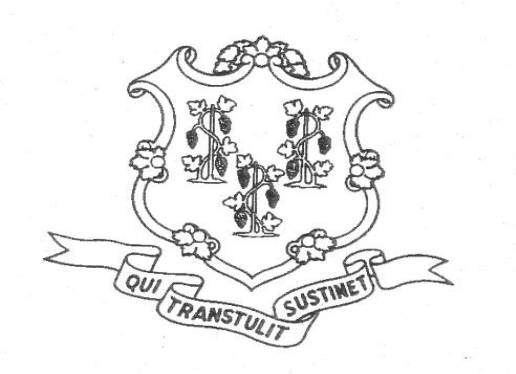
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2023

Name of Facility (as licensed) Wintonbury Care Center LLC	
Address (No. & Street, City, State, Zip Code) 140 Park Avenue, Bloomfield, CT 06002	
Type of Facility ☐ Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined ☑ (Specify) ☑ Other	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS	(Specify)	Other	Medicare Provider
	2221-C			07-5264

Medicaid Provider Numbers:	CCNH / RHNS	(Specify)	Other
	10876		

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Wintonbury Care Center LLC [facility name], for the cost report period beginning October 1, 2022 and ending September 30, 2023, 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) Heather Rodriguez			Printed Name (Owner) Chris Wright	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Wintonbury Care Center LLC	Period Covered:		From 10/1/2022	To 9/30/2023
Address of Facility 140 Park Avenue, Bloomfield, CT 06002				
Report Prepared By iCare Management, LLC	Phone Number 860-570-2140		Date 2/15/2024	

Item	Total	CCNH / RHNS	(Specify)	Other
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.

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General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-243-9591	9/30/2023	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Wintonbury Care Center LLC	140 Park Avenue, Bloomfield, CT 06002

	CCNH / RHNS	(Specify)	Other	Medicare Provider No.
License Numbers:	2221-C			07-5264

Type of Facility (Check appropriate box(es))

☐ Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined ☑ (Specify) ☑ Other

Type of Ownership (Check appropriate box)

○ Proprietorship ◉ LLC ○ Partnership ○ Profit Corp. ○ Non-Profit Corp. ○ Government ○ 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? ○ Yes ◉ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Heather Rodriguez	001691

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
Wintonbury Care Center LLC	140 Park Avenue, Bloomfield, CT 06002	CT

Name of Partners/Members	Business Address	Title	% Owned
V. Robert Salazar	2500 18th Street, Suite 200, Denver, CO 80211	Member	31.3
David Sebbag	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member	21.4
Ari Krausz	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member	21.3
Solomon Melamed	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member	1
Christopher Wright	341 Bidwell Street, Manchester, Ct 06040	Member	5
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226	Member	10
Global World Investors	245 S. Benton Street, Lakewood, CO 80226	Member	10

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General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares			

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General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	3B	37

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

Owner(s) of Facility

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	4	37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ○ Yes ⊙ 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? ⊙ Yes ○ No

If "Yes," provide the following information:

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	%**				
See Attached.		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					

* Use additional sheets if necessary.

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

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	5	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 (*See listing page 13*)
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.

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

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

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

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General Information and Questionnaire
Other Lines of Business

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	6	37

Square footage of entire facility.	0

Outpatient Therapy

Does the Facility provide outpatient therapy services?	Yes

If yes, please complete the following:

0	Square footage of therapy space.

Meals on Wheels

Does the facility provide Meals on Wheels?	No

If yes, please complete the following:

	Square footage of kitchen	
	Number of meals served per week	
No	Are meals included in meals served on page 18 of the Annual Report?	
No	Are direct costs included in the Annual Report?	
	If yes, please state where costs are reported.	
No	Are drivers for the program included in the facility's payroll?	
	If yes, please complete the following:	
		Amount Reported
		Annual Report page and line
	Please state the salary amounts of specific cooks and/or dietary aides	
	Please state where the cooks and/or dietary aides are reported in the Annual Report	

Apartments, Independent Living, Assisted Living

Does the facility have apartments, independent living, and/or assisted living?	No

If yes, please complete the following:

	Square footage of apartments
	Square footage of independent living
	Square footage of assisted living
	Please identify the services provided:

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General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Cen	2221-C	9/30/2023	7	37

Child Day Care

Does the Facility provide Child Day Care?	No

If yes, please complete the following:

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

Adult Day Care

Does the Facility provide Adult Day Care?	No

If yes, please complete the following:

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

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Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	8	37

	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total Other	Period 10/1 Thru 6/30 Total	Period 10/1 Thru 6/30 CCNH / RHNS	Period 10/1 Thru 6/30 (Specify)	Period 10/1 Thru 6/30 Other	Period 7/1 Thru 9/30 Total	Period 7/1 Thru 9/30 CCNH / RHNS	Period 7/1 Thru 9/30 (Specify)	Period 7/1 Thru 9/30 Other
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	150	150			150	150						
B. On last day of THIS report period	146	146							146	146		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	128	128			128	128						
B. As of midnight of THIS report period	139	139							139	139		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,282	3,282			2,494	2,494			788	788		
B. Medicaid (Conn.)	43,134	43,134			32,167	32,167			10,967	10,967		
C. Medicaid (other states)												
D. Private Pay	1,615	1,615			1,171	1,171			444	444		
E. State SSI for RCH												
F. Other (Specify) Insurance	459	459			383	383			76	76		
G. Total Care Days During Period (3A thru F)	48,490	48,490			36,215	36,215			12,275	12,275		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. ***Total Resident Days*** **(3G + 4A + 4B)**	48,490	48,490			36,215	36,215			12,275	12,275		

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	9	37

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)	Other	Lost			Gained			CCNH / RHNS	(Specify)	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5/1/2023	X			(4)									

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)	Other
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)	Other	R.C.H.	ICF-MR
No. of Residents	9	124		6				
Per Diem Rate								
a. One bed rm.	553.00	######		391.00				
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	Other
A. Medicare - Part B	1,038	1,038			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	2,057	2,057			
2. Restorative Treatments	3,250	3,250			
C. Other	7,139	7,139			
D. ***Total Physical Therapy Treatments***	13,484	13,484			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	338	338			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	173	173			
2. Restorative Treatments	298	298			
C. Other	626	626			
D. ***Total Speech Therapy Treatments***	1,435	1,435			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	911	911			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	950	950			
2. Restorative Treatments	2,910	2,910			
C. Other	5,821	5,821			
D. ***Total Occupational Therapy Treatments***	10,592	10,592			

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ No

	Total Cost and Hours								
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Other	Adjustment	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)	143,312		1,778						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	242,513		10,187						
5. Dietary Service									
a. Head Dietitian	87,687		2,086						
b. Food Service Supervisor	71,300		2,086						
c. Dietary Workers	543,799		25,510						
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers	375,361		20,300						
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	68,188		2,014						
b. Other Maintenance Workers	42,035		2,320						
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers	55,701		2,254						
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	359,850		4,570						
b. RN									
1. Direct Care	435,028		6,858						
2. Administrative**	188,614		4,685						
c. LPN									
1. Direct Care	822,480		23,193						
2. Administrative**	85,529		1,934						
d. Aides and Attendants	2,465,360		104,958						
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	156,471		6,380						
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	185,490		6,157						
n. Marketing									
o. Other (Specify)									
See Attached Schedule	149,031		4,750						
A-13. Total Salary Expenditures	6,477,749		232,019						

* 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 in the Adjustment column.

Schedule of Other Salaries and Wages (Page 10)

	CCNH / RHNS			(Specify)			Other		
Position	**$**	**Adjustment**	**Hours**	**$**	**Adjustment**	**Hours**	**$**	**Adjustment**	**Hours**
UNIT SECRETARIES SALARIES	$ 12,403		591				$ -		-
MEDICAL RECORDS SALARIES	$ 48,362		2,131				$ -		-
CENTRAL SUPPLY SALARIES	$ -		-				$ -		-
RESPIRATORY THERAPY SALARIES	$ 88,266		2,028				$ -		-
PLANT SECURITY SALARIES	$ -		-				$ -		-
MEDICAL RECORDS SALARIES SPCL	$ -		-				$ -		-
Total	$ 149,031	$ -	4,750	$ -	$ -	-	$ -	$ -	-

Schedule of Other Fees (Page 13)

	CCNH / RHNS			(Specify)			Other		
Service	**$**	**Adjustment**	**Hours**	**$**	**Adjustment**	**Hours**	**$**	**Adjustment**	**Hours**
MEDICAL RECORDS CONTRACT SERVICE	$ 1,840		Storage				$ -		Storage
ADMISSIONS C/S LABOR	$ 63,467		1,171				$ -		-
CENTRAL SUPPLY CONTRACT SERVICE	$ 7,309		188				$ -		-
ADMINISTRATIVE CONTRACT SERVICE LABOR	$ 259,221		5,497				$ -		-
RESPIRATORY THERAPY CONTRACT SERVICES	$ (36,101)		(666)				$ -		-
PHYSICAL THERAPY C/S MEDICIAD	$ -		-				$ -		-
SPEECH THERAPY C/S Medicaid	$ -		-				$ -		-
OCCUPATIONAL THERAPY C/S MEDICIAD	$ -	-	-				$ -		-
Total	$ 295,737	$ -	6,191	$ -	$ -	-	$ -	$ -	-

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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
Wintonbury Care Center LLC	2221-C	9/30/2023	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)	Other							
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.

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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
Wintonbury Care Center LLC	2221-C	9/30/2023	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)	Other							
Section III - Administrators* **										
Heather Rodriguez	143,312			Administrator		1,778	same as empl			
				Administrator			same as empl			
				Administrator			same as empl			
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.

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	13	37

	Total Cost and Hours								
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Other	Adjustment	Hours
*B. **Direct care consultants paid on a fee for service basis in lieu of salary** (For all such services complete Schedule B1)									
1. Dietitian									
2. Dentist									
3. Pharmacist	30,519		276						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	215,105		4,121						
b. Other									
6. Social Worker	42,260		739						
7. Recreation Worker	20,093		13 Hours +C						
8. Physicians									
a. Medical Director (entire facility)	50,400		544						
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)									
Physician Care Contract Services	25,634		203						
9. Speech Therapist									
a. Resident Care	49,555		949						
b. Other									
10. Occupational Therapist									
a. Resident Care	188,775		3,616						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	183,551		1,504						
2. Administrative***	108,507		1,928						
b. LPN									
1. Direct Care	1,059,363		16,787						
2. Administrative***									
c. Aides	113,406		2,960						
d. Other									
12. Other (Specify)									
See Attached Schedule	295,737		6,191						
B-13 Total Fees Paid in Lieu of Salaries	2,382,904		39,818						

* 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 in the Adjustment column.

*** 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.

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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
Wintonbury Care Center LLC	2221-C	9/30/2023	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Tocuhpoints Therapy	Therapy for residents, also Therapy for Workers comp for staff	⊙	○	Common Ownership
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	⊙	○	Common Ownership
Pharm Scripts	Pharmacy Contract	○	⊙	
Guardian Consulting Srv	Pharmacy Consulting	○	⊙	
Healthdrive Physician Services	Audiology, Dental and Podiatry	○	⊙	
Dr. Villanueva	Medical Director	○	⊙	
WeCare Health	Medical Director	○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
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		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	

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

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C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended					Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023					15	37

Item		Total Including Adjustment	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	$	269,067	269,067					
2. Disability Insurance	$							
3. Unemployment Insurance	$							
4. Social Security (F.I.C.A.)	$	525,319	525,319					
5. Health Insurance	$	973,779	973,779					
6. Life Insurance (employees only) (not-owners and not-operators)	$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	$	488,991	488,991					
8. Uniform Allowance	$							
9. Other (*Specify*) See Attached Schedule	$	40,637	40,637					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$							
c. Bad Debts*	$	375,508	375,508					
d. Accounting and Auditing	$	41,322	41,322					
e. Legal (*Services should be fully described on Page 15b)*	$	2,953	2,953					
f. Insurance on Lives of Owners and Operators (*Specify*)*	$							
g. Office Supplies	$	22,214	22,214					
h. Telephone and Cellular Phones								
1. Telephone & Pagers	$	32,050	32,050					
2. Cellular Phones	$	1,280	1,280					
i. Appraisal (*Specify purpose and attach copy*)*	$							
j. Corporation Business Taxes (*franchise tax*)	$							
k. Other Taxes (*Not related to property - See Page 22)*								
1. Income*	$							
2. Other (*Specify*) See Attached Schedule	$							
3. Resident Day User Fee	$	948,577	948,577					
Subtotal	$	3,721,697	3,721,697					

* Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
UNION TRAINING	$ 40,637				$ -	
Total	$ 40,637	$ -	$ -	$ -	$ -	$ -

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
Total	$ -	$ -	$ -	$ -	$ -	$ -

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General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	15b	37

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	Address (No. & Street, City, State, Zip Code)
1 Plante & Moran, PLLC	PO Box 307 3000 Town Center, Suite 100 Southfield, MI 48075
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	Taxes, financial statements, accounting support	$ 41,322
2		$
3		$
4		$
	Charge for Services Provided	$ 41,322

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

⊙ Yes ○ No 15D

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Alix, Yale & Ristas LLP	
2 Murtha Cullina LLP	
3 Various others (American Arbitration , Various Arbitration)	
4	
5	

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	Lease and contract issues, general legal advice, Labor Law	$ 261
2	General legal advice, union funds advice, employment law	$ 173
3	Employment Arbitrations, healthcare law & Conservatorships	$ 2,518
4		$
5	Collections	$ (0)
	Charge for Services Provided	$ 2,953

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

⊙ Yes ○ No 15E

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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
Wintonbury Care Center LLC	2221-C	9/30/2023	16	37

Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
Subtotals Brought Forward:		3,721,697	3,721,697					
l. Travel and Entertainment								
1. Resident Travel and Entertainment	$							
2. Holiday Parties for Staff	$	1,639	1,639					
3. Gifts to Staff and Residents	$	268	268					
4. Employee Travel	$	6,956	6,956					
5. Education Expenses Related to Seminars and Conventions	$	1,317	1,317					
6. Automobile Expense (*not purchase or depreciation*)	$							
7. Other (*Specify*)	$	519	519					
See Attached Schedule								
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (*all such expenses*)	$	34,583	34,583					
2. Advertising Telephone Directory (*all such expenses*)***	$							
3. Advertising Other (*Specify*)***	$	19,989	19,989					
See Attached Schedule								
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	$	827	827					
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	10,174	10,174					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$							
9. Subscriptions	$	1,112	1,112					
10. Contributions*** See Attached Schedule	$	2,700	2,700					
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	153,000	153,000					
12. Administrative Management Services**	$	471,722	471,722					
13. Other (*Specify*) See Attached Schedule	$	18,816	18,816					
C-14 Total Administrative & General Expenditures	$	4,445,319	4,445,319					

* 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 expensein the Adjustment column.

Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
MEALS	$ 519				$ -	
Total Other Travel and Entertainment	$ 519	$ -	$ -	$ -	$ -	$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
COMMUNICATIONS SPECIAL EVENTS	$ 19,989				$ -	
Total Other Advertising	$ 19,989	$ -	$ -	$ -	$ -	$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
ALTCFM						
CAHCF Dues	$ 10,174				$ -	
OTHER DUES						
Total Dues	$ 10,174	$ -	$ -	$ -	$ -	$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
CONTRIBUTIONS	$ 2,700				$ -	
Total Contributions	$ 2,700	$ -	$ -	$ -	$ -	$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
SOCIAL SERVICE SUPPLIES	$ -				$ -	
SOC SVC MINOR EQUIPMENT	$ -				$ -	
ADMINISTRATIVE MINOR EQUIPMENT	$ 2,090				$ -	
EMPLOYEE RELATIONS	$ 817				$ -	
EMPLOYEE RELATIONS-OTHER	$ 69				$ -	
PERMITS & LICENSES	$ 2,500				$ -	
VOLUNTEER EXPENSE	$ -				$ -	
BANK FEES	$ 7,439				$ -	
CMS REVISIT USER FEES	$ -				$ -	
PENALTIES	$ -				$ -	
LATE FEES	$ 215				$ -	
INTERNET EXPENSES	$ 5,686				$ -	
Rounding	$ -					
Total Other Administrative and General	$ 18,816	$ -	$ -	$ -	$ -	$ -

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Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Wintonbury Care Center LLC	2221-C	9/30/2023	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 #
iCare Management, LLC/iCare Health Management, LLC	471,722	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	151,520	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	37,542	MANAGEMENT FEES- INDIRECT CARE	Pg 20 k

*** 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.**

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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
Wintonbury Care Center LLC	2221-C	9/30/2023	18	37

Item		Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	$	391,888	391,888					
2. Non-Food Supplies	$	55,066	55,066					
3. Other (*Specify*) DIETARY SUPPLEMENTS	$	33,959	33,959					
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	(62,060)	(62,060)					
c. Other (*Specify*) DIETARY MINOR EQUIPMENT	$	8,853	8,853					
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	427,707	427,707					

2E. Dietary Questionnaire	Total	CCNH / RHNS	(Specify)	Other
F. Resident Meals: Total no. of meals served per day:*				

G.	Is cost of employee meals included in 2D?	○ Yes	⦿ No	
H.	Did you receive revenue from employees?	○ Yes	⦿ 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?	○ Yes	⦿ No	If yes, specify cost.
K.	Is any revenue collected from these people?	○ Yes	⦿ 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?	○ Yes	⦿ No	If yes, specify cost.
N.	Is any revenue collected from employees?	○ Yes	⦿ 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.

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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
Wintonbury Care Center LLC	2221-C	9/30/2023	19	37

Item		Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
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 (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	276,564	276,564					
c. Other (*Specify*) LAUNDRY MINOR EQUIPMENT	$	4,349	4,349					
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	280,914	280,914					

3E.	Laundry Questionnaire			
F.	Is cost of employee laundry included in 3D?	○ Yes	⊙ No	If yes, specify cost.
G.	Did you receive revenue from employees?	○ Yes	⊙ No	If yes, specify amt.
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)		
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	○ Yes	⊙ No	If yes, specify cost.
J.	Did you receive revenue from these people?	○ Yes	⊙ 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.

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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
Wintonbury Care Center LLC	2221-C	9/30/2023	20	37

Item			Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
4. Housekeeping	Sq. Ft. Serviced by Personnel								
a. In-House Care									
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	23,411	23,411					
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel								
	Amt.	$	42,364	42,364					
C. Other (*Specify*) HOUSEKEEPING MINOR EQUIPMENT		$	281	281					
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	66,056	66,056					
5. Resident Care (Supplies)**									
a. Prescription Drugs***									
1. Own Pharmacy		$							
2. Purchased from PHARMACY		$	198,964	198,964					
b. Medicine Cabinet Drugs		$	9,002	9,002					
c. Medical and Therapeutic Supplies		$	127,181	127,181					
d. Ambulance/Limousine***		$	1,522	1,522					
e. Oxygen									
1. For Emergency Use		$	2,328	2,328					
2. Other***		$							
f. X-rays and Related Radiological Procedures***		$	4,956	4,956					
g. Dental (*Not dentists who should be included under salaries or fees)*		$							
h. Laboratory***		$	44,381	44,381					
i. Recreation		$							
j. Direct Management Services*		$	151,520	151,520					
k. Indirect Management Services*		$	37,542	37,542					
l. Cable TV		$							
m. Other (Specify)**** See Attached Schedule		$	130,546	130,546					
n. Physical Therapy Expense		$							
o. Speech Therapy Expense		$							
5P. ***Total Resident Care Expenditures*** (5a - 5o)		$	707,943	707,943					

* 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 in the Adjustment column.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
NURSING ADMIN SUPPLIES	$ 38				$ -	
NURSING MINOR EQUIP	$ 4,721				$ -	
MEDICAL RECORDS SUPPLIES	$ (150)				$ -	
MEDICAL RECORDS MINOR EQUIPMENT	$ -				$ -	
NON-COVERED PPS DR. VISITS	$ -				$ -	
RESIDENT CARE SUPPLIES	$ 486				$ -	
CENTRAL SUPPLY MINOR EQUIPMENT	$ 9,578				$ -	
PERSONAL CARE SUPPLIES	$ -				$ -	
INCONTINENCY SUPPLIES	$ -				$ -	
VACCINE RESIDENTS	$ 5,107				$ -	
PATIENT SPECIAL NEEDS	$ 776				$ -	
PHYSICAL THERAPY SUPPLIES	$ -				$ -	
PHYSICAL THERAPY EQUIPMENT RENT	$ -				$ -	
PHYSICAL THERAPY MINOR EQUIPMENT	$ -				$ -	
OCCUPATIONAL THERAPY SUPPLIES	$ -				$ -	
OCCUPATIONAL THERAPY EQUIP RENTAL	$ -				$ -	
OCCUPATIONAL THERAPY MINOR EQUIP	$ -				$ -	
SPEECH THERAPY SUPPLIES	$ -				$ -	
SPEECH THERAPY EQUIPMENT RENT	$ -				$ -	
SPEECH THERAPY MINOR EQUIPMENT	$ -				$ -	
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	$ 74,510				$ -	
EQUIPMENT RENTAL: AIDS UNIT	$ -				$ -	
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	$ 1,148				$ -	
PEN THERAPY FOOD NOT BILLABLE TO PART B	$ 658				$ -	
HI LOW BED RENTAL & MATTRESSES	$ -				$ -	
IV THERAPY SUPPLIES	$ 27,427				$ -	
IV THERAPY CONTRACT SERVICE	$ -				$ -	
MEDICAL WASTE CONTRACT SERVICE	$ 2,102				$ -	
ACTIVITIES SUPPLIES	$ 4,033				$ -	
ACTIVITIES MINOR EQUIPMENT	$ 112				$ -	
ADMISSIONS SUPPLIES	$ -				$ -	
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS						
STRIKE COSTS NON REIMBURSABLE	$ -				$ -	
COVID NON REIMBURSABLE	$ -				$ -	
Total Other Resident Care	$ 130,546	$ -	$ -	$ -	$ -	$ -

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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
Wintonbury Care Center LLC	2221-C	9/30/2023	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)	Other	Pg	Line
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	○	⊙	VENDOR	Housekeeping Services	42,364			20	4b
Health Services Group/Rinaldi Linen Service	3220 Tillman Drive, Bensalem, PA 19020	○	⊙	VENDOR	Laundry Services	276,564			19	3b
Eagle Elevator		○	⊙	VENDOR	Elevator Contract				22	6F
Brightview Landscapes LLC		○	⊙	VENDOR	Landscaping	9,848			22	6F
Gileaus Lawn Service		○	⊙	VENDOR	Snow Removal	17,016			22	6F
CWPM LLC		○	⊙	VENDOR	Trash removal	35,040			22	6F
Facility Complaince		○	⊙	VENDOR	Plant Contract Services				22	6F
American HealthTech	P.O. Box 9001006, Louisville, KY 40290	○	⊙	VENDOR	Software Maintenance Contract	25,220			16	M11
Automatic Data Processing		○	⊙	VENDOR	Payroll Services	47,151			16	M11
National Datacare Corp		○	⊙	VENDOR	Resident Trust Software	4,183			16	M11
Prime Care Technologuy services		○	⊙	VENDOR	Computer Consulting Services	44,372			16	M11
Priotiry Express		○	⊙	VENDOR	Courier Services	3,400			16	M11
Point Right Inc		○	⊙	VENDOR	Nursing Software	5,149			16	M11
		○	⊙	VENDOR						

* 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).

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

Name of Facility	License No.	Report for Year Ended					Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023					22	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	$	32,108	32,108					
b. Heat	$	66,258	66,258					
c. Light & Power	$	105,350	105,350					
d. Water	$	48,749	48,749					
e. Equipment Lease (*Provide detail on page 22b*)	$	23,507	23,507					
f. Other (*itemize*)	$	86,447	86,447					
See Attached Schedule								
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	362,420	362,420					
7. Depreciation (*complete schedule page 23**)								
a. Land Improvements	$							
b. Building & Building Improvements	$	4,651	4,651					
c. Non-Movable Equipment	$							
d. Movable Equipment	$	55,655	55,655					
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	60,305	60,305					
8. Amortization (*Complete att. Schedule Page 24**)								
a. Organization Expense	$							
b. Mortgage Expense	$							
c. Leasehold Improvements	$	70,681	70,681					
d. Other (*Specify*)	$							
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	70,681	70,681					
9. Rental payments on leased real property less real estate taxes included in item 10b	$	886,568	886,568					
10. Property Taxes								
a. Real estate taxes paid by owner	$							
b. Real estate taxes paid by lessor	$	109,904	109,904					
c. Personal property taxes	$	17,374	17,374					
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	1,144,831	1,144,831					

* 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	Adjustment	(Specify)	Adjustment	Other	Adjustment
PLANT SUPPLIES	$ 7,764				$ -	
PLANT CONTRACT SERVICE LABOR	$ -				$ -	
ELEVATOR CONTRACT SERVICE	$ -				$ -	
FIRE/SPRINKLER CONTRACT SERVICE	$ 5,307				$ -	
LANDSCAPING CONTRACT SERVICE	$ 9,848				$ -	
SNOW REMOVAL CONTRACT SERVICE	$ 17,016				$ -	
TRASH REMOVAL CONTRACT SERVICE	$ 35,040				$ -	
PLANT (POOL) CONTRACT SERVICES OTHER	$ -				$ -	
SECURITY CONTRACT SERVICE	$ -				$ -	
PLANT CONTRACT SERVICE OTHER	$ 5,041				$ -	
PLANT MINOR EQUIPMENT	$ 6,432				$ -	
RENT AUTO	$ -				$ -	
RENT EQUIPMENT	$ -				$ -	
RENT OTHER	$ -				$ -	
Total Other Repairs and Maintenance	$ 86,447	$ -	$ -	$ -	$ -	$ -

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General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	22b	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	○	⊙	Time Clocks and Payroll Punch Equip	06/01/10	automatic renewals	10,576	10,576
GE Capital C/O Wells Fargo, P.O.Box 41564, Philadelphai, PA 19101	○	⊙	Copier	03/05/14	automatic renewals	1,349	1,349
Pitney-Bowes P.O. Box 856390, Louisville, KY 40285-6390	○	⊙	Postage Rental	02/01/02	Month to month	11,583	11,583
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ⊙ No **Total ***** 23,507

* 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.

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	23	37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
B. **Building and Building Improvements**								
1. Acquired prior to this report period	153,552		153,552	126,186			4,651	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								4,651
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	12,259		12,259	12,259				
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								

	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								
D. **Movable Equipment**												
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					1,123,276		1,123,276	950,533			47,515	
b. Disposals (attach schedule)												
Acquired during this report period (attach schedule):												
c. Administrative					23,808						3,013	
d. Standard Resident					54,348						5,127	
e. Specialized Resident												
Total Acquired during this report period					78,156						8,140	
D-3. Subtotal												55,655
E. ***Total Depreciation***												60,305

Schedule of Land Improvements Acquired during this report period

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

***Ties to Page 23, Line A3**

****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Total additions for Building Improvements		$ -		$ -	*
Deletions:					
Total deletions for Building Improvements		$ -		$ -	**

***Ties to Page 23, Line B3**

****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Total additions for Non-Movable Equipment		$ -		$ -	*
Deletions:					
Total deletions for Non-Movable Equipment		$ -		$ -	**

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

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

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One Movable Category	Cost	Useful Life	Depreciation	
Additions:						
10/12/2022	Beds: Direct Supply	Standard Resident	$ 15,931	60	$ 2,921	
12/2/2022	Mattress: Direct Supply	Standard Resident	$ 2,156	60	$ 323	
1/10/2023	Water Heater/Dish Washer: HPC/Proline	Standard Resident	$ 3,562	120	$ 237	
4/10/2023	Beds: Direct Supply	Standard Resident	$ 17,287	60	$ 1,441	
7/20/2023	Matresses: Direct Supply	Standard Resident	$ 3,070	60	$ 102	
8/4/2023	Chairs: Direct Supply	Standard Resident	$ 12,342	120	$ 103	
6/20/2023	Laptops: Primecare	Administrative	$ 9,720	36	$ 810	
5/12/2023	IT Upgrade project: Activation for internet Comm Mgt Srv	Administrative	$ 2,619	36	$ 291	
3/8/2023	IT Upgrade project: Trenching for WIRELESS Comm Mgt Serv	Administrative	$ 11,469	36	$ 1,912	
		PICK A CATEGORY				
		PICK A CATEGORY				
		PICK A CATEGORY				
		PICK A CATEGORY				
		PICK A CATEGORY				
		PICK A CATEGORY				
		PICK A CATEGORY				
		PICK A CATEGORY				
		PICK A CATEGORY				
		PICK A CATEGORY				
		PICK A CATEGORY				
Total additions for Movable Equipment			$ 78,156		$ 8,140	*
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:					
3/10/2023	RTU Unit: Saucier	$ 3,257	120	$ 163	
5/8/2023	Fence Replacement: Fence One	$ 8,697	120	$ 290	
Total additions for Leasehold Improvement		$ 11,954		$ 453	*
Deletions:					
Total deletions for Leasehold Improvement		$ -		$ -	**

***Ties to Page 24, Line C3**
****Ties to Page 24, Line C2**

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	24	37

Item	Date of Acquisition: Month	Date of Acquisition: Year	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
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1.									
2.									
3.									
B-4. Subtotal									
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period				2,051,934	1,604,452			70,229	
2. Disposals (attach schedule)									
3. Acquired during this report period									
(attach schedule)				11,954				453	
C-4. Subtotal									70,681
D. ***Total Amortization***									70,681

* 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.

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

Name of Facility	License No.	Report for Year Ended	Page of
Wintonbury Care Center LLC	2221-C	9/30/2023	25 | 37

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	
2. Date Structure Completed	04/01/99
3. If **NOT** Original Owner, Date of Purchase	
4. Date of Initial Licensure	04/01/99
5. Total Licensed Bed Capacity	146
6. Square Footage	146
7. Acquisition Cost	
a. Land	45,092
b. Building	

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
Summit Trinity Hill SNF, LLC	151 Hillside Ave, Hartford, CT	08/09/17	15 year with 2	618,051

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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	26	37

Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
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*)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	27	37

Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
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	148,000	148,000					
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D) $	148,000	148,000					
14. Insurance							
a. Insurance on Property (buildings only) $	7,993	7,993					
b. Insurance on Automobiles $							
c. Insurance other than Property (as specified above)							
1. Umbrella (*Blanket Coverage*) $	101,414	101,414					
2. Fire and Extended Coverage $							
3. Other (*Specify*) $ Other insurance, crime	14,970	14,970					
14d. ***Total Insurance Expenditures (14a + b + c)*** $	124,378	124,378					
15. ***Total All Expenditures (A-13 thru C-14)*** $	16,568,219	16,568,219					

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
Wintonbury Care Center LLC	2221-C	9/30/2023	30 | 37

Item		Total	CCNH / RHNS	(Specify)	Other
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	13,081,489	13,081,489		
b. Medicaid Room and Board Contractual Allowance **	$				
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	1,999,180	1,999,180		
b. Medicare Room and Board Contractual Allowance **	$				
4. a. Private-Pay Residents and Other	$	790,971	790,971		
b. Private-Pay Room and Board Contractual Allowance **	$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	135,100	135,100		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(135,100)	(135,100)		
c. Prescription Drugs - Non-Medicare	$	45,411	45,411		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(45,411)	(45,411)		
2. a. Medical Supplies - Medicare	$	3,515	3,515		
b. Medical Supplies - Medicare Contractual Allowance **	$	(3,515)	(3,515)		
c. Medical Supplies - Non-Medicare	$	1,912	1,912		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$	(1,912)	(1,912)		
3. a. Physical Therapy - Medicare	$	186,003	186,003		
b. Physical Therapy - Medicare Contractual Allowance **	$	(164,976)	(164,976)		
c. Physical Therapy - Non-Medicare	$	211,436	211,436		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(211,436)	(211,436)		
4. a. Speech Therapy - Medicare	$	46,736	46,736		
b. Speech Therapy - Medicare Contractual Allowance **	$	(32,816)	(32,816)		
c. Speech Therapy - Non-Medicare	$	48,332	48,332		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(48,332)	(48,332)		
5. a. Occupational Therapy - Medicare	$	182,805	182,805		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(170,107)	(170,107)		
c. Occupational Therapy - Non-Medicare	$	171,645	171,645		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(170,633)	(170,633)		
6. a. Other *(Specify)* - Medicare	$	(417,727)	(417,727)		
b. Other *(Specify)* - Non-Medicare	$	120,532	120,532		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	15,623,102	15,623,102		
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 *(Specify)*	$	746	746		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	35,567	35,567		
V. Total Other Revenue (1 thru 8)	$	36,313	36,313		
VI. Total All Revenue (III +V)	$	15,659,415	15,659,415		

* *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)	Other
	Lab Medicare	$ 3,244		
	Lab Medicare CA	$ (3,244)		
	Oxygen Medicare	$ 3,152		
	Oxygen Medicare CA	$ (3,152)		
	Equipment rental	$ 4,187		
	Equipment rental CA	$ (4,187)		
	Pen Therapy	$ -		
	Pen Therapy CA	$ -		
	Therapy Beds Medicare	$ -		
	Therapy Beds Medicare CA	$ -		
	Radiology Medicare	$ 4,218		
	Radiology Medicare CA	$ (4,218)		
	IV Therapy	$ 24,296		
	IV Therapy CA	$ (24,296)		
	Medical Transportation	$ -		
	Medical Transportation CA	$ -		
	Glucose testing	$ -		
	Glucose testing CA	$ -		
	Outpatient therapy Medicare	$ 1,100		
	MEDICAID COVID REVENUE	$ -		
	CRF MEDICAID REVENUE	$ -		
	MEDICAID WAGE & ENHANCEMENT RESERVE	$ (418,828)		
Total Other Resident Revenue - Medicare		$ (417,727)	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	Other
	Lab	6,255		
	Lab CA	(6,255)		
	Oxygen	$ 16,500		$ -
	Oxygen CA	$ (16,500)		$ -
	Equipment rental	$ 17,909		
	Equipment rental CA	$ (17,909)		
	Pen Therapy	$ -		
	Pen Therapy CA	$ -		
	Therapy Beds	$ -		
	Therapy Beds CA	$ -		
	Radiology	$ 209		
	Radiology CA	$ (209)		
	Medical Transportation	$ -		
	Medical Transportation CA	$ -		
	Glucose Testing	$ -		
	Glucose Testing CA	$ -		
	IV therapy	$ 7,147		$ -
	IV therapy CA	$ (7,147)		$ -
	Flu shot revenue	$ 1,358		
	Outpatient therapy	$ (174)		
	prior period revenue	$ (565)		
	Optum B	$ 173,893		
	Optum B CA	$ (48,201)		
	C/A VBP	$ (5,780)		
	rounding	$ (0)		
Total Other Resident Revenue		$ 120,532	$ -	$ -

Interest Income

Page Ref	Account	Account Balance	CCNH / RHNS	(Specify)	Other
	INTEREST INCOME		$ 746		
Total Interest Income			$ 746	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	Other
	MEALS	$ -		
	TELEVISION INCOME	$ 2,300		
	OTHER INCOME: DMHAS OPERATING REVENUE	$ -		
	OTHER INCOME: DMHAS ORGANIZATIONAL REV	$ -		
	OTHER INCOME: DEFERRED REVENUE	$ 8,644		
	MEDICARE COVID STIMULUS REVENUE	$ -		
	CONCESSIONS / VENDING INCOME	$ -		
	RESIDENT LATE FEE REVENUE	$ -		
	RESIDENT ATTORNEY FEE REVENUE	$ -		
	TELEPHONE INCOME	$ -		
	OTHER INCOME	$ 2,573		
	OPTUM DIVIDENDS REVENUE	$ 22,050		
	OPTUM OUTLIERS	$ -		
	HHS GENERAL FUND REVENUE	$ -		
	HHS INFECTION CONTROL REVENUE	$ -		
	CARES ACT REVENUE	$ -		
	EMPLOYEE TESTING REVENUE	$ -		
	COVID ECHO TRAINING REVENUE	$ -		
Total Other Revenue		$ 35,567	$ -	$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 21,700
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 4,195,831
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$
4 Inventories				$ 19,780
5. Prepaid Expenses				$ 252,326
a. Prepaid Insurance		201,653		
b. Prepaid Property Taxes		47,472		
c. Prepaid Expenses Other		3,202		
d. See Schedule				
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$ (2,804,536)
Due From (to) Related Parties		(759,805)		
Other Owners reserves		(2,044,731)		
See Schedule				
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 1,685,101
B. Fixed Assets				
1. Land				$
2. Land Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
3. Buildings	*Historical Cost	153,552		$ 22,715
	Accum. Depreciation	130,836	Net	
4. Leasehold Improvements	*Historical Cost	2,063,888		$ 388,754
	Accum. Depreciation	1,675,134	Net	
5. Non-Movable Equipment	*Historical Cost	12,259		$ 0
	Accum. Depreciation	12,259	Net	
6. Movable Equipment	*Historical Cost	1,201,432		$ 195,244
	Accum. Depreciation	1,006,188	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$
Construction in Progress				
See Schedule				
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 606,714

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

(*Carry Total forward to next page*)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			$ -

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

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

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

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	32	37

Account				Amount
			Total Brought Forward:	$ 2,291,814
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				$ 630,205
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$ 90,986
Patient Trust Funds		79,186		
Long Term Deposit - primecare		11,800		
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$ 5,056,732
RIGHT TO USE ASSET		5,935,426		
ACCUM RIGHT TO USE ASSET		(878,694)		
See Schedule				
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ 5,777,922
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 8,069,737

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	33	37

Account					Amount
Liabilities					
A.	Current Liabilities				
	1. Trade Accounts Payable				$ 991,518
	2. Notes Payable (*itemize*)				$ 345,627
	Working Capital Line of Credit		345,627		
	See Schedule				
	3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$
	Name of Lender	Purpose	Amount	Date Due	
	4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 403,956
	5. Accrued Payroll (*Owners and/or Stockholders only*)				$
	6. Accrued Payroll Taxes Payable				$
	7. Medicare Final Settlement Payable				$
	8. Medicare Current Financing Payable				$
	9. Mortgage Payable (*Current Portion*)				$
	10. Interest Payable (*Exclusive of Owner and/or Related Parties*)				$
	11. Accrued Income Taxes*				$
	12. Other Current Liabilities (*itemize*)				$ 9,679,115
	Related Party Payables	8,959,541			
	Accrued Expenses	171,313			
	Accrued Resident User Fees	241,646			
	Accrued Workers Comp Expense	306,615	See Schedule		
A-13.	***Total Current Liabilities*** (Lines A1 thru 12)				$ 11,420,216

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	34	37

Account	Amount
Total Brought Forward:	11,420,216
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$

Name and Address of Lender	Amount	Loan Date

4. Other Long-Term Liabilities (*itemize*)		$ 79,186
Patient Trust Funds	79,186	
See Schedule		
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)		$ 79,186
C. ***Total All Liabilities*** (Lines A-13 + B-5)		$ 11,499,401

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	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 (*Equity)*	$
	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	$ 1,000
	2. Capital Stock	$
	3. Paid-in Surplus	$
	4. Treasury Stock	$
	5. Cumulated Earnings	$ (2,521,860)
	6. Gain or Loss for Period 10/1/2022 thru 9/30/2023	$ (908,804)
	7. Total Net Worth	$ (3,429,665)
C.	***Total Reserves and Net Worth***	$ (3,429,665)
D.	***Total Liabilities, Reserves, and Net Worth***	$ 8,069,737

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	36	37

Account				Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2022			$
B.	Total Revenue (*From Statement of Revenue Page 30*)			$ 15,659,415
C.	Total Expenditures (*From Statement of Expenditures Page 27*)			$ 16,568,219
D.	Net Income or Deficit			$ (908,804)
E.	Balance			$ (908,804)
F.	Additions			
	1. Additional Capital Contributed (*itemize*)			
	2. Other (*itemize*)			
F-3.	Total Additions			$
G.	Deductions			
	1. Drawings of Owners/Operators/Partners (*Specify*)			$
	Name and Address (*No., City, State, Zip*)	Title	Amount	
	2. Other Withdrawings *(Specify)*			$
	Purpose		Amount	
	3. Total Deductions			$
H.	***Balance at End of Period***	09/30/23		$ (908,804)

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I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2023	37	37

Check appropriate category

☐ Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	☑ (Specify)	☑ Other

Preparer/Reviewer Certification

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

Signature of Preparer	Title	Date Signed

Printed Name of Preparer
iCare Management, LLC

Addres Address	Phone Number
341 Bidwell Street, Manchester, CT 06040	860-570-2140

Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number
Kartik Patel	860-570-2140

Contact Email Address
kpatel@icarehn.com