

February 14, 2024

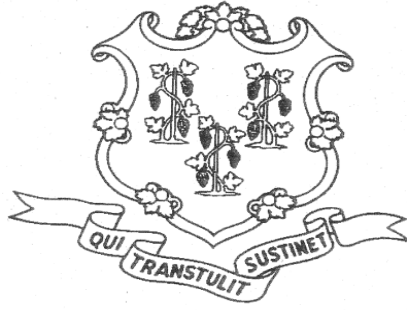
Ms. Nicole Godburn  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105  
Attention: Office of Reimbursement and CON

Dear Ms. Godburn:

Enclosed please find the 2023 Medicaid Cost Report for Wilton Meadows Health Care Center.

In preparing this cost report, we did not perform any disallowances for dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. Depreciation taken on page 23 is determined using accelerated tax methods over the estimated tax lives of the assets. The excess movable equipment depreciation is adjusted on page 22. We did not disallow bad debts as it is netted against Private Pay Revenue. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Wilton Meadows Health Care Center	
Address (No. & Street, City, State, Zip Code) 439 Danbury Road, Wilton, CT 06897	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2032C	(Specify)	(Specify)	Medicare Provider 07-5317
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Medicaid Provider Numbers:	2032C	CCNH / RHNS	(Specify)	(Specify)
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# Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Other Lines of Business	6
General Information and Questionnaire - Other Lines of Business (Continued)	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

**General Information**

Name of Facility (as licensed) Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2023	Page 1	of 37
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**Administrator's/Owner's Certification**

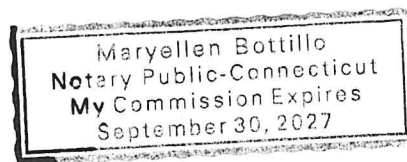
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Wilton Meadows Health Care Center [facility name], for the cost report period beginning October 1, 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
		2/14/2024			
Printed Name (Administrator) Andrew Wildman			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of CT	Date 2/14/2024	Signed (Notary Public) M Bottillo		Comm. Expires 9/30/27
Address of Notary Public 219 Jackson Ave. Bpt, CT 06606					



**General Information**

Name of Facility (as licensed) Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2023	Page 1	of 37
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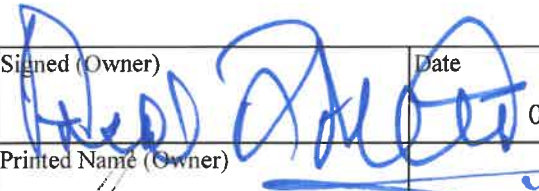
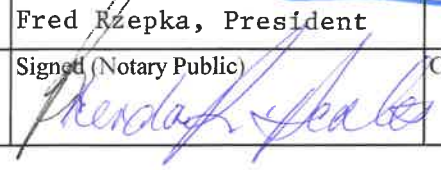
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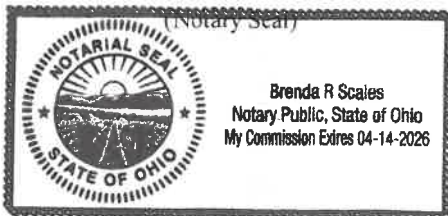
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I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility 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
					02-14-2024
Printed Name (Administrator) Andrew Wildman			Printed Name (Owner) Fred Rzepka, President		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
				/ /	
Address of Notary Public 25250 Rockside Road, Cleveland, OH 44146					



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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Wilton Meadows Health Care Center	Period Covered:	From 10/1/2022	To 9/30/2023	
Address of Facility 439 Danbury Road, Wilton, CT 06897				
Report Prepared By CliftonLarsonAllen LLP	Phone Number 860-561-4000	Date 2/14/2024		
Item	Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 203-834-0199		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Wilton Meadows Health Care Center		Address (No. & Street, City, State, Zip) 439 Danbury Road, Wilton, CT 06897		
License Numbers:	CCNH / RHNS 2032C	(Specify)	(Specify)	Medicare Provider No. 07-5317
Type of Facility (Check appropriate box(es))				
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input checked="" type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No                   If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Andrew Wildman		Nursing Home Administrator's License No.:	002094	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire**  
**Partners/Members**

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2023	Page 3	of 37
Legal Name of Partnership/LLC Wilton Meadows Limited Partnership		Business Address 439 Danbury Road Wilton, CT 06897		State(s) and/or Town(s) in Which Registered	
Name of Partners/Members	Business Address	Title		% Owned	
TransCon Builders, Inc	25250 Rockside Road, Bedford Heights, OH 44146	Limited Partner		70.12%	
Wilton Meadows Health Care C	25250 Rockside Road, Bedford Heights, OH 44146	General Partner		2.08%	
Fred Rzepka	3330 Warrensville Center Road #808 Shaker Heights, OH 44122	Limited Partner		16.3%	
Peter Rzepka	3330 Warrensville Center Road #804 Shaker Heights, OH 44122	Limited Partner		11.5%	



## General Information and Questionnaire Corporate Owners

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2023	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				



**General Information and Questionnaire**  
**Related Parties\***

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2023	Page 4	of 37
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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	%**				
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146"	<input type="radio"/>	<input checked="" type="radio"/>			See attached	167,898	167,898
Greenwich Retirement Housing, LLC	1155 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>			Page 32, Line D6	12,110	N/A
Wilton Retirement Housing, LLC	435 Danbury Road, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>			See attached	35,995	35,995
Wilton Retirement Housing, LLC	435 Danbury Road, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>			Page 32, Line D6	17,618	N/A
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146"	<input type="radio"/>	<input checked="" type="radio"/>			See attached	424,167	424,167
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146"	<input type="radio"/>	<input checked="" type="radio"/>			Page 27, Line 12d	25,628	25,628
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146"	<input type="radio"/>	<input checked="" type="radio"/>			Page 34, Line B3	580,227	580,227
		<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**  
**Related Parties\***

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 09/30/2023	Page 4b	of 37
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Description	A/C #	Amount		
<b>TransCon Builders, Inc.</b>				
Travel	75510	13,833	16	L4
Management Fees	75530	154,065	16	m12
		<u>167,898</u>		
Property Insurance	73530.BSC	15,996	27	14A
Worker's Comp Insurance	73250	278,551	15	1A1
General Liability Insurance	73530.BSC1	105,929	27	14C1
Excess Liability Insurance	73530.BSC1	11,557	27	14C1
EPLI	73530	12,134	16	M13
		<u>424,167</u>		
Interest Expense on Intercompany Loans	92250	25,628	27	12d
<b>Greens at Cannondale</b>				
Computer Purchased Services	734250	16,680	16	M13
Administration Svc from WM To GC	73156	19,315	10	A4
		<u>35,995</u>		
Loan Receivable	16600	17,618	32	D6
<b>Greens at Greenwich</b>				
Loan Receivable	16700	12,110	32	D6
<b>Crime, Cyber Insurance Policies - Wilton Meadows Held</b>				
Greens at Cannondale	73530	10,115	16	M13
Greens at Greenwich	73530	1,931	16	M13
		<u>12,046</u>		

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2023	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (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? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				

**General Information and Questionnaire**  
**Other Lines of Business**

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		75,000		
<b>Outpatient Therapy</b>				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
<b>Meals on Wheels</b>				
Does the facility provide Meals on Wheels?		Yes		
<i>If yes, please complete the following:</i>				
1,047	Square footage of kitchen			
91	Number of meals served per week			
Yes	Are meals included in meals served on page 18 of the Annual Report?			
Yes - Disallowed	Are direct costs included in the Annual Report?			
	<i>If yes, please state where costs are reported.</i>			
No	Are drivers for the program included in the facility's payroll?			
	<i>If yes, please complete the following:</i>			
	Amount Reported			
	Annual Report page and line			
\$ 9,603.00	Please state the salary amounts of specific cooks and/or dietary aides			
Page 10, Line A5	Please state where the cooks and/or dietary aides are reported in the Annual Report			
<b>Apartments, Independent Living, Assisted Living</b>				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
Square footage of apartments				
Square footage of independent living				
Square footage of assisted living				
Please identify the services provided:				

**General Information and Questionnaire**  
**Other Lines of Business (Continued)**

Name of Facility Wilton Meadows Hea	License No. 2032C	Report for Year Ended 9/30/2023	Page 7	of 37
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**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:

### Schedule of Resident Statistics

Name of Facility Wilton Meadows Health Care Center			License No. 2032C		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	148	148			148	148						
B. On last day of THIS report period	148	148							148	148		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	118	118			118	118						
B. As of midnight of THIS report period	109	109							109	109		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,992	6,992			5,200	5,200			1,792	1,792		
B. Medicaid (Conn.)	30,188	30,188			22,468	22,468			7,720	7,720		
C. Medicaid (other states)												
D. Private Pay	4,580	4,580			3,316	3,316			1,264	1,264		
E. State SSI for RCH												
F. Other (Specify) Managed Care & Insurance	2,598	2,598			1,883	1,883			715	715		
G. Total Care Days During Period (3A thru F)	44,358	44,358			32,867	32,867			11,491	11,491		
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. <b>Total Resident Days (3G + 4A + 4B)</b>	44,358	44,358			32,867	32,867			11,491	11,491		



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

Name of Facility Wilton Meadows Health Care Center			License No. 2032C			Report for Year Ended 9/30/2023			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span> If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH / RHNS	(Specify)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(Specify)	(Specify)		
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)	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH / RHNS		CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR				
No. of Residents	12		81		16								
Per Diem Rate													
a. One bed rm.	PPS		275.60		598.00								
b. Two bed rms.	N/A		N/A		N/A								
c. Three or more bed rms.	PPS		275.60		577.00								
7. Total Number of Physical Therapy Treatments					TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)				
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. <b>Total Physical Therapy Treatments</b>													
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. <b>Total Speech Therapy Treatments</b>													
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. <b>Total Occupational Therapy Treatments</b>													

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of					
Wilton Meadows Health Care Center	2032C	9/30/2023	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 / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
<b>A. Salaries and Wages*</b>									
1. Operators/Owners (Complete also Sec. I of Schedule A1)									
2. Administrator(s) (Complete also Sec. III of Schedule A1)	145,971	(29,471)	1,856						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	382,333	(2,476)	13,212						
5. Dietary Service									
a. Head Dietitian	48,901		1,500						
b. Food Service Supervisor	32,527		1,158						
c. Dietary Workers	623,211	(9,603)	30,705						
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers									
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	42,529		1,337						
b. Other Maintenance Workers	78,555		4,308						
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers	126,341		6,823						
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	270,512		4,648						
b. RN									
1. Direct Care	729,801		15,178						
2. Administrative**	423,868		6,522						
c. LPN									
1. Direct Care	2,183,794		65,471						
2. Administrative**	96,280		3,404						
d. Aides and Attendants	2,435,371		108,784						
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	250,847		11,370						
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	251,860		6,150						
n. Marketing									
o. Other (Specify)									
See Attached Schedule	186,792		6,907						
<i>A-13. Total Salary Expenditures</i>	8,309,493	(41,550)	289,333						

\* 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)

Position	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Other Nursing Admin	186,792		6,907						
<b>Total</b>	\$ 186,792	\$ -	6,907	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Other Purchased Services	55,513	\$ (55,513)	Disallowed						
<b>Total</b>	\$ 55,513	\$ (55,513)	Disallowed	\$ -	\$ -	-	\$ -	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Wilton Meadows Health Care Center				2032C	9/30/2023			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)	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)			License No.		Report for Year Ended			Page	of	
Wilton Meadows Health Care Center			2032C		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)	(Specify)							
<b>Section III - Administrators***</b>										
Andrew Wildman	145,971			Non-preferential	Administrator	1,856	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of					
Wilton Meadows Health Care Center	2032C	9/30/2023	13	37					
	Total Cost and Hours								
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>									
1. Dietitian									
2. Dentist	20,506	(20,506)	Disallowed						
3. Pharmacist	15,786		285						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	281,411		4,747						
b. Other									
6. Social Worker									
7. Recreation Worker	11,205		55						
8. Physicians									
a. Medical Director (entire facility)	52,400		361						
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)									
Other Medical Consultants	421	(421)	Disallowed						
9. Speech Therapist									
a. Resident Care	114,507		1,867						
b. Other									
10. Occupational Therapist									
a. Resident Care	404,428	(404,428)	10,039						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	256,930		2,336						
2. Administrative***									
b. LPN									
1. Direct Care	361,046		5,233						
2. Administrative***									
c. Aides	359,496		9,986						
d. Other									
12. Other (Specify)									
See Attached Schedule	55,513	(55,513)	Disallowed						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,933,649</b>	<b>(480,868)</b>	<b>34,909</b>						

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

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

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

Name of Facility Wilton Meadows Health Care Center		License No. 2032C		Report for Year Ended 9/30/2023	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
See Attached		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
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		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2023	Page 14a	of 37
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Category	Consultant	Total Paid	Total Hours	
Dentist	Healthdrive Dental	<b>20,506</b>		Disallow
Pharmacist	Value Health Care Services/Omnica	<b>15,786</b>	<b>285</b>	
Physical Therapy PT Outpatient	Preferred Therapy Preferred Therapy	280,167 1,244	4,747	
		<b>281,411</b>	<b>4,747</b>	
Entertainment	Various	<b>11,205</b>	<b>55</b>	
Medical Director	Alan Radin, MD Dr. Gupta	50,400 2,000	352 9	
		<b>52,400</b>	<b>361</b>	
Other Medical Consultants	Healthdrive Audiology Group Rehabilitation Consultants	311 110		
		<b>421</b>	-	Disallow
Speech Therapy	Preferred Therapy Mass Tex Imaging Swallowing Diagnostics, LLC SDX Dysphagia Experts	107,169 3,378 1,800 2,160	1,867	
		<b>114,507</b>	<b>1,867</b>	
Occupational Therapy OT Outpatient	Preferred Therapy Preferred Therapy	404,008 420	10,039	
		<b>404,428</b>	<b>10,039</b>	Disallow
Purchased Services	Acute Care Gases of CT LLC HealthDrive Audiology Group HealthDrive EyeCare Group HealthDrive Podiatry Group Omnicare Inc OthoConnecticut, PC Preferred Therapy Solutions Technical Gas Products, Inc. Value Health Care Service Accruals Due to CW Nadine Cooke	128 83 209 339 935 161 12,900 2,202 6,280 22,738 9,468 70		
		<b>55,513</b>	-	Disallow
RNs - Direct Care	Agency RN	<b>256,930</b>	<b>2,336</b>	
LPNs - Direct Care	Agency LPN	<b>361,046</b>	<b>5,233</b>	
Aides	Agency Aides	<b>359,496</b>	<b>9,986</b>	
	<b>Total Fees in Lieu of Salaries</b>	<b>1,933,649</b>	<b>34,909</b>	



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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2023	Page 14b	of 37
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Entertainer Name	Description	Amount
Larry Batter	Entertainment 10/5/22	145.00
Holleran Media Productions	Entertainment	180.00
Thomas Sansone	Entertainment 10/26/22	175.00
Holleran Media Productions	Entertainment	180.00
Jeffrey Daniel	Entertainment 11/11/22	145.00
Thomas Sansone	Entertainment 11/23/22	175.00
Kayte Devlin	Entertainment 11/6/22	150.00
Holleran Media Productions	Entertainment	180.00
Jeff Batter	Entertainment 12/7/22	135.00
Kristie Entwistle	11/15/22 Music	200.00
Kristie Entwistle	12/13/22 Music	175.00
Thomas Sansone	Entertainment 12/21/22	175.00
Larry Batter	Entertainment 12/28/22	150.00
Kristie Entwistle	Entertainment 1/10/23	200.00
Shawn Taylor	Entertainment 1/4/23	150.00
Jeffrey Daniel	Entertainment 2/3/23	150.00
Thomas Sansone	Entertainment 2/8/23	175.00
Kristie Entwistle	Entertainment 1/10/23	200.00
Larry Batter	Entertainment 2/22/23	150.00
Shawn Taylor	Entertainment 2/28/23	150.00
Thomas Sansone	Entertainment 1/12/23	175.00
Holleran Media Productions	Entertainment	210.00
Warren Bloom	Entertainment 3/15/23	125.00
Holleran Media Productions	Entertainment	210.00
Warren Bloom	Entertainment 3/30/23	125.00
Jeff Batter	Entertainment 2/17/23	135.00
Jeff Batter	Entertainment 4/12/23	135.00
Thomas Sansone	Vocal/Instrument Perform	175.00
Larry Batter	Entertainment 4/26/23	150.00
Warren Bloom	Entertainment 4/6/23	125.00
Warren Bloom	Entertainment 4/19/23	125.00
Thomas Sansone	Entertainment 3/2/23	175.00
Shawn Taylor	Entertainment 5/10/23	150.00
Thomas Sansone	Entertainment 5/8/23	175.00
Rita K. Wagner	5/16/23 African Show	145.00
Warren Bloom	5/16/23 Entertainment	125.00
Larry Ayce Crasilli	5/22 Musical Entert	200.00
Warren Bloom	Entertainment 5/25/23	125.00
Warren Bloom	Entertainment 6/8/23	125.00
Shawn Taylor	Concert 6/14/23	150.00
Kristie Entwistle	5/16/23 entertainment	225.00
Natalie Mazzola	7/7/23 ballroom dancing	75.00
Warren Bloom	6/29/23 entertainment	125.00
Warren Bloom	1/27/23 Activity	125.00
Billy Genuario	3/29/23 entertainment	100.00
Jeffrey Daniel	3/19/23 entertainment	150.00
Jeffrey Daniel	5/19/23 entertainment	150.00
John A. Lynn	3/29/23 entertainment	200.00
John A. Lynn	5/31/23 entertainment	200.00
Larry Ayce	7/3/23 entertainment	200.00
Holleran Media Productions	8/9/23 entertainment	210.00
Richard Lipset	8/2/23 sound therapy	150.00
Shawn Taylor	8/1/23 entetainment	150.00
Warren Bloom	entertainment 8/3/23	125.00
Kristie Entwistle	7/11/23 entertainment	225.00
Albert Mulad	8/29/23 entertainment	225.00
Thomas Sansone	8/24/23 entertainment	175.00
Warren Bloom	8/23/23 entertainment	125.00
Holleran Media Productions	Entertainment	210.00
Holleran Media Productions	Entertainment	210.00
Invoices posted in Oct dated Sept		60.00
Thomas Sansone	Entertainment 9/15/23	175.00
Kristie Entwistle	Entertainment	200.00
Warren Bloom	Entertainment	125.00
Thomas Sansone	Entertainment	175.00
Shawn Taylor	Entertainment 9/7/23	150.00
Thomas Sansone	Entertainment 7/10/23	175.00
Grigory Muldganov	Entertainment 9/18/23	225.00
Norwalk Senior Center, Inc.	Entertainment	165.00

**Total Entertainment** 11,205

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

Name of Facility	License No.	Report for Year Ended					Page	of
Wilton Meadows Health Care Center	2032C	9/30/2023					15	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 277,158	278,551	(1,393)					
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 68,196	68,539	(343)					
4. Social Security (F.I.C.A.)	\$ 648,249	651,507	(3,258)					
5. Health Insurance	\$ 805,917	809,967	(4,050)					
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 38,485	38,678	(193)					
8. Uniform Allowance	\$ 91	91						
9. Other (Specify) See Attached Schedule	\$ 6,912	6,947	(35)					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$							
d. Accounting and Auditing	\$ 5,733	5,733						
e. Legal (Services should be fully described on Page 15b)	\$ 2,206	89,340	(87,134)					
f. Insurance on Lives of Owners and Operators (Specify)*	\$							
g. Office Supplies	\$ 56,141	56,141						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 70,256	70,256						
2. Cellular Phones	\$ 2,800	4,595	(1,795)					
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	\$ 731,348	731,348						
<b>Subtotal</b>	\$ 2,713,492	2,811,693	(98,201)					

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

(Carry Subtotals forward to next page)

**Schedule of Other Employee Benefits**

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Group Benefit Expense	\$ 6,835	\$ (34)				
Employee Physicals	\$ 112	\$ (1)				
<b>Total</b>	\$ 6,947	\$ (35)	\$ -	\$ -	\$ -	\$ -

**Schedule of Other Taxes**

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
<b>Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Wilton Meadows Health Care Cent	License No. 2032C	Report for Year Ended 9/30/2023	Page 15b	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

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

Services Provided by This Firm (*describe fully*)

1 Income Tax Return	\$ 5,733
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 5,733

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 See attached 2 3 4 5	Telephone Number
--	------------------

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

Services Provided by This Firm (*describe fully*)

1 See attached	\$ 89,340
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 89,340

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

## General Information and Questionnaire

### Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2023	15c	37

Legal Firm	Description	Amount	Disallow
Epstein Becker & Green	Serv Re General Matters	408	
Goldman Gruder & Woods, LLC	Legal - Collections	84,970	84,970
Goldman Gruder & Woods, LLC	Serv Re General Matters	1,110	
Peter Bondi	Legal - Conservatorship	75	75
Robinson & Cole LLP	Labor and Employee Matters	525	
Treasurer State of Connecticut	Legal - Conservatorship Application	252	252
Wilton Meadows Petty Cash	Treasurer State CT - Conservatorship	1,837	1,837
2022 Accrual Reversal Difference		163	
<b>Total Legal Expense</b>		<b>89,340</b>	<b>87,134</b>

Employee Benefits Disallowance:

**Unallowable Salaries (CCNH/RHNS)**

Administrator	29,471
Meals On Wheels - Dietary	9,603
Marketing	2,476
<b>Total Unallowable CCNH/RHNS Salaries</b>	<b>41,550</b>

**Total Unallowable Salaries** **41,550**

<b>Benefits</b>	<b>Total Amount</b>	<b>Total Salary</b>	<b>Total Unallowable</b>	
Workmen's Compensation	278,551	3.35%	1,393	Page 15, line 1a1
Unemployment Insurance	68,539	0.82%	343	Page 15, line 1a3
Social Security (FICA)	651,507	7.84%	3,258	Page 15, line 1a4
Health Insurance	809,967	9.75%	4,050	Page 15, line 1a5
Pensions	38,678	0.47%	193	Page 15, line 1a7
Uniform Allowance	91	0.00%	0	Page 15, line 1a8
Group Benefit Expense	6,835	0.08%	34	Page 15, line 1a9
Employee Physicals	112	0.00%	1	Page 15, line 1a9
<b>Total Benefits</b>	<b>1,854,280</b>		<b>9,272</b>	

**Total Salaries** 8,309,493

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

Name of Facility	License No.	Report for Year Ended					Page	of
Wilton Meadows Health Care Center	2032C	9/30/2023					16	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
<b>Subtotals Brought Forward:</b>		2,713,492	2,811,693	(98,201)				
<b>l. Travel and Entertainment</b>								
1. Resident Travel and Entertainment	\$ (970)	(970)						
2. Holiday Parties for Staff	\$ 634	634						
3. Gifts to Staff and Residents	\$ 13,088	13,088						
4. Employee Travel	\$ 2,327	16,160	(13,833)					
5. Education Expenses Related to Seminars and Conventions	\$ 62,672	62,672						
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 1,263	1,263						
7. Other ( <i>Specify</i> ) See Attached Schedule	\$							
<b>m. Other Administrative and General Expenses</b>								
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 76,853	76,853						
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$	3,106	(3,106)					
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	140,542	(140,542)					
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	\$ 6,151	6,151						
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 7,596	7,596						
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	437	(437)					
9. Subscriptions	\$ 33,234	37,368	(4,134)					
10. Contributions*** See Attached Schedule	\$	1,000	(1,000)					
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 37,624	37,624						
12. Administrative Management Services**	\$	154,065	(154,065)					
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 657,142	679,789	(22,647)					
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,611,106	4,049,071	(437,965)					

\* 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 in the Adjustment column.

## Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

## Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Advertising - Promotions	99,091	\$ (99,091)				
Business Promotions	41,451	\$ (41,451)				
<b>Total Other Advertising</b>	\$ 140,542	\$ (140,542)	\$ -	\$ -	\$ -	\$ -

## Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CAHCF	\$ 4,535					
Cogency Global	\$ 258					
Commissioner of Revenue Services - CT	\$ 80					
Kiwanis Club of Wilton	\$ 201					
CT Assisted Living	\$ 750					
Activity Connection	\$ 288					
Canvas	\$ 120					
Skilled Marketing	\$ 670					
Amazon Prime Membership	\$ 194					
Wilton WPCA	\$ 500					
<b>Total Dues</b>	\$ 7,596	\$ -	\$ -	\$ -	\$ -	\$ -

## Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Contributions	1,000	\$ (1,000)				
<b>Total Contributions</b>	\$ 1,000	\$ (1,000)	\$ -	\$ -	\$ -	\$ -

## Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Recruiting Expense	\$ 10,000					
Employee Background Checks	\$ 13,278					
Consulting Fees	\$ 182,712					
Computer Purchased Services	\$ 24,051					
Data Processing Fees	\$ 42,154					
Software Maintenance	\$ 48,122					
ELPI, Crime and Cyber Insurance - Partially Disallowed	\$ 25,698	\$ (5,483)				
Purchased Services	\$ 20,273					
Facility Licenses	\$ 2,489					
Employee Licenses	\$ 4,185					
Printing	\$ 514					
Bank Charges - Disallowed	\$ 9,245	\$ (9,245)				
Late Charges - Disallowed	\$ 7,836	\$ (7,836)				
Miscellaneous - Disallowed	\$ (4)	\$ 4				
Medical Records Supplies	\$ 8,815					
Copy Charges	\$ 3,425					
Medicaid Cost Settlement	\$ 270,294					
Amortization Expense - Finance Lesase	\$ 6,615					
Gift Shop Expense - Disallowed	\$ 87	\$ (87)				
<b>Total Other Administrative and General</b>	\$ 679,789	\$ (22,647)	\$ -	\$ -	\$ -	\$ -



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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	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 #	
TransCon Builders, Inc.	154,065	See Page 4	See page 16 Line M12	

**\* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

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

Name of Facility	License No.	Report for Year Ended				Page	of
Wilton Meadows Health Care Center	2032C	9/30/2023				18	37
Item	Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
2. Dietary							
a. In-House Preparation & Service							
1. Raw Food	\$ 205,188	212,465	(7,277)				
2. Non-Food Supplies	\$ 32,440	32,440					
3. Other (Specify) _____	\$ _____						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 304,723	304,723					
c. Other (Specify) _____ Chemicals/Cleaning Supplies	\$ 3,675	3,675					
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 546,026</b>	<b>553,303</b>	<b>(7,277)</b>				
2E. Dietary Questionnaire	Total	CCNH / RHNS		(Specify)		(Specify)	
F. Resident Meals: Total no. of meals served per day:*							
G. Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No					
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)							
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			If yes, specify cost.		
K. Is any revenue collected from these people?	<input 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 checked="" type="radio"/> Yes	<input type="radio"/> No			If yes, specify cost.		
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.		
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)							

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

**Meals on Wheels Allocation - Food Expense:**

Raw Food Cost	162,448
Total Resident Days	<u>33,775</u>
Total Resident Meals	101,325
Total Meals on Wheels Meals	<u>4,752</u>
Total Meals	106,077
Cost per Meal	1.53
Meals on Wheels Food Cost to be Disallowed	7,277

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

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2023				Page 19	of 37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	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. \$	6,292	6,292				
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)		\$	250,429	250,429				
c. Other (Specify) Chemicals/Detergents/Supplies		\$	529	529				
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	257,250	257,250				
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.				
G. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.				
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.				
J. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.				
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Wilton Meadows Health Care Center		2032C	9/30/2023				20	37
Item		Sq. Ft. Serviced by Personnel	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)
4.	Housekeeping							
a.	In-House Care							
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	32,100	32,176	(76)			
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. \$	461,225	462,322	(1,097)			
C.	Other ( <i>Specify</i> )	\$						
4D.	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	493,325	494,498	(1,173)			
5.	Resident Care (Supplies)**							
a.	Prescription Drugs***							
1.	Own Pharmacy	\$						
2.	Purchased from Medicare OTC \$1,802, Facility \$10,743, Medicare \$174,151, Medicaid \$4,987, Managed Care \$148,196, Hospice \$15	\$		339,894	(339,894)			
b.	Medicine Cabinet Drugs	\$	4,998	4,998				
c.	Medical and Therapeutic Supplies	\$		20,716	(20,716)			
d.	Ambulance/Limousine***	\$		4,556	(4,556)			
e.	Oxygen							
1.	For Emergency Use	\$						
2.	Other***	\$		15,952	(15,952)			
f.	X-rays and Related Radiological Procedures***	\$		21,802	(21,802)			
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$						
h.	Laboratory***	\$		48,765	(48,765)			
i.	Recreation	\$	7,773	7,773				
j.	Direct Management Services*	\$						
k.	Indirect Management Services*	\$						
l.	Cable TV	\$	7,200	23,176	(15,976)			
m.	Other (Specify)**** See Attached Schedule	\$	243,907	290,129	(46,222)			
n.	Physical Therapy Expense	\$		16,881	(16,881)			
o.	Speech Therapy Expense	\$						
5P.	<b>Total Resident Care Expenditures (5a - 5o)</b>	\$	263,878	794,642	(530,764)			

\* 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.



**Beauty & Barber Allocation - Housekeeping Expense:**

Total square footage of facility	75,000
Beauty & Barber square footage	178
Beauty & Barber space as a % of total space	0.24%

		<b><u>Disallowance</u></b>
Housekeeping Supplies	32,176	76
Housekeeping Purchased Services	462,322	1,097

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

Name of Facility Wilton Meadows Health Care Center			License No. 2032C		Report for Year Ended 9/30/2023				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)	(Specify)	Pg	Line
Saucier Mechanical		<input type="radio"/>	<input checked="" type="radio"/>		Building repairs and maintenance	73,721			22	6a, 6f
Arjo		<input type="radio"/>	<input checked="" type="radio"/>		Service contracts	10,210			22	6f
Oak Ridge Hauling		<input type="radio"/>	<input checked="" type="radio"/>		Trash removal	30,471			22	6f
SMS Cleaning & Housekeeping		<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	304,723			20	4b
Shamrock Land Management		<input type="radio"/>	<input checked="" type="radio"/>		Grounds maintenance and landscaping	40,617			22	6f
Med-Apparel Services		<input type="radio"/>	<input checked="" type="radio"/>		Laundry services	61,377			19	3b
Unitex Textile Rental Services		<input type="radio"/>	<input checked="" type="radio"/>		Laundry services	189,052			19	3b
Matrixcare		<input type="radio"/>	<input checked="" type="radio"/>		Support services	37,624			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"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

\*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).



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

Name of Facility	License No.	Report for Year Ended					Page	of
Wilton Meadows Health Care Center	2032C	9/30/2023					22	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 111,226	111,491	(265)					
b. Heat	\$ 99,149	99,447	(298)					
c. Light & Power	\$ 151,450	151,906	(456)					
d. Water	\$ 50,927	51,080	(153)					
e. Equipment Lease (Provide detail on page 22b)	\$							
f. Other (itemize) See Attached Schedule	\$ 192,794	196,671	(3,877)					
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 605,546</b>	<b>610,595</b>	<b>(5,049)</b>					
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$ 5,268	5,268						
b. Building & Building Improvements	\$ 25,395	27,389	(1,994)					
c. Non-Movable Equipment	\$ 36,181	36,181						
d. Movable Equipment	\$ 23,225	10,030	13,195					
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 90,069</b>	<b>78,868</b>	<b>11,201</b>					
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$							
d. Other (Specify)	\$							
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>							
9. Rental payments on leased real property less real estate taxes included in item 10b	\$							
10. Property Taxes								
a. Real estate taxes paid by owner	\$ 125,722	126,100	(378)					
b. Real estate taxes paid by lessor	\$							
c. Personal property taxes	\$ 14,480	14,480						
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 230,271</b>	<b>219,448</b>	<b>10,823</b>					

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

**Schedule of Other Repairs and Maintenance**

<b>Description</b>	<b>CCNH / RHNS</b>	<b>Adjustment</b>	<b>(Specify)</b>	<b>Adjustment</b>	<b>(Specify)</b>	<b>Adjustment</b>
Small Equipment Purchase - Partially Disallowed	\$ 18,447	\$ (3,452)				
Trash Removal	\$ 40,410	\$ (96)				
Service Contracts	\$ 56,260	\$ (134)				
Supplies	\$ 33,109	\$ (79)				
Grounds Maintenance	\$ 36,559	\$ (87)				
Grounds Landscaping	\$ 7,046	\$ (17)				
Equipment Rental	\$ 3,769	\$ (9)				
Minor Decorating	\$ 1,071	\$ (3)				
<b>Total Other Repairs and Maintenance</b>	\$ 196,671	\$ (3,877)	\$ -	\$ -	\$ -	\$ -

.....

## General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Wilton Meadows Health Care Center			2032C	9/30/2023			22b	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						
	<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 type="radio"/> No	<b>Total ***</b>			

\* 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.

**Beauty & Barber Allocation - Maintenance & Operating Expense:**

Total square footage of facility	75,000
Beauty & Barber square footage	178
Beauty & Barber space as a % of total space	0.24%

		<u>Disallowance</u>
Repairs and Maintenance	111,491	265
Heat	99,447	236
Light & Power	151,906	361
Water	51,080	121
Other	196,671	467
Allocation to Other costs:		
Small Equipment Purchase	18,447	44
Trash Removal	40,410	96
Service Contracts	56,260	134
Supplies	33,109	79
Grounds Maintenance	36,559	87
Grounds Landscaping	7,046	17
Equipment Rental	3,769	9
Minor Decorating	1,071	3

**Meals on Wheels Allocation - Maintenance & Operating Expense:**

Total square footage of facility	75,000
Kitchen square footage	1,047
Kitchen space as a % of total space	1.40%

Meals on Wheels Meals	4,752	
Total Meals	106,077	4.48%

		<u>Disallowance</u>
Heat	99,447	62
Light & Power	151,906	95
Water	51,080	32

**Totals to Page 22:**

		<u>Disallowance</u>
Repairs and Maintenance		265
Heat		298
Light & Power		456
Water		153
Other		467
Allocation to Other costs:		
Small Equipment Purchase		44
Trash Removal		96
Service Contracts		134
Supplies		79
Grounds Maintenance		87
Grounds Landscaping		17
Equipment Rental		9
Minor Decorating		3

**Beauty & Barber Allocation - Property Expense:**

		<u><b>Disallowance</b></u>
	Real Estate Taxes	126,100
Fair Rent: Land and Real Property (Building Depreciation)		664,814
		299
		1,578

**Meals on Wheels Allocation - Property Expense:**

		<u><b>Disallowance</b></u>
	Real Estate Taxes	126,100
Fair Rent: Land and Real Property (Building Depreciation)		664,814
		79
		416

**Totals to Page 22:**

		<u><b>Disallowance</b></u>
	Real Estate Taxes	378
Fair Rent: Land and Real Property (Building Depreciation)		1,994

### Depreciation Schedule

Name of Facility Wilton Meadows Health Care Center		License No. 2032C		Report for Year Ended 9/30/2023			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				
<b>A. Land Improvements</b>													
1. Acquired prior to this report period		258,058		258,058	236,375	Tax	Various	5,268					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									5,268				
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period		11,730,974		11,730,974	10,671,691	Tax	Various	21,017					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		320,854		320,854		Tax	Various	6,372					
B-4. Subtotal									27,389				
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period		487,058		487,058	225,822	Tax	Various	33,225					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		16,890		16,890		Tax	Various	2,956					
C-4. Subtotal									36,181				
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)		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								
a. 1998 Ford		Yes		5	2001	10,866		10,866	10,866	Tax	5		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,268,736		1,268,736	1,196,862	Tax	Various	8,533	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative													
d. Standard Resident						22,220		22,220		Tax	Various	1,497	
e. Specialized Resident													
Total Acquired during this report period						22,220		22,220				1,497	
D-3. Subtotal									10,030				
<b>E. Total Depreciation</b>									<b>78,868</b>				

Schedule of Land Improvements Acquired during this report period

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

\*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
<b>Additions:</b>				
5/31/2023	Elevator	\$ 245,640	20	\$ 5,118
6/30/2023	Decorating & Designs & Plumbing	\$ 75,214	20	\$ 1,254
<b>Total additions for Building Improvements</b>		\$ 320,854		\$ 6,372 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
10/1/2022	Roof RTU	\$ 16,890	10	\$ 2,956
<b>Total additions for Non-Movable Equipment</b>		\$ 16,890		\$ 2,956 *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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			
<b>Additions:</b>					
2/1/2023	Alterra Max Universal Bed (2)	Standard Resident	\$ 4,857	7	\$ 463
5/31/2023	Furniture	Standard Resident	\$ 8,023	7	\$ 478
5/31/2023	Furniture	Standard Resident	\$ 9,340	7	\$ 556
		PICK A CATEGORY			
		PICK A CATEGORY			
<b>Total additions for Movable Equipment</b>			\$ 22,220		\$ 1,497 *
<b>Deletions:</b>					
<b>Total deletions for Movable Equipment</b>			\$ -		\$ - **

\*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
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2



State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-23 Rev. 10/2006

**Fixed Asset Rollforward**

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2023	23b	37

	Land Improvements	Building & Improvements	Non-movable Equipment	Movable Equipment	Motor Vehicles	
2022 Book Value per CR	258,058	11,730,974	487,058	1,268,736	10,866	
2023 Additions	-	320,854	16,890	22,220	-	
2023 Disposals	-	-	-	-	-	
2023 Book Value CR	<u>258,058</u>	<u>12,051,828</u>	<u>503,948</u>	<u>1,290,956</u>	<u>10,866</u>	<u>\$ 14,115,656</u>
Balance per books-page 31	<u>261,937</u>	<u>12,052,127</u>	<u>504,552</u>	<u>1,267,093</u>	<u>10,866</u>	<u>\$ 14,096,575</u>
Prior year variance	(3,879)	(299)	(604)	23,863	-	
<hr/>						
2022 Accumulated Depreciation	236,375	10,671,691	225,822	1,196,862	10,866	
2023 Depreciation	5,268	27,389	36,181	10,030	-	
2023 Disposals	-	-	-	-	-	
2023 Accumulated Depreciation	<u>241,643</u>	<u>10,699,080</u>	<u>262,003</u>	<u>1,206,892</u>	<u>10,866</u>	<u>\$ 12,420,484</u>
Balance per books-page 31	<u>241,643</u>	<u>10,699,080</u>	<u>262,033</u>	<u>1,205,775</u>	<u>10,866</u>	<u>\$ 12,419,397</u>
Prior year variance	-	-	(30)	1,117	-	

**Annual Report of Long-Term Care Facility**

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Wilton Meadows Health Care Center			2032C		9/30/2023			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2023	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		03/01/88		
2. Date Structure Completed		03/01/88		
3. If <b>NOT</b> Original Owner, Date of Purchase		N/A		
4. Date of Initial Licensure		03/01/88		
5. Total Licensed Bed Capacity		148		
6. Square Footage		75,000		
7. Acquisition Cost				
a. Land		69,000		
b. Building		5,740,000		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 9/30/2023				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

**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 Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2023				Page 26	of 37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	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)

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

Name of Facility		License No.		Report for Year Ended				Page	of
Wilton Meadows Health Care Cent		2032C		9/30/2023				27	37
Item			Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	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 Expense				28,780	(28,780)				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				28,780	(28,780)				
14. Insurance									
a. Insurance on Property (buildings only)			\$ 15,948	15,996	(48)				
b. Insurance on Automobiles			\$ 2,911	2,911					
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)			\$ 117,207	117,486	(279)				
2. Fire and Extended Coverage									
3. Other (Specify)									
14d. Total Insurance Expenditures (14a + b + c)			\$ 136,066	136,393	(327)				
15. Total All Expenditures (A-13 thru C-14)			\$ 15,864,192	17,387,122	(1,522,930)				

**Beauty & Barber Allocation - Insurance Expense:**

Total square footage of facility	75,000
Beauty & Barber square footage	178
Beauty & Barber space as a % of total space	0.24%

**Disallowance**

Property Insurance	15,996	38
Umbrella Insurance	117,486	279
ELPI Insurance - Page 16a	12,134	29

**Meals on Wheels Allocation - Insurance Expense:**

Total square footage of facility	75,000
Kitchen square footage	1,047
Kitchen space as a % of total space	1.40%

Meals on Wheels Meals	4,752	
Total Meals	106,077	4.48%

**Disallowance**

Property Insurance	15,996	10
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## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Wilton Meadows Health Care Center	2032C	9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 14,049,783	14,049,783			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,587,725)	(7,587,725)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 4,199,547	4,199,547			
b. Medicare Room and Board Contractual Allowance **	\$ 799,607	799,607			
4. a. Private-Pay Residents and Other	\$ 7,448,919	7,448,919			
b. Private-Pay Room and Board Contractual Allowance **	\$ (2,142,910)	(2,142,910)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 232,234	232,234			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (228,618)	(228,618)			
c. Prescription Drugs - Non-Medicare	\$ 64,835	64,835			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (61,116)	(61,116)			
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	\$ 306,506	306,506			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (284,526)	(284,526)			
c. Physical Therapy - Non-Medicare	\$ 160,483	160,483			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (143,097)	(143,097)			
4. a. Speech Therapy - Medicare	\$ 125,426	125,426			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (114,889)	(114,889)			
c. Speech Therapy - Non-Medicare	\$ 68,619	68,619			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (45,940)	(45,940)			
5. a. Occupational Therapy - Medicare	\$ 423,937	423,937			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (391,629)	(391,629)			
c. Occupational Therapy - Non-Medicare	\$ 231,683	231,683			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (199,399)	(199,399)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 207	207			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 494	494			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 16,912,431	16,912,431			
<b>IV. Other Revenue*</b>					
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> )	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 1,100	1,100			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,100	1,100			
<b>VI. Total All Revenue</b> (III+V)	\$ 16,913,531	16,913,531			

\* 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)	(Specify)
	X-Ray	6,983		
	Lab	4,655		
	Oxygen	1,618		
	Contractual Allowance - X-Ray	(6,874)		
	Contractual Allowance - Lab	(4,582)		
	Contractual Allowance - Oxygen	(1,593)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 207</b>	<b>\$ -</b>	<b>\$ -</b>

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

**Related Exp**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	X-Ray	2,992		
	Lab	1,180		
	Oxygen	604		
	Contractual Allowance - X-Ray	(2,763)		
	Contractual Allowance - Lab	(999)		
	Contractual Allowance - Oxygen	(520)		
<b>Total Other Resident Revenue</b>		<b>\$ 494</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
<b>Total Interest Income</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Prior Year Adjustment	(15)		
	Miscellaneous Income	1,115		
<b>Total Other Revenue</b>		<b>\$ 1,100</b>	<b>\$ -</b>	<b>\$ -</b>



### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2023	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	833,327
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,370,823
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	122,457
a. Prepaid - Expenses	68,093			
b. Prepaid - Insurance	16,776			
c. Prepaid - Taxes	20,000			
d. See Schedule	17,588			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	4,326,607
B. Fixed Assets				
1. Land			\$	542,222
2. Land Improvements	*Historical Cost	261,937	\$	20,294
	Accum. Depreciation	241,643	Net	
3. Buildings	*Historical Cost	12,052,127	\$	1,353,047
	Accum. Depreciation	10,699,080	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	504,552	\$	242,519
	Accum. Depreciation	262,033	Net	
6. Movable Equipment	*Historical Cost	1,267,093	\$	61,318
	Accum. Depreciation	1,205,775	Net	
7. Motor Vehicles	*Historical Cost	10,866	\$	
	Accum. Depreciation	10,866	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	10,325
Construction in Progress	10,325			
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	2,229,725

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid - Sewer	17,588
<b>Total Prepaid Expenses</b>			<b>\$ 17,588</b>

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

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

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

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

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

Page Ref	Line Ref	Description	
33	A12	Accrued Provider User Fee	190,609
33	A12	Loans Payable - Hamden Health	56,530
33	A12	A/R - Credit Balance Liability	167,958
33	A12	Short Term Lease Liability - Financing Lease	6,935
33	A12	Payroll Liability	54,001
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 476,033</b>

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

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

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 6,556,332	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			<b>\$</b>	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$ 29,728	
Name and Address	Amount	Loan Date		
See Attached	29,728	Various		
7. Other Assets ( <i>itemize</i> )			\$ 13,039	
Deposits	911			
ROU Asset - Financing Lease, Net	12,128			
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			<b>\$ 42,767</b>	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			<b>\$ 6,599,099</b>	

\* 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 Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2023	Page 32a	of 37
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6. Loans to Owners or Related Parties (*itemize*)

<u>Name</u>	<u>Amount</u>	<u>Loan Date</u>
Wilton Retirement Housing, LLC	17,618	Various
Greenwich Retirement Housing, LLC	<u>12,110</u>	Various
<b>Total</b>	<b>\$ 29,728</b>	Pg. 32 D6

**Annual Report of Long-Term Care Facility**

CSP-33 Rev. 6/95

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

Name of Facility		License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center		2032C	9/30/2023	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,018,504
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	380,012
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	8,899
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> )				\$	4,490,926
Accrued 401K Employer Liability		23,883	Accrued Operating Expen	302,526	
Unearned Revenue		3,299,643	Accrued Sales Taxes	50,286	
Accrued Property Taxes		5,131	Accrued Liabilities Other	270,294	
Accrued Real Estate Taxes		63,130	See Schedule	476,033	
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	5,898,341

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

(Carry Total forward to next page)

**Annual Report of Long-Term Care Facility**

CSP-34 Rev. 6/95

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

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount	
Total Brought Forward:				5,898,341	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 580,227	
Name and Address of Lender	Amount	Loan Date			
TransCon Builders, Inc.	580,227				
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 16,200	
Loans Payable - Candlewood		9,468			
Long-Term Lease Liability - Financing Lease		6,732			
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 596,427	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 6,494,768	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2023	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	3,610,431
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,032,509)
6. Gain or Loss for Period	10/1/2022	thru 9/30/2023	\$	(473,591)
7. Total Net Worth			\$	104,331
<b>C. Total Reserves and Net Worth</b>			\$	104,331
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	6,599,099

### H. Changes in Total Net Worth

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2023	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	851,531
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	16,913,531
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	17,387,122
D. Net Income or Deficit			\$	(473,591)
E. Balance			\$	377,940
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	377,940



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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Clifton Larson Allen LLP</i>	Title	Date Signed 2/14/2024		
Printed Name of Preparer CliftonLarsonAllen LLP				
Address Address 29 South Main Street, 4th Floor, West Hartford, CT 06107		Phone Number 860-561-4000		
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink		Phone Number 860-561-4000		
Contact Email Address jonathan.fink@claconnect.com				