen and Uniform	335 Main St. Gloversville NY 12078	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry	46,326			19	3b
CWPM	PO Box 415 Plainville CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Sanitation	21,610			22	6f
G&G Property Services	75 Mountain Spring Road Tolland CT 06084	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Snow Removal	38,601			22	6f
On-Time IT Solutions Inc	154 Spring Street, Monroe, NY 10950	<input type="radio"/>	<input checked="" type="radio"/>	N/A	IT	33,425			22	6f
Carettech Group	1123 McDonald Ave Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Purchasing	16,900			16	m11
KHP Consulting	40 Lacey Road Bethany CT 06524	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Staff Development Consultant	12,600			16	m11
LTC Consulting	Americas, Lakewood, NJ 08701	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Billing and Fiscal Services	173,339			16	m11
Streamline HR Management	Ste 201, Allentown, PA 18106	<input type="radio"/>	<input checked="" type="radio"/>	N/A	HR Management	13,500			16	m11
USA Risk Management	868 39th Street Brooklyn NY 11232	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Cost Reduction Services	10,186			16	m11
		<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 WAT OPCO, LLC dba Woodlake at Tolland	License No. 2433	Report for Year Ended 9/30/2022			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	45,472	45,472			
b. Heat	\$	63,791	63,791			
c. Light & Power	\$	246,353	246,353			
d. Water	\$	131,135	131,135			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	19,693	19,693			
f. Other <i>(itemize)</i>	\$	150,037	150,037			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	656,481	656,481			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	8,664	8,664			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	8,664	8,664			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	8,867	8,867			
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	8,867	8,867			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	1,000,000	1,000,000			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	185,972	185,972			
c. Personal property taxes	\$	40,589	40,589			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,244,092	1,244,092			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Maintenance Expense>Supplies	\$ 5,367		
Maintenance Expense>Supplies>COVID19	-		
Maintenance Expense>Minor Equip & Supplies	3,478		
Maintenance Expense>Sanitation & Incineration	22,780		
Maintenance Expense>Equip-Rental	267		
Maintenance Expense>Extermination	978		
Maintenance Expense>Snow Removal	38,601		
Maintenance Expense>Landscaping	9,736		
Maintenance Expense>Fire Drill	7,794		
Maintenance Expense>Contracted Service	61,036		
Total Other Repairs and Maintenance	\$ 150,037	\$ -	\$ -

Depreciation Schedule

Name of Facility WAT OPCO, LLC dba Woodlake at Tolland				License No. 2433			Report for Year Ended 9/30/2022				Page 23	of 37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period													
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													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
D. Movable Equipment	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									
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period	Var	Var	21,475		21,475		670	S/L	Var	670			
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative	Var	Var	24,601		24,601		S/L	Var		5,740			
d. Standard Resident	Var	Var	12,927		12,927		S/L	Var		2,254			
e. Specialized Resident													
Total Acquired during this report period			37,528		37,528					7,994			
D-3. Subtotal													
E. Total Depreciation													

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

* Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

*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	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
12/9/2021	steamer	Standard Resident	\$ 4,812	5	\$ 962
1/31/2022	steamer	Standard Resident	\$ 4,812	5	\$ 962
2/28/2022	washing machine	Standard Resident	\$ 3,303	10	\$ 330
6/9/2022	Acer Chromebox/ -Mouse Included	Administrative	\$ 10,978	5	\$ 2,196
7/6/2022	Touchscreen Controller	Administrative	\$ 7,476	5	\$ 1,495
5/3/2022	Software transition/implementation	Administrative	\$ 6,146	3	\$ 2,049
Total additions for Movable Equipment			\$ 37,528		\$ 7,994
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ -

*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:				
10/18/2021	fixed roof	\$ 7,418	10	\$ 742
10/28/2021	Pump, Igniter, flame sensor - pumps not working, Removed old flame rod and installed new	3,013	15	201
11/24/2021	new pump and motor	3,205	15	214
1/19/2022	finish 22 patient bathrooms	6,548	15	437
1/31/2022	patient bathroom repairs	6,993	15	466
2/1/2022	Architectural & Engineering Services, Change of ownership	7,000	15	467
6/10/2022	labor on fire dampers, 407 materials	6,562	15	437
6/17/2022	Perform Air Balance Repairs and Investigation at Woodlake	2,880	15	192
7/26/2022	removing old counter tops in med rooms, break area and basement	2,600	15	173
9/28/2022	water tank installation	4,493	10	449
9/28/2022	water tank installation	13,211	10	1,321
9/30/2022	replace existing mixing valve	4,188	15	279
9/30/2022	emergency hot water piping	23,802	15	1,587
9/30/2022	paving	14,000	8	1,750
Total additions for Leasehold Improvements		\$ 105,913		\$ 8,715
Deletions:				
Total deletions for Leasehold Improvements		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

WAT OPCO Medicaid Cost Report
FIXED ASSET / DEPRECIATION SCHEDULE

G/L Account	Description	Date In Service	Method	Life	Historical Cost	2022 Deprec.	2022 A/D	NBV
LEASEHOLD IMPROVEMENTS								
Leasehold Imp.	unit on roof is causing trouble. repairs on controllers and HR1	7/16/2021	S/L	20	3,147	39	78	3,069
Leasehold Imp.	thermography scan- panels and transfer switches	8/2/2021	S/L	15	2,595	43	86	2,509
Leasehold Imp.	replaced control board	8/30/2021	S/L	15	4,174	70	140	4,034
TOTAL LEASEHOLD IMPROVEMENTS 2021					9,917	152	304	9,613
Leasehold Imp.	fixed roof	10/18/2021	S/L	10	7,418	742	742	6,676
Leasehold Imp.	Pump, Igniter, flame sensor - pumps not working, Removed old flame rod and installed new	10/28/2021	S/L	15	3,013	201	201	2,812
Leasehold Imp.	new pump and motor	11/24/2021	S/L	15	3,205	214	214	2,991
Leasehold Imp.	finish 22 patient bathrooms	1/19/2022	S/L	15	6,548	437	437	6,111
Leasehold Imp.	patient bathroom repairs	1/31/2022	S/L	15	6,993	466	466	6,527
Leasehold Imp.	Architectural & Engineering Services, Change of ownership	2/1/2022	S/L	15	7,000	467	467	6,533
Leasehold Imp.	labor on fire dampers, 407 materials	6/10/2022	S/L	15	6,562	437	437	6,125
Leasehold Imp.	Perform Air Balance Repairs and Investigation at Woodlake	6/17/2022	S/L	15	2,880	192	192	2,688
Leasehold Imp.	removing old counter tops in med rooms, break area and basement	7/26/2022	S/L	15	2,600	173	173	2,427
Leasehold Imp.	water tank installation	9/28/2022	S/L	10	4,493	449	449	4,044
Leasehold Imp.	water tank installation	9/28/2022	S/L	10	13,211	1,321	1,321	11,890
Leasehold Imp.	replace existing mixing valve	9/30/2022	S/L	15	4,188	279	279	3,909
Leasehold Imp.	emergency hot water piping	9/30/2022	S/L	15	23,802	1,587	1,587	22,215
Leasehold Imp.	paving	9/30/2022	S/L	8	14,000	1,750	1,750	12,250
TOTAL LEASEHOLD IMPROVEMENTS 2022					105,913	8,715	8,715	97,198
TOTAL LEASEHOLD IMPROVEMENTS					115,830	8,867	9,019	106,811
MOVABLE EQUIPMENT								
FFE	locks for med room doors	7/26/2021	S/L	10	2,849	71	142	2,707
FFE	illuminated double sided sign with acrylic letters	8/11/2021	S/L	10	13,336	334	668	12,668
Computer Hardware	phones and supplies	7/1/2021	S/L	5	5,290	265	530	4,760
TOTAL MOVABLE EQUIPMENT 2021					21,475	670	1,340	20,135
FFE	steamer	12/9/2021	S/L	5	4,812	962	962	3,850
FFE	steamer	1/31/2022	S/L	5	4,812	962	962	3,850
FFE	washing machine	2/28/2022	S/L	10	3,303	330	330	2,973
FFE	Acer Chromebox/ -Mouse Included	6/9/2022	S/L	5	10,978	2,196	2,196	8,782
FFE	Touchscreen Controller	7/6/2022	S/L	5	7,476	1,495	1,495	5,981
FFE	Software transition/implementation	5/3/2022	S/L	3	6,146	2,049	2,049	4,097
TOTAL MOVABLE EQUIPMENT 2022					37,528	7,994	7,994	29,534
TOTAL MOVABLE EQUIPMENT					59,003	8,664	9,334	49,669
TOTAL ASSETS					174,833	17,531	18,353	156,480
TOTAL ASSETS PER CR SCHEDULE					174,833	17,531	18,353	156,480
TOTAL ASSETS PER TRIAL BALANCE					174,832	155,112	11,365	163,467
ROUNDING					1	137,581	6,988	6,987
VARIANCE								
VARIANCE DETAIL								
(ADD) CIP					20,499			20,499
ROUNDING					-			-
REVISED VARIANCE					20,500	137,581	6,988	27,486
F/S vs C/R NBV - Page 31, Line B9		6,987						
F/S vs C/R Depreciation - Page 36, Line F1		137,581						

NOTE: Prior operator assets left off this schedule and can be found on the fair rent schedule of the Provider's Rate Computation Report

Amortization Schedule*

Name of Facility WAT OPCO, LLC dba Woodlake at Tolland			License No. 2433		Report for Year Ended 9/30/2022			Page 24	of 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	Var	Var		9,917	152	S/L		152	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var		105,913		S/L		8,715	
C-4. Subtotal									8,867
D. Total Amortization									8,867

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility WAT OPCO, LLC dba Woodlake at T	License No. 2433	Report for Year Ended 9/30/2022	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility
or leased from a Related Party?*

Yes

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	02/18/93			
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 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 _____				

Complete if Mortgage was Refinanced

During Current Cost Year

g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
WAT Realty, 675 3RD AVENUE FLOOR 8, NEW YORK, NY, 10017	Land/Building			1,000,000

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 WAT OPCO, LLC dba Woodlake at	License No. 2433	Report for Year Ended 9/30/2022			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount	\$					
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify) Interest on Loans		\$	8,513	8,513		
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	8,513	8,513		
14. Insurance						
a. Insurance on Property (buildings only)		\$	28,965	28,965		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify) General Liability / EPLI / Surety Bond		\$	153,786	153,786		
14d. Total Insurance Expenditures (14a + b + c)		\$	182,751	182,751		
15. Total All Expenditures (A-13 thru C-14)		\$	14,965,166	14,965,166		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.		2433	9/30/2022	28 37	
			Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<i>Page 10 - Salaries and Wages</i>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<i>Page 13 - Professional Fees</i>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$	350,991	350,991	
7.			Other - See attached Schedule	\$	9,944	9,944	
<i>Pages 15 & 16 - Administrative and General</i>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$	155,161	155,161	
10.			Accounting	\$			
10a.			Legal	\$	610	610	
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	3	Gifts, flowers and coffee shops	\$	3,827	3,827	
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$	6,643	6,643	
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$	22,949	22,949	
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$	23,600	23,600	
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$	66,604	66,604	
<i>Page 18 - Dietary Expenditures</i>							
24.			Meals to employees, guests and others who are not residents	\$			
<i>Page 19 - Laundry Expenditures</i>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<i>Page 20 - Housekeeping Expenditures</i>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$	640,329	640,329		

* 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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Activity Expense>Resident Missing Items	\$ 2,210		
16	m13	Admin Expense>Fines, Penalties & Settlements>COVID19	2,293		
16	m13	Admin Expense>Late Fees	974		
16	m13	Credit Card/Bounced Check Fees	2,245		
16	m13	Employee Food	4,717		
16	m13	Employee Relations	27		
16	m13	Nursing Supplies	54,138		
Total Other A&G Adjustments			\$ 66,604	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility			License No.	Report for Year Ended		Page of	
WAT OPCO, LLC dba Woodlake at Tolland			2433	9/30/2022		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 640,329	640,329		
			Page 20 - Resident Care Supplies***				
27.	20	5a2	Prescription Drugs	\$ 224,652	224,652		
28.	20	5d	Ambulance/Limousine	\$ 15,573	15,573		
29.	20	5f	X-rays, etc	\$ 12,779	12,779		
30.	20	5h	Laboratory	\$ 13,855	13,855		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 3,695	3,695		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 32,261	32,261		
			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	\$			
			Page 27 - Insurance				
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
			Other - Miscellaneous				
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 3,018	3,018		
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)				\$ 946,162	946,162		

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

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

**WAT OPCO Medicaid Cost Report
Disallowance Schedule for Cable TV
September 30, 2022**

Pg. 29b

	<u>Amount</u>
Total Cable TV Expense acct #80-232-00	\$ 17,437 TB Linked

Monthly Allowable amount	\$ 600
Months in Year	<u>12</u>
Total Allowable Cost	<u><u>\$ 7,200</u></u>

Disallowed Cable TV	<u><u>\$ 10,237</u></u>
----------------------------	--------------------------------

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		30	37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 6,809,411	6,809,411			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,429,132	4,429,132			
b. Medicare Room and Board Contractual Allowance **	\$ (23,738)	(23,738)			
4. a. Private-Pay Residents and Other	\$ 3,491,571	3,491,571			
b. Private-Pay Room and Board Contractual Allowance **	\$ (161)	(161)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 194,323	194,323			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (194,323)	(194,323)			
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 412,714	412,714			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (288,726)	(288,726)			
c. Physical Therapy - Non-Medicare	\$ 91,132	91,132			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (71,217)	(71,217)			
4. a. Speech Therapy - Medicare	\$ 195,058	195,058			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (129,447)	(129,447)			
c. Speech Therapy - Non-Medicare	\$ 44,488	44,488			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (35,774)	(35,774)			
5. a. Occupational Therapy - Medicare	\$ 501,905	501,905			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (307,381)	(307,381)			
c. Occupational Therapy - Non-Medicare	\$ 113,440	113,440			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (88,998)	(88,998)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 1,986	1,986			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 22,162	22,162			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,167,557	15,167,557			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 175	175			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 348,410	348,410			
V. Total Other Revenue (1 thru 8)	\$ 348,585	348,585			
VI. Total All Revenue (III +V)	\$ 15,516,142	15,516,142			

* 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	Radiology Rev>Medicare A	\$ 7,956		
30 II 6a	Radiology Rev>Medicare A>C/A	(7,956)		
30 II 6a	Lab Rev>Medicare A	21,747		
30 II 6a	Lab Rev>Medicare A>C/A	(21,747)		
30 II 6a	Other Ancillary Rev>Medicare B	2,975		
30 II 6a	Other Ancillary Rev>Medicare B>Sequester	(1,504)		
30 II 6a	Revenue Adjustments>Medicare A	604		
30 II 6a	Revenue Adjustments>Medicare HMO	(89)		
Total Other Resident Revenue - Medicare		\$ 1,986	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6b	Other Ancillary Rev>HMO	\$ 439		
30 II 6b	Other Rev>Medicaid>COVID19	\$ 37,272		
30 II 6b	Revenue Adjustments>Commercial HMO	\$ (14,416)		
30 II 6b	Revenue Adjustments>Medicaid	\$ (6)		
30 II 6b	Revenue Adjustments>Ancillary	\$ (1,127)		
Total Other Resident Revenue		\$ 22,162	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest on claims	N/A	\$ 88		
30 IV 5	Interest on medical records (Disallow Page 29)	N/A	\$ 87		
Total Interest Income		\$ 175	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Other Rev>ERC>COVID19	\$ 345,392		
30 IV 8	Other Rev>Vending Machines (Disallow Page 29)	983		
30 IV 8	Other Rev>Medical Records (Disallow Page 29)	2,035		
Total Other Revenue		\$ 348,410	\$ -	\$ -

G. Balance Sheet

Name of Facility WAT OPCO, LLC dba Woodlake at To	License No. 2433	Report for Year Ended 9/30/2022	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 195,027	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 2,336,478	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	
a. _____				
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$ (63,794)	
Prepaid Expenses			(323,434)	
Prepaid Insurance			202,084	
Prepaid Taxes			57,556	
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 2,467,711	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	Accum. Depreciation	Net	\$
3. Buildings	*Historical Cost	Accum. Depreciation	Net	\$
4. Leasehold Improvements	*Historical Cost	115,830	Accum. Depreciation	\$ 106,811
		9,019	Net	
5. Non-Movable Equipment	*Historical Cost	Accum. Depreciation	Net	\$
6. Movable Equipment	*Historical Cost	59,003	Accum. Depreciation	\$ 49,669
		9,334	Net	
7. Motor Vehicles	*Historical Cost	Accum. Depreciation	Net	\$
8. Minor Equipment-Not Depreciable				\$
9. Other Fixed Assets (<i>itemize</i>)			\$ 27,486	
F/S vs C/R NBV			6,987	
See Schedule			20,499	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 183,966	

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

Total Prepaid Expenses		\$	-

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

Page Ref Line Ref Description

Total Other Current Assets (Itemize)		\$	-

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

Page Ref Line Ref Description

31	B9	Fixed Assets>CIP	\$ 20,499
Total Other Other Fixed Assets (Itemize)		\$	20,499

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

31	A8	Due From>Old Owner	\$ 24,393
31	A8	Due To/(From)>Sky View	(36)
31	A8	Due To/(From)>Ridgeland	57
31	A8	Due To/(From)>Vendor	2,778
31	A8	Due to/(from)>Rachel Shakow	137,750
Total Other Assets		\$	164,942

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	Accrued Expenses	\$ (463,484)
33	A12	Accrued Expenses>Ancillary	6,100
33	A12	Accrued Expenses>RE Taxes	(54,000)
33	A12	Accrued Expenses>Insurance - General Liability & Other	85,427
33	A12	Accrued Expenses>Insurance - Property	15,402
33	A12	Accrued Expenses>Water/Sewer	40,000
33	A12	Accrued Expenses>Year End Adjustments	8,276
33	A12	Accrued Expenses>Workers Comp	41,901
33	A12	Accrued Expenses>Health Insurance	239,707
33	A12	Deferred Revenue>Medicare>COVID19	11,394
Total Other Current Liabilities (Itemize)		\$	(69,277)

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
WAT OPCO, LLC dba Woodlake at To	2433	9/30/2022	32 37
Account			Amount
Total Brought Forward:			\$ 2,651,677
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			\$ 149,687
3. Organization Expense	*Historical Cost 181,714	Accum. Depreciation 185,279	\$ Net (3,565)
4. Goodwill (Purchased Only)			\$
5. Investments Related to Resident Care (<i>itemize</i>)			\$
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$ 41
Name and Address	Amount	Loan Date	
Due From>RC Holdings/Fairview at Southport	41	Var	
7. Other Assets (<i>itemize</i>)			\$ 164,942
See Schedule		164,942	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 311,105
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 2,962,782

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

G. Balance Sheet (cont'd)

Name of Facility WAT OPCO, LLC dba Woodlake at Tolland	License No. 2433	Report for Year Ended 9/30/2022	Page 33	of 37					
Account				Amount					
Liabilities									
A. Current Liabilities									
1. Trade Accounts Payable				\$ 1,462,915					
2. Notes Payable (<i>itemize</i>)				\$ 400,000					
Note Payable				400,000					
See Schedule									
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Name of Lender</th> <th style="text-align: left; padding: 2px;">Purpose</th> <th style="text-align: left; padding: 2px;">Amount</th> <th style="text-align: left; padding: 2px;">Date Due</th> <th style="text-align: left; padding: 2px;"></th> </tr> </thead> </table>					Name of Lender	Purpose	Amount	Date Due	
Name of Lender	Purpose	Amount	Date Due						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: left; padding: 2px;"></td> </tr> </tbody> </table>									
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 218,283					
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$					
6. Accrued Payroll Taxes Payable				\$					
7. Medicare Final Settlement Payable				\$					
8. Medicare Current Financing Payable				\$					
9. Mortgage Payable (<i>Current Portion</i>)				\$					
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$					
11. Accrued Income Taxes*				\$					
12. Other Current Liabilities (<i>itemize</i>)				\$ (69,277)					
See Schedule				(69,277)					
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 2,011,921					

* 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 WAT OPCO, LLC dba Woodlake at Tolland	License No. 2433	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				2,011,921
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 258,443
Name and Address of Lender	Amount	Loan Date		
Due to/From>Various	258,443	Var		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 258,443
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,270,364

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

Name of Facility	License No.	Report for Year Ended	Page	of
WAT OPCO, LLC dba Woodlake at Tc	2433	9/30/2022	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				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 279,023
6. Gain or Loss for Period 10/1/2021 thru 9/30/2022				\$ 413,395
7. Total Net Worth				\$ 692,418
C. Total Reserves and Net Worth				\$ 692,418
D. Total Liabilities, Reserves, and Net Worth				\$ 2,962,782

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
WAT OPCO, LLC dba Woodlake at Tol	2433	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ 279,024		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 15,516,142		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 15,102,747		
D. Net Income or Deficit				\$ 413,395		
E. Balance				\$ 692,419		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Expenses Per Page 27				\$ 14,965,166		
F/S vs C/R Depreciation				\$ 137,581		
Total Expenditures Per CR				\$ 15,102,747		
2. Other (<i>itemize</i>)						
Prior Period Adjustment				(1)		
F-3. Total Additions				\$ (1)		
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$		
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings (<i>Specify</i>)				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. Balance at End of Period				\$ 692,418		

I. Preparer's/Reviewer's Certification

Name of Facility WAT OPCO, LLC dba Woodlake at	License No. 2433	Report for Year Ended 9/30/2022	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

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer <i>Matthew S Bavolack</i>	Title National Healthcare Services Leaders	Date Signed 02/09/2023
Printed Name of Preparer Matthew S. Bavolack		
Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600
Contacted Person Regarding Additional Information Needed Regarding This Report Tzippy Krupenia		Phone Number 732-961-8571
Contact Email Address tzippyk@ltccs.com		