State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2023

Name of Facility (as licensed)	1			
Windsor Health and Rehab Center, I	LLC			
Address (No. & Street, City, State, Z	Cip Code)			
581 Poquonock Ave, Windsor, CT				
Type of Facility				
Chronic and Convalescent ☑ Nursing Home (CCNH) & RHNS Combined	0	(Specify)		(Specify)
Report for Year Beginning 10/1/2022		Report for Year Ending 9/30/2023		
License Numbers:	CCNH / RHNS 2214-C	(Specify)	(Specify)	Medicare Provider 07-5011
				-1150
Medicaid Provider Numbers:	(CCNH / RHNS	(Specify)	(Specify)
	9589			

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Windsor Health and Rehab Center, LLC	2214-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 Windsor Health and Rehab 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. (a)

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

(a) Subhject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date		
Printed Name (Administrator) Lara Alatise			Printed Name (Owner) Lara Alatise			
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 Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
Windsor Health and Rehab Center, LLC				10/1/2022	9/30/2023
Address of Facility					
581 Poquonock Ave, Windsor, CT					
Report Prepared By		Phone Num	•	Date	
Marcum LLP		203-781-96	80	1/24/2024	
Item		Total	CCNH / RHNS	(Specify)	(Specify)
Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

						ne No. of Facility -688-7211		Report for Ye 9/30/2023	ar Ended	Page 2		of 37
Name of Facility (as	shown on license)					Address (No. & S	Street,	City, State, Zi	ip)			
Windsor Health and						581 Poquonock A			,			
License Numbers:		C	CNH / RE 214-C	INS		(Specify)		(Specify)		Medicare F 07-5011	Provid	er No.
Type of Facility (Che Chronic Nursing RHNS C	and Convalescent Home (CCNH) & ombined	x(es))			(Spe	ecify)			(Specify			
Type of Ownership (Check appropriate	box)										
O Proprietorship	O LLC	O Pa	artnership		0	Profit Corp.	0	Non-Profit Con	р. О	Government	0	Trust
If this facility opened	d or closed during i	eport y	ear provid	e:			Date	e Opened	Date Clo	osed		
Has there been any c	hange in ownershi	p										
or operation during t	his report year?				0	Yes	•	No	If "Yes,"	" explain full	y.	
						£:						
Administrator												
Name of Administra Lara Alatise	tor							Nursing I Administr License	rator's	2214 - C		
Other Operators/Ow	ners who are assist	ant adn	ninistrator	s (ful	l or	part time) of this f	acility	y				
Name								License	e No.:			
												_

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	Page of			
Windsor Health and Rehab Ce	nter, LLC	2214-C	9/30/2023 State(s) and/or Which Reg CK Ave, Title Member	3 37			
				State(s) and/o	or Town(s) in		
Legal Name of Part	tnership/LLC	Business.	Address		Registered		
Windsor Health and Rehab Ce		581 Poquonock Windsor, CT	Ave,				
Name of Partners/Members	Business Ad	ddress		Title	% Owned		
Lara Alatise	581 Poquonock Ave, W	Vindsor, CT	Member		100		
		ĸ					
	16						
i e							
	×						

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year E	nded	Page	of
Windsor Health and Rehab Center, LLC	2214-C	9/30/2023		3A	37
If this facility is owned or operated as a corpor					
Legal Name of Corporation	Busines	s Address	State(s) in Whi	ch Incorp	orated
				r	
Name of Divertone Officers		A 1.1	m	No. Si	hares
Name of Directors, Officers	Busines	s Address	Title	Held by	y Each
27/4					
N/A					
Name of Caralla 11 O 1 17 (100)					
Names of Stockholders Owning at Least 10% of Shares					
of Shares			1 1		
			t#		

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No. 2214-C	Report for Year Ended 9/30/2023	Page 3B	of 37
Windsor Health and Rehab Center, LLC If this facility is owned or operated as an individual				
Ox	ner(s) of Facility	vide the following information	L.	
	viier(s) or racinty			
N/A				
	_			
	·			
		й		

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General Information and Questionnaire Related Parties*

Name of Facility Windsor Health and Rehab Center, LLC	nab Center, LLC	License No.	2214-C	74	Report for Year Ended 9/30/2023	÷	Page 4	of 37
Are any individuals rece	Are any individuals receiving compensation from the facility related through marriage ability to control ownershin family or husiness association?	cility rela	ted throug		No.	If "Yes," provide the Name/Address and	e Name/Add	ress and
manuele, admir, to com	or, ownersing, taning or ousing	ss descor				compress me mount	विद्याला ला । बहु	se ii oi me report.
Are any individuals or co	Are any individuals or companies which provide goods or services,	or service	3S,					
including the rental of parelated through family as	including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business	o this fac control,	ility, or business		⊙ Yes O No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fa	ility?			If "Yes," provide the following information:	e following i	nformation:
				Ì				
		Als	Also Provides Goods/Services to	. £		Indicate Where Costs are Included		
Name of Related	Business	Non-R	Non-Related Parties	ties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No 9	**%	Provided	Page #/Line#	Reported	Related Party
Related Party Notes	581 Poquonock Ave, Windsor, CT	0	•	03	See Balance Sheet			
		0	0					
		0	0					
		0	•					
		0	0					
		0	0					
		0	0					
		0	0					
		0	•					
* I I to contain ion of a long this had not	, pr							

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.		Report for Year Ended	Page	of		
Windsor Health and Rehab Center, LLC	2214-C		9/30/2023	5	37		
If the facility is licensed as CDH and/or RCH or	provides AII	OS or TBI s	ervices with special Medicaid ra	tes, costs			
must be allocated to CCNH and RHNS as follow	rs:						
Item			Method of Allocation				
Dietary		Number of	meals served to residents				
Laundry			pounds processed				
Housekeeping			square feet serviced				
			hours of routine care provided b	-			
Nursing			elassification, i.e., Director (or Cl	_	* .		
		_	Nurses, Licensed Practical Nurs	es, Aides a	and		
		Attendants					
Direct Resident Care Consultants			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 salar					
Management services			e cost center involved				
All other General Administrative expenses			rect and Allocated Costs	1			
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 • Yes • No If "No," explain fully why such allocation was n							
costs allocated as required?			made.				
2 F1-i4114i		o ala a a serre a	formulate symmetting data				
2. Explain the allocation of related company exp	enses and au	ach copy o	appropriate supporting data.				
3. Did the Facility appropriately allocate and self	E-dicallow dir	ect and ind	irect costs to non-nursing home	cost center	·c?		
(e.g., Assisted Living, Home Health, Outpatier				Jost Center	٥.		
(c.g., Assisted Living, Home Heatin, Outpaties	in oci vices, r	Idult Day		44			
	• Yes	O No	If "No," explain fully why such made.	allocation	was not		

General Information and Questionnaire Other Lines of Business

Name of Facility		License No.		R	eport for Year Ended	Page	ngn	of
	and Rehab Center, L	2214-0	C		/30/2023	6	1_	37
Square footage of	f entire facility.	0						
Outpatient Ther								
Does the Facility	provide outpatient t	herapy services?	No					
If ves. nlease cor	nplete the following:							
- J	Square footage of t							
	, a.:	#350 F						
Meals on Wheel	is							
Does the facility	provide Meals on W	heels?	No					
If yes, please con	nplete the following:	H						
	Square footage of k	citchen]	
	Number of meals se]	
No	Are meals included				nnual Report?			
No	Are direct costs inc							
3 T.	If yes, please state			*- 1	- ANA		n	
No	Are drivers for the If yes, please comp			ity's pay	/roll?		J	
	If yes, please comp	Amount Report					j	
		Annual Report		ne			1	
	Please state the sala				dietary aides			
					orted in the Annual Ro	eport		
	···				_		=	
Apartments, Ind	lependent Living, A	ssisted Living						
	have apartments, ind	lependent living,	and/or	No				
assisted living?	W AS TO CARSON AS							
If yes, please con	nplete the following:		Ĭ					
	Square footage of a	partments						
	Square footage of in	ndependent living	5					
	Square footage of a	ssisted living						
	Please identify the s	services provided:						
	/							

General Information and Questionnaire Other Lines of Business (Continued)

Name of Facility License No. Windsor Health and R 2214-C	Report for Year Ended 9/30/2023	Page of 7 37
Child Day Care		100
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 of	care.	
Nature of services provided:		
ALLED C		
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 of	care.	
Nature of services provided:		

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Schedule of Resident Statistics

Name of Facility Windsor Health and Rehab Center, LLC			License No. 221	No. 2214-C			Report for Year Ended 9/30/2023	Year Ended			Page 8	of 37
						Period 10,	Period 10/1 Thru 6/30	0		Period 7/	Period 7/1 Thru 9/30	
K.	Total All Levels	Total CCNH / RHNS Level	Total	Total (Specify)	Total	CCNH /	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
Certified Bed Capacity A. On last day of PREVIOUS report period	108	108			108	108						
B. On last day of THIS report period	108	108							108	108		
Number of Residents A. As of midnight of PREVIOUS report period	87	87			87	87						
B. As of midnight of THIS report period	66	66							66	66		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,771	1,771			1,553	1,553			218	218		
B. Medicaid (Conn.)	29,032	29,032			20,940	20,940			8,092	8,092		
C. Medicaid (other states)												
D. Private Pay	1,381	1,381			1,147	1,147			234	234		
E. State SSI for RCH												
F. Other (Specify)	1,819	1,819			1,542	1,542			277	277		
G. Total Care Days During Period (3A thru F)	34,003	34,003			25,182	25,182			8,821	8,821		
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)	34,003	34,003			25,182	25,182			8,821	8,821		

Schedule of Resident Statistics (Cont'd)

Name of Facil	ity			Licer	ise No				Report	for Year	Ended		Page	of
Windsor Heal	th and Re	ehab Center,	LLC	221	4-C					9/30/202	.3		9	37
		_	certified bed cap	acity (during	the re	eport y	ear?		0	Yes	0	No	
11 1110	provide	Place of C				hang	e in Be	-de		C	apacity After	r Change		
	CCNH	Flace of C	Italige			mang	C III DO	743			apacity 7 tito.	Change	Ì	
	/									1				
Date of	RHNS	(Specify)	(Specify)		Lost			Gaine	d	1				
										CCNH				
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	/ RHNS	(Specify)	(Specify)	Reason fo	or Change
	-	-	ified bed capacity		_	герог	t year	(as re	ported i	in item 4 a	above) provi	de the number o	of	
									(6)					
		C	hange in Resider	nt Day	/S					CCNE	I / RHNS	(Specify)	(Spe	cify)
1st chang														
2nd char														
3rd chan								_						
4th chan		1 D 4	0 4 1	20 . 6	C 4 3	r								
6. Number	of Reside	ents and Kate	s on September . Medicare	30 01		icaid				9	elf-Pay		Other Stat	te Assisted
			iviedicare	_	Ivieu	icaid		_		<u>s</u>	CII-r ay		Offici Sta	c Assisted
				000				<u></u>	ATT /					
	τ.		CONTI / DIDIG		NH /	(0			NH/	(0	:e.v	(C:F-)	рси	ICF-MR
NI. CD	Item		CCNH / RHNS	KH	INS	(Spe	ecify)	KI	INS 5	(Sp	ecify)	(Specify)	R.C.H.	ICF-IVIK
No. of R Per Dien			NI TONIY V		89	-	-		3	-J-9-6	Selection 17	THE SAME IN	-200	Sebrotech
a. One b			Var		######	No.			456.00					
b. Two l			Var	_	#####				424.00					
c. Three														
bed r														
Ded 1	1115.							-						
7. Total Nu	mber of l	Physical The	rapy Treatments					то	TAL	CCNH	I / RHNS	(Specify)	Outpatient	(Specify)
		e - Part B	F,						1,983		1,983			
		d (Exclusive	of Part B)					PERM	ve jë	18181				STATE OF
	1. Main	tenance Trea	itments						150		150			
		rative Treatr	nents											
	Other								800		800			
			npy Treatments						2,933		2,933			
			apy Treatments							110	20 11 11 12 1			
A.	Medicar	e - Part B d (Exclusive	of Dowt D)			_		WO CO	282	UI JULION	282	1 20 00 000	1000	
В.		tenance Trea						(8) (2)	30	STATE OF THE OWNER, TH	30	BILLINES II ON		
		rative Treatr							30		30			
С	Other	Autivo IIvuti	Treining .						250		250			
		eech Thera	y Treatments						562		562			
			Therapy Treatm	ents				10	1.00	0.00	July I	1890 al		THE STATE
Α.	Medicar	e - Part B	-						1,268		1,268			
	Medicai	d (Exclusive						(BX) 2	- W-	And l		19 0/ S/		
		tenance Trea							150		150			
		rative Treatr	nents											
	Other								800		800			
D.	Total Oc	ccupational	Therapy Treatm	ents					2,218		2,218			

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Report of Expenditures - Salaries & Wages

Name of Facility Windsor Health and Rehab Center, LLC	License No. 2214-C			Report for Year 9/30/2023	r Ended			Page 10	of 37
				Yes		0	No	10	
are time records maintained by all individuals receiving co	inpensation?				Cost and Hours		110		
	1			Total	Cost and riours				
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
A. Salaries and Wages* I. Operators/Owners (Complete also Sec. I of Schedule A1)			H. F.			110000			
Administrator(s) (Complete also Sec. III of Schedule A1)	176,760		2,075			ALL PARTY	Ministration 2		7-2, 0
Assistant Administrator (Complete also Sec. IV of Schedule A1)	Ven enitties				Saltat's				
Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	469,062	TOZET WITH	14,558	ed the other	OT STATE	Year.		in the Mi	F-610
Dietary Service a. Head Dietitian	100 J. 17 San	MT SEATHER	NSV VIII	n W District	The House	8 19 1	BUKELEZA	E BOOK VI	Togg
b. Food Service Supervisor c. Dietary Workers	409,236		19,842						
Housekeeping Service A. Head Housekeeper	DAM SELL SOLLE	Depth as I					是 \$400 m — 100	NAME OF TAXABLE PARTY.	I SEATON
b. Other Housekeeping Workers 7. Repairs & Maintenance Services	175,492	to receive	9,859	The force of the	me asta	(Semi			min.
a. Engineer or Chief of Maintenance b. Other Maintenance Workers	139,021		6,245						
Laundry Service a. Supervisor								16 17 17 18	
b. Other Laundry Workers 9. Barber and Beautician Services	74,679		4,213						
10. Protective Services									NAME OF TAXABLE PARTY.
Accounting Services Accountant		Market I I al	1000 - 10 - 1000	All Car and		STREET,			
b. Other Accountants 12. Professional Care of Residents		in the United States				OT TO STATE OF		In the second	
a. Directors and Assistant Director of Nurses	123,270		1,899						
b. RN		W 2 24	4	17. A. S. S.	P. 16-1. 18	200		LIES EU	100/2
1. Direct Care	580,844 255,270		13,209 9,271						
2. Administrative** c. LPN	233,270	B. C. DILLE	9,271	Man O. B.	Non-Section 1	The same	Record in the	200231671	12.00
1. Direct Care	199,676		6,701						
2. Administrative**	1 202 241		60,517						
d. Aides and Attendants e. Physical Therapists	1,283,241		60,317		-		r	_	
f. Speech Therapists									
g Occupational Therapists									
h. Recreation Workers	100,871		5,078						
i. Physicians	(0.011 0.011 1 0.00)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		E. Inches		I I DOOR OOK		-
Medical Director Utilization Review									
3. Resident Care***									
4. Other (Specify)	ILILIAKE UWA		CONTRACTOR	CO PERCO) Estrection	Se Vision	THE DIT ST		
j. Dentists k, Pharmacists									
k. Pharmacists l. Podiatrists									
m. Social Workers/Case Management	83,409		2,573						
n. Marketing	35,107		2,0.0						
o. Other (Specify)	117 11-1172		ON BUSINESS			S1348	the Things got	3 3 3 3 3	
See Attached Schedule A-13. Total Salary Expenditures	4,070,831		156,040						

^{*} 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)			(Specify)	
Position	S	Adjustment	Hours	S	Adjustment	Hours	S	Adjustment	Hours
	- 0								
						اللاحيلاواء			
			100						
				III NEUTES			\$11.5° HBW	United Street	
							u = ne,u		- 1
		JII J. J. B.	Wall and the					then bell in	
	N. T.						A HERRICH		
						III THE EUL			
				Marine 1989					
						Walledigue		minutes and	
				ETHIA			10-033		Boldweit
	TOTAL VILLAGE						TE SOUTH		
		TVE EX.		100				ELITERATE (L.)	8/48/6/3
		Harrie II					100011411		
	1 A 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			1 20					
Total	\$ -	\$ -		S	2		S -	s -	

Schedule of Other Fees (Page 13)

		CCNH / RHNS			(Specify)			(Specify)	
Service	S	Adjustment	Hours	S	Adjustment	Hours	5	Adjustment	Hours
	0						BUCH H		0.000
			100						
				0					
									291
				Part In					
	0.3		3 7 7 7 11	11100					
	U I I I I I I I I I I I I I I I I I I I								(m) - (3)
			-11	THE PROPERTY OF		The second	- IHI"		
			PLEASE IN				SHELL THE	William Strain	21Xn 1
		17 Jul 37	100						
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State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

		J	rssistant	Auminisha	Constant Aumentains and Only Middle Langue	Ivolator	1 1 41 (10)			
Name of Facility				License No.		Report for	Report for Year Ended		Page	Jo
Windsor Health and Rehab Center, LLC	; TTC			2214-C		9/30/2023			11	37
	la la	Salary Paid								
Name	CCNH / RHNS	(Specify)	(Specify)	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
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).								ч		
Tony Alatise	120,236			Non. Discriminatory	Director of Operations	2,240	A4			
Mutis Alatise	86,475			Non. Discriminatory	Assistant Admin.	2,080	A4			
								-		

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

^{**} Include all employment worked during the cost year.

State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

Name of Facility (as licensed)				I icense No		Report for Year Ended	ear Ended		Page	of
(50000000000000000000000000000000000000						T ior modern	2000		- 291	5
Windsor Health and Rehab Center, LLC	LLC			2214-C		9/30/2023			12	37
		Salary Paid								
	/ Incoo			Fringe Benefits and/or Other		Total		-	Total	:
Name	CCNH/ RHNS	(Specify)	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours	Compensation Received
Section III - Administrators***										12
Lara Alatise	176,289			Non. Discriminatory	Administrator	2,075	A2			
Section IV - Assistant Administrators										
			90							
	:									

^{*}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

		of Expend	litures -	Professio	nal Fees				
Name of Facility	License No.			Report for Y	ear Ended			Page	of
Windsor Health and Rehab Center, LLC		2214-C		9/30/2023				13	37
				Tota	Cost and Ho	urs			
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
*B. Direct care consultants paid on a fee		COLUMN TO SERVICE STATE OF THE	1000		S. S. L. S.				
for service basis in lieu of salary	011111111111111111111111111111111111111	N. 53086			1000000		TALL SET	3 22 27 16	
(For all such services complete Schedule B1)	TO LES							Maria Carlo	
1. Dietitian								l	
2. Dentist	10,789		120						
3. Pharmacist	6,064		40						
4. Podiatrist									
5. Physical Therapy		No. WOOLS						EKS S	350 F10
a. Resident Care	211,900		1,210						
b. Other									
Social Worker	616		18						
7. Recreation Worker									
8. Physicians	ATE RES	PO 2 1							THE REAL PROPERTY.
 a. Medical Director (entire facility) 	30,550		111						
b. Utilization Review	In the Vi	L & This St		4 450	BEI IN SE	1 00 1	W to See		
(Title 18 and 19 only) monthly meeting									
c. Resident Care**									
 d. Administrative Services facility 				120 V 30	Visit Story		7000		MOB SUFF
1 Infection Control Committee									
(Quarterly meetings) 2 Pharmaceutical Committee								-	
(Quarterly meetings)									
3 Staff Development Committee									
(Once annually)									
e. Other (Specify)					108 11/11/1	THE TANK	10/13/1		S nost
Other Physician Services	189	(189)	3						
Speech Therapist	TEXED BY			DE VESTION	(5) (S) (S)	10.20	THE R. P.	TENNES OF STREET	1250
a Resident Care	60,583		302						
b. Other									
10. Occupational Therapist		X /2 2				EJIII (DEL	The second	MITTER CARE	DALLE
a Resident Care	225,404		1,288						
b. Other						and the same			-
Nurses and aides and attendants	THE MAN THE	The same		28 4 31	DESCRIPTION OF THE PARTY OF THE		No. of the last	A SUMMER	
a. RN	TRANSCITO OF	ALCO COLORO				71 500		11 VR E.00	ALE SOUR
1. Direct Care	140,777		1,750						
2. Administrative***	Service and the service and th		The same in			-	Transfer to the same		100000000000000000000000000000000000000
b. LPN	0 H 1 707 100	III S IN	10.000			THE COURSE			-
1. Direct Care	990,033		17,992				-		
2. Administrative***			75.465						
c. Aides	542,437		15,498						
d. Other						12-00	Name I and the		NACCOUNTY
12. Other (Specify)	NAME OF THE	III THE REAL PROPERTY.			1000 100		S1 81 11	12-01-	-
See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	2,219,342	(189)	38,332				J,,	J	

^{*} 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	License No.		Report for '	Year Ended	Page of
Windsor Health and Rehab Center, LLC	2214-C		9/30/2023		14 37
Name & Address of Individual	Full Explanation of Service		to Owners, rs, Officers No	Expla	nation of Relationship
Healthdrive Dental Group, 888 Worcester St, Suite 130, Wellesly, MA 02482	Dentist	O	0	N/A	
Procare LTC Pharmacy of CT LLC, 1492 Highland Ave Ste 1e, Chesire, CT 06410	Pharmacy Consultant	0	0	N/A	
Hartford Healthcare Medical Group, 445 S Main St, West Hartford, CT	Medical Director	0	0	N/A	11
William Anderson, N/A	Social Worker	0	0	N/A	
Orthopedic Associates of Hartford 31 Seymour St#100, Hartford, CT 06106	Other Physician Services	0	0	N/A	
Heritage Private Nursing, Inc., 265 Hazard Avenue, Enfield, CT 06082	Agency	0	0	N/A	
All American Healthcare Services Inc, 494 Broad St 4th Floor Newark NJ 07102	Agency	0	0	N/A	
Clipboard Health, P.O Box 103125 Pasadena CA 91189	Agency	0	0	N/A	
Favorite Healthcare Staffing, 500 7th Ave Suite 14A116, New York, NY 10018	Agency	0	0	N/A	
Genie Healthcare, 0 Millstone Rd Bldg 100 Suite 100, East Windsor, NJ 08520	Agency	0	0	N/A	- Z
IntelyCare, 1250 Hancock St # 501N, Quincy, MA 02169	Agency	0	0	N/A	
Lawrence Recruiting Specialists Inc, 1120 N. 103rd Plaza, Suite 300, Omaha, NE 68114	Agency	0	0	N/A	
MAS Medical Staffing, 56 Harvey Rd, Londonderry, New Hampshire, 03053	Agency	0	0	N/A	
Norton Assoicates, 97 Elm Street Cohasset MA 02025	Agency	0	0	N/A	
Paramount Healthcare Sevices, 3 Courthouse Ln, Chelmsford, MA 01824	Agency	0	0	N/A	
PLACEMENTMATES, N/A	Agency	0	0	N/A	
Strategic Nursing Solutions, 300 W Main St, Smithtown, NY 11787	Agency	0	0	N/A	
The Nurse Network, LLC, 653 Main St, Plantsville, CT 06479	Agency	0	0	N/A	
Worldwide Staffing, 175 Dwight Rd #202, Longmeadow, MA 01106	Agency	0	0	N/A	
		0	0		
		0	•		
		0	•		

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Fa Windsor H	acility [ealth and Rehab Center, LLC	License No. 2214-C	Report for Ye 9/30/2023	ear Ended				Page 15	of 37
	Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustmen
1. Admini	istrative and General		35 FF		BURNEY STREET		HE 60 - 7/87	A 100 PM	CALL SE WAY
a. Em	ployee Health & Welfare Benefits		-136.53					ELL EVEL E	
1.	Workmen's Compensation		45_067	45,067					
2.	Disability Insurance	5							
3	Unemployment Insurance		3						
4.	Social Security (F.I.C.A.)	3	335,606	335,606					
	Health Insurance		337,251	337,251					
6.	Life Insurance (employees only)				HI W BLOV		PLOS A HIS	1912 51 115	THE PARTY
	(not-owners and not-operators)	\$							
7	Pensions (Non-Discriminatory)	5	121,428	121,428					
	(not-owners and not-operators)		HIS HERSE	100			2000		HINSEN D
8.	Uniform Allowance	5	6						
9.	Other (Specify)	9	13,214	13,214					
	See Attached Schedule		D)) (18 , 2017)			STEEL STATE	N S		THE WORLD
b. Per	rsonal Retirement Plans, Pensions, and	3	3						
Pro	ofit Sharing Plans for Owners and		THE PARTY.		The Paris			100000000000000000000000000000000000000	
	erators (Discriminatory)*								
c. Bac	d Debts*			125,000	(125,000)				
d. Acc	counting and Auditing			23,455					
e. Leg	gal (Services should be fully described o			18,833					
f. Ins	surance on Lives of Owners and	9	S						
Ope	erators (Specify)*		W II	SEVEN		10880		DESCRIPTION OF THE PERSON OF T	
g. Off	fice Supplies		15,837	15,837					
h. Tel	lephone and Cellular Phones				-0.03				
1.	Telephone & Pagers			40,048					
2	Cellular Phones	9		7,940	(6,500)				
i. Ap	praisal (Specify purpose and	5	6						
atto	ach copy)*								
	rporation Business Taxes (franchise tax								
	her Taxes (Not related to property - See			1000 N	TO S		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STATE OF THE PARTY	
	Income*								
2.	Other (Specify)	9	S						
	See Attached Schedule		BUR DE THE			15 01			20/01/2
	Resident Day User Fee			643,325					
Subtotal		9	1,595,504	1,727,004	(131,500)				

^{*} 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
	0					
Gift Cards & Other Employee Benefits*	\$ 13,214					
			Harrie Harries			
	0, 1, 1, 1, 1, 2, 50					
						Per res litt
			N. INC.			
						3 1310
					A COLUMN THE	
		even even				
Total	\$ 13,214	\$ -	s -	\$ -	\$ -	s -

^{*}Detail Available upon Audit

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
ISS PARENCES FOR THE AND						
		is will like				
					VIII E	ONE SEE SEE
Total	s -	s -	\$ -	\$ -	\$ -	s -

Windsor Health and Rehabilitation Center Cell Phone Disallowance September 30, 2023

Beds	No. of Phones	 wable Month	100	<u>Fotal</u> owable
1-100	3	\$ 30	\$	1,080
101-200	4	\$ 30	\$	1,440
201-300	5	\$ 30	\$	1,800
301-400	6	\$ 30	\$	2,160
Cell Phone Expense		7,940		
Allowable Cost Per Month		120		
Months in Cost Year		 12		
Total Allowable Cost		1,440		
Disallowed on Page 20, Line	: 51	6,500		

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	9	of
Windsor Health and Rehab Center,	2214-C	9/30/2023		15b	_	37
The records of this facility for the p	eriod covered by this report v	were maintained on the following basis:				
• Accrual • Cash • O	Modified Cash					
Is the accounting basis for this						
period the same as for the O	Yes	If "No," explain.	27			
previous period?	No					
	20					
Independent Accounting Firm						
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)				
1 Fred Dalicandro Bookkeeping		74 Bidwell St Glastonbury, CT				1.0
2 Marcum LLP		555 Long Wharf Dr New Haven, CT				
3						
4						
Services Provided by This Firm (de	scribe fully)					
1 Bookeeping Services Acctg Close		_	\$	13,315		
Cost report preparation services			\$	10,140		
3			\$			
4			\$			
			Charge for	Services F	rovi	ded
			\$	23,455		
Are These Charges Reflected in the Expend	iture Portion of This Report? If Ye	s, Specify Expense Classification and Line No.				
O Yes O No		0				
Legal Services Information						
Name of Legal Firm or Independent	t Attorney		Telephone	Number		
1 Murtha Cullina			(860) 240-	6000		
2						
3						
4						
5						
Address (No. & Street, City, State, .	Zip Code)					
1 280 Trumbull St, Hartford, CT	06103					
2						
3						
4						
5 Services Provided by This Firm (<i>de</i>	sariha fullu)					
	scribe july)			18,833		
1 State Survey Follow Up			\$ \$	10,033		
2			\$			
3						
4			\$			
5			\$	9 1		
			Charge for		rovi	aea
			\$	18,833		
Are These Charges Reflected in the Expend	iture Portion of This Report? If Ye	s, Specify Expense Classification and Line No.				
0.14						
O Yes O No						

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

Name of Facility	License No.	Report for Ye	ar Ended				Page 16	of 37
Windsor Health and Rehab Center, LLC	2214-C	9/30/2023				-	16	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	Subtotals Brought Forward:	1,595,504	1,727,004	(131,500)				
Travel and Entertainment Resident Travel and Entertainment	\$		3400 TUIS			ACCEPANCE.	JIEAN WEEK	BOIL BOOK
Holiday Parties for Staff								
Gifts to Staff and Residents	\$	=,000	2,000					
4. Employee Travel	\$	6,386	6,386					
 Education Expenses Related to Semina 	rs and Conventions S	1,333	1,333					
6. Automobile Expense (not purchase or	depreciation) S							
7. Other (Specify) See Attached Schedule	\$				ign j	0.00 8.00		III) yala
m. Other Administrative and General Expenses		MEN DI UNI	40,000	TOTAL ST	S S I S S	100		THE NAME
 Advertising Help Wanted (all such exp 	enses) \$	28,343	28,343					
2. Advertising Telephone Directory (all #	uch expenses)*** S							
3. Advertising Other (Specify)***	\$		6,277	(6,277)				
See Attached Schedule					0.00			(SOUTH COM
4 Fund-Raising***	\$							
5. Medical Records	S	407	407					
 Barber and Beauty Supplies (if this serv directly and not by contract or fee for s 		20 C C C C C C C C C C C C C C C C C C C			MAR		Company of the last	10011170
7. Postage	\$	2,173	2,173					
* 8. Dues and Membership Fees to Professi Associations (Specify) See Attached Schedule		3,694	3,694				#155 mm	
8a. Dues to Chamber of Commerce & Oth	er Non-Allowable Org.*** \$							
9. Subscriptions	\$							
10. Contributions*** See Attached Schedule	S	NEW THE RESERVE	1,036	(1,036)	03.W			
 Services Provided by Contract (Specify Schedule C-2, Page 21 for each firm o 		245,995	245,995					
12. Administrative Management Services**	·							
13. Other (Specify) See Attached Schedule	\$	21,494	69,169	(47,675)	S/# (#			NII COLOR
C-14 Total Administrative & General Expenditu	rres S	1,907,329	2,093,817	(186,488)				

^{*} 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	(Specify)	Adjustment
	0					
	W Best					
			THE STATE OF			
Total Other Travel and Entertainment	2 -	S -	S	\$ -	\$ -	S -

Schedule of Other Advertising

Description	CCN	H / RHNS	Ad	ustment	(Specify)	Adju	stment	(Spe	cify)	Adju	stment
		0							T.V.		
Advertising / Marketing	\$	6,277	\$	(6,277)							
الإجاز وفاقع والبدين ومودع وسراي الوابا والمتناسب المواعد والساوي						1 5	THE H			10	
Total Other Advertising	S	6,277	\$	(6,277)	\$ -	\$		\$	HEVE	\$	

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
CAHCF	S 3,694	N	V NEW THE RES			
		3 9	III III III III III III III III III II			
			11 11 - 32 17			
			D. LE. (1,533)			
						17511
			THE RES			
Total Dues	S 3,694	\$	\$ -	- 2	\$ -	\$ -

Schedule of Contributions

Description	CCN	H / RHNS	Adj	ustment	(Speci	ify)	Adju	stment	(Sp	ecify)	Adju	stment
		0										
Donation	S	1,036	\$	(1,036)				H-ACT	14 14			
							TI.	= = 111		П		±111
Total Contributions	S	1,036	\$	(1,036)			S		5		\$	- 2

Schedule of Other Administrative and General

Description	CCNH / RHN	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
						All Till
Admin/General Bank Fees	S 19,756	\$ (1,095)				
Credit Card Processing Fee	S 728	\$ (728)				Ell WALL III
Admin/General Equipment Rental	\$ 1,319					
Business Meals	S 4,272	\$ (4,272)		V V 1		
Admin/General Licenses	S 1,514		-X_1 1			
Admin/General Penalties	S 41,097	\$ {41,097}				
Administration/General Misc.	S 123	\$ (123)				
Misc. Expenses	\$ 360	\$ (360)				
Total Other Administrative and General	\$ 69,169	\$ (47,675)	S -	s -	S -	s -

Schedule C-1 - Management Services*

Cost of Management	9/30/2023	17 37 Indicate Where Costs
Management		Indicate Where Costs
Service	Full Description of Mgmt. Service Provided	are Included in Annual Report Page #/Line #
	(¥ :	
	Service	Service Provided

^{*} 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.

Is any revenue collected from these people?

Is cost of food (other than meals, e.g., snacks

at monthly staff meetings, board meetings)

provided to employees included in 2D?

Is any revenue collected from employees?

Where is the revenue received reported in the Cost Report? (Page/Line Item)

Where is the revenue received reported in the Cost Report? (Page/Line Item)

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5) Report for Year Ended 9/30/2023 License No. Name of Facility 2214-C 37 Windsor Health and Rehab Center, LLC CCNH / RHNS Adjustment (Specify) Adjustment (Specify) Adjustment Item Total 2 Dietary a. In-House Preparation & Service 321,515 321,515 Raw Food 27,501 Non-Food Supplies 27,501 3. Other (Specify)_ b. Purchased Services (by contract other \$ 1,323 1,323 than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) 12,050 12,050 Dietary Equipment / Other / COVID-19 Meals 2D. Total Dietary Expenditures (2a + b + c + d) 362,389 362,389 CCNH / RHNS (Specify) (Specify) 2E. Dietary Questionnaire Total Resident Meals: Total no. of meals served per day:* Is cost of employee meals included in 2D? O No If yes, specify Did you receive revenue from employees? O Yes O No amt. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other than If yes, specify employees or residents (i.e., Board Members, O Yes Guests) included in 2D? O No cost. If yes, specify

O No

O No

O No

amt.

cost.

If yes, specify

If yes, specify

O Yes

O Yes

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

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

Name of Facility	License		Report for Yea	r Ended			Page	of 37
Windsor Health and Rehab Center, LLC	27	214-C	9/30/2023			r	19	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs							
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	2,046	2,046					
Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.							
processed.***	Amt. \$							
3. Personal clothing of residents	Lbs.							
washed, ironed, and/or processed.***	Amt. \$							
 Repair and/or purchase of linens.*** 	Lbs.						-	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	Amt. \$							
c. Other (Specify) Laundry Supplies / Chemicals / Equipment Rer	\$ stal & Repa	7,847	7,847	Less Digital	Title v sed	0.000		Teel will
3D. Total Laundry Expenditures (3a+b+c)	\$	9,893	9,893					
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?	Yes	0	No		If yes, specify cost.			
Did you room to remain the project.	Yes	0	No		If yes, specify arnt.			
H. Where is the revenue received reported in the Cost	Report?		(Page/Line It	em)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	0	No		If yes, specify cost.		€	
J. Did you receive revenue from these people?	Yes	0	No		If yes, specify amt.			
K. Where is the revenue received reported in the Cost	Report?		(Page/Line It	em)				

^{*} 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)

	ne of Facility		Repo	rt for Year E	nded				Page	of
tiW	ndsor Health and Rehab Center, LLC	2214-C		9/30/2023					20	37
	Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping	Sq. Ft. Serviced)=========	
	a. In-House Care	by Personnel								
	 Supplies - Cleaning (Mops, pails, brooms, etc.) 	Amt.	\$	28,452	28,452					
	b. Purchased Services (by contract other	Sq. Ft. Serviced								
	than through Management Services)	by Personnel								
	(Complete Schedule C-2 att. Page 21)	Amt	\$							
	C. Other (Specify)		S	260	260					
	COVID-19 Chemical Supplies			Secretary.					TX PA	The state of
ID.	Total Housekeeping Expenditures (4a	b + c)	\$	28,712	28,712					
5.	Resident Care (Supplies)**			F-2 9		ALTE STATE	1500		Mad and	
	a Prescription Drugs***		- 1	3 20 5	TO PARTY.			-		
	Own Pharmacy		\$							
	2. Purchased from		\$		182,515	(182,515)				
	ProCare LTC & Medline Industries, Inc.			TOWN AND	The second	San San San			1 CHOOSE	
	b. Medicine Cabinet Drugs		\$							
	c. Medical and Therapeutic Supplies		\$	227,402	227,402					
	d. Ambulance/Limousine***		\$		8,587	(8,587)				
	e. Oxygen			te Espeli						San Grand
	For Emergency Use		\$							
	2. Other***		\$		23,586	(23,586)				
	f. X-rays and Related Radiological		S		11,401	(11,401)				
	Procedures***						III SWITES	NO. O. W.		a tornalists
	g. Dental (Not dentists who should be in- salaries or fees)	cluded under	\$			50.00			NY STATE	
	h. Laboratory***		\$		46,173	(46,173)				
	i. Recreation		\$	2,960	2,960					
	j. Direct Management Services*		\$							
	k. Indirect Management Services*		\$							
	I. Cable TV		\$	7,200	9,901	(2,701)				
	m. Other (Specify)****		\$		39,003	(39,003)				
	See Attached Schedule				Para St.	25 7 7 8	919 34	10 1 20 1		ES BUILD
	n. Physical Therapy Expense		\$	125	125					
	o. Speech Therapy Expense		\$							
5P	Total Resident Care Expenditures (5a -	50)	S	237,687	551,653	(313,966)				

^{*} 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	(Specify)	Adjustment
	0					
IV Infusion Therapy	\$ 39,003	\$ (39,003)				
				X-DILIID		
أنائة والأراب أجراز والأراج والمتعول والمتال				1 2 3 3 3 3	EGS/INS)	
	والنارا أقلبها والمراج والمراجع المراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع					
			COLUMN U = US		LULKETO U	
	بالتالية المتالية والمركب والمسترين					
				التجسيسي		
			- 100	2 800 100		
					, IIIsu	
			10 m			
				/////		
						Cini III
		1111111				
			NUMBER OF STREET			
		10X 25 50.		JIBSV E. III	(Y= , u≡, um	
	Extragal exercise demand recon					
Total Other Resident Care	\$ 39,003	\$ (39,003)	s -	\$ -	\$ -	\$ -

Windsor Health & Rehab Center Disallowance Schedule for Cable TV September 30, 2023

<u>Amount</u>	
\$ 9,901 TB Linked	
\$ 600	
12	
100%	
\$ 7,200	
\$ 2,701	
	\$ 9,901 TB Linked \$ 600 12 100% \$ 7,200

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 3/2023

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

Name of Facility Windsor Health and Rehab Center, LLC	ıter, LLC			License No. 2214-C	Report for Year Ended 9/30/2023				Page of 21 37
		Related ** to Owners, Operators, Officers	o Owners,				Total Cost/Page Ref.***	ge Ref.**	
Name of Individual or Company	Address	Yes	Š	Explanation of Relationship	Full Explanation of Service Provided*	CCNH /	(Specify)	(Specify)	Pg Line
Preferred Therapy Solutions		0	0	N/A	PT/ST/OT	497,887			13 5a / 9a
Facility Compliance Services LLC		0	0	N/A	Maintenance	14,444			22 6f
Paylocity	Ж	0	•	N/A	Payroll Service	104,904			16 m11
Point Click Care		0	0	N/A	Billing and Accounting Software	999'09			16 m11
Vista IT Solutions		0	0	N/A	Infromation Technology	18,180			16 m11
		0	•						
		0	•						
		0	0						
		0	•		*				
		0	0						
		0	•						
		0	•						
		0	0						
		0	•						

^{*} 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

	icense No.	Report for Year	Ended				Page	of
Windsor Health and Rehab Center, LLC	2214-C	9/30/2023				1	22	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6 Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$	54,250	54,250					
b. Heat	\$	45,628	45,628					
c. Light & Power	\$	88,049	88,049					
d Water	\$	30,505	30,505					
e. Equipment Lease (Provide detail on page	22b) \$	10,744	10,744					
f. Other (itemize)	\$	116,158	116,158					
See Attached Schedule				THE OTHER	E CONTROL TO		Hi Salies	
6g. Total Maint. & Operating Expense (6a - 6f) \$	345,334	345,334					
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$	96,667	96,667					
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$	32,687	32,687					
*7e. Total Depreciation Costs (7a + b + c + d)	\$	129,354	129,354					
Amortization (Complete att. Schedule Page . Organization Expense	24*)							
b Mortgage Expense	\$							
c. Leasehold Improvements	\$	43,923	43,923					
d Other (Specify)	\$	43,723	73,723					
*8e. Total Amortization Costs (8a + b + c + d)	\$	43,923	43,923					
9. Rental payments on leased real property less	Ψ	45,725	15,525					
real estate taxes included in item 10b	S	439,531	439,531					
10 Property Taxes		,						
a. Real estate taxes paid by owner	\$	107,019	107,019					
b. Real estate taxes paid by lessor	\$	137,317						
c. Personal property taxes	\$	60	60					
11 <i>Total Property Expenses</i> (7e + 8e + 9 + 10)		719,887	719,887					

^{*} 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	(Specify)	Adjustment
	0	11 11 2 11 11			1=161	
Equipment Rental- Other	\$ 8,610		110			
Plant/Maint Purchased Service	\$ 15,200	والمتعارضا				
Plant/Maint Trash Removal	\$ 38,425	m alie bimpeli				
Plant/Maint Service Contracts	\$ 24,886				1000000	
Plant/Maint Ground Maintenance	\$ 13,881					
Plant/Maint Equipment Rental	\$ 4,834					
Covid 19 Maintenance Supplies	\$ 9.084					101=13.01=
Covid 19 Maintenance Services	\$ 1,238					
					im mu y	
Total Other Repairs and Maintenance	\$ 116,158	\$ -	s -	\$ -	\$ -	s -

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.

SHOURD HOLDS INCIDED IN CHESS ALHOURIES.							
Name of Facility		П	License No.	Report for Year Ended	ear Ended		Page of
Windsor Health and Rehab Center, LLC			2214-C	9/30/2023			22b 37
	Related * to	¢ to					
	Owners,	s,					
	Operators,	rs,				Annual	
	Officers	S		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	ofLease	Claimed
Accelerated Care Plus Leasing, Inc., 4999 Aircenter Circle, Suite 103, Reno, NV 89502	0	•	Therapy Equipment	Monthly	Monthly	9,043	9,043
Ricoh USA, Inc., 300 Eagleview Blvd, Suite 200, Exton, PA 19341	0	•	Photcopier and Scanner	08/16/21	Monthly	1,701	1,701
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	•					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for All Leased Vehicles?	ased Vehio	cles?	O Yes	•	o No	Total ***	10,744

^{*} 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.

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2022

Name of Facility Windsor Health and Rehab Center, LLC	License No 22	No. 2214-C		Report for Year Ended 9/30/2023	nded		Page 23	of 37
Property Item	Historical Cost Exclusive of Land	al Cost ive of Less Salvage Id Value	age Cost to Be	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful	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)								WE SHIP ST
A-4. Subtotal		STILL STILLS		1024 E 12	TELEVISION OF THE PERSON OF TH	N. S.	TO TOUR	
B. Building and Building Improvements								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
 Acquired prior to this report period 	2,90	2,900,000	2,900,000	652,502	S/L	Various	199,96	
2. Disposals (attach schedule)								
Acquired during this report period (attach schedule)								A STATE OF
B-4. Subtotal	THE PARTY OF THE P	10 of 1 10 of	7		TO THE PERSON NAMED IN			799'96
C. Non-Movable Equipment								
1. Acquired prior to this report period								
Disposals (attach schedule)								
Acquired during this report period (attach schedule)								THE PERSON NAMED IN
C-4. Subtotal			and the Roll is to	State Street	N SO IN SO	000		
Is a mileage logbook maintained? Date	Date of Acquisition Historical Cost	al Cost Less		Accumulated Depreciation to	Method of			
Yes No Month	Exclusive of Land	ive of Salvage	ge Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
P.								
, D								
d.								
a. Acquired prior to this report period b. Disposals (attach schedule)	Var	464,270	464,270	311,833	S/L	Various	32,687	
Acquired during this report period (attach schedule):								
c. Administrative								
d. Standard Resident								
e. Specialized Resident								
Total Acquired during this report period								
4								32,687
E. Total Depreciation	THE WART TO	NO CALL DE LA	The second second			The second	Mary of the Owner, where	129,354

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	A40-0177 - 1-10-1			
Total additions for Land Impro	vements	\$		\$ -
Deletions:				
Total deletions for Land Impro	vements	\$		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Description of item	Cost	I	Depreciation
Additions:				
2 . 1 11.2 . 6 TO 17.12 T		s -		\$
Total additions for Building Imp	rovements	- +/()		3
Deletions:				
			e n'est e	
	The second secon			
Total deletions for Building Imp	rovements	S +=		\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

ment required during this report period		Useful	
Description of Item	Cost	Life	Depreciation
e Equipment	S S		\$ -
	أجا والأحا كالواحي		E 20 17 H I
e Equipment	s -	H. I.	Š -
		e Equipment S	Description of Item Cost Life Cost Life Cost Life Cost Life

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

		Pick One		Useful	
Acquisition Date	Description of Item	Movable Category	Cost	Life	Depreciation
Additions:					
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
	ع وتعامل الأدمار والمساول الأدمار والمساور الاستان	PICK A CATEGORY			
		PICK A CATEGORY	MIET, HILLE R		
Total additions for Movable Eq	vipment		\$ -		\$ -
Deletions:					
					a Payen in Fil
			al Russian III		
		O LEED HOE, E LO			
real extension and sales and			SHANNING S		
100000000000000000000000000000000000000					
Total deletions for Movable Equ	uipment		\$ -		S -

Schedule of Leasehold Improvements Acquired during this report period

	233 - 91 at			Useful	-12007704	00000000000000000000000000000000000000
Acquisition Date	Description of Item		Cost	Life	Depr	reciation
Additions:						
8/3/2023	Installation of New AC	\$	17,737	10	\$	1.774
12/30/2022	HVAC Repair	S	7,031	10	\$	469
4/9/2023	HVAC Repair	S	6,815	10	S	454
12/21/2022	HVAC Repair	\$	1,199	10	\$	80
12/19/2022	HVAC Repair	S	574	10	\$	38
12/26/2022	HVAC Repair	S	782	10	\$	52
10/18/2022	Repair washer and dryer		3192	10	S	319
6/2023-8/2023	Floor and Ceiling water damage repair		37152	10	\$	3,715
Total additions for	Leasehold Improvement	THE BUILDING ST	74,482		\$	6,901
Deletions:						
						Suight
				1.50		
		المراجع المتالية العصوات والمرازية				
Total deletions for	Leasehold Improvement	S	-		\$	

^{*}Ties to Page 23, Line D2c
**Ties to Page 23, Line D2b

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Windoor Health & Rehab Center FIXED ASSET / DEPRECIATION SCHEDULE

LEASTPHOLO IMPROVEMENTS		Date la Sec	de Moh	4.154	Historical Cost	July Depter	1033 A/D	Tets France	AID	hey
2018-14dition#	Landshild (mprovem	2018 Mer	s.L		137,77E	6,290	52 077	6,290	58,367	19,411
ALTERNATION OF THE PARTY OF THE			_		137,179	6,190	51,077	6,290	31,147	79,411
eplacement of bad hom in the kitchen	Leasabold Improvem	mla 10/27/201		5	871	174	595	174	570	1
archen ceiling repair moke alarm 10 year lithium battery _commercial passage	Leasth old Improvem Leasth 41 Improvem	mb 11/29/201 mb 11/20/201	8 3-L 8 5-L	12	1,543	129 240	516 960	129 240	645	1,205
year Deal Port and stall beffe	Leaded Improvem	mia 11/21/201	N 5.1	10	2.5.9	66 292	2.6-1 NOW	66 201	370 1,009	325
ral repoir anoth wing icial patient Floor bed reference 42413	Loan ebrild Improvent Leanning Improvers	mls 1/1/2019	S-T,	10	1,009	226	90.1	225	1,130	1,129
amtra food trays merater repair 2/14/19	Leadehold fugatoveni Leadehold fragatovenia	mia 1/2/2019 mia 2/18/2019		10	1,520	152 32	508 126	152 32	760 L60	750
Hier Alim teps in	Lowehold Improvement	mts 2/10/2011	3.1	- 6	1,199	240	960	239 2h6	1,100	-
non-dest tagnis ulting for light servicing	Leachold Improvem Lineabold Improvem	outs 4 W/2019	11	.5 20	1,434 3,296	165	660	165	ж23	2,471
MEAN TO ROBOTION STATES THE BEST ASSESSMENT OF THE STATES THE	Leasthold (mprovem Leasthold (coprovem	mu 4/3/2019 mb 4/20/2019	5.L 5.L	5	1,058	212 192	818 768	21D 190	1,058 958	
riling tiles for labby max	Laudold Improvem	mla 5/2/2019	5.7	12	1,836	153 106	612 424	153 196	765 530	1,0 ⁻¹ 528
militing tupon ne door replacemt - hije safety deficiencey basement door	Loadeld Improvem	7/30/201	8.1	15	3,086	206	9/2/	206	1,030	2,956
ont entry of the facility parting, fascus painting and trimin mining room, recreation room windsow treatment	g Landeld Improvem Landeld Improvem	rets 9/10/2019 rets 9/26/2019		10	4,453	145	1,710	1.100	2,335 5,500	5,500
usb gym renovation including florring, counter top and co	abinetry Leanhold Improvement	nts 9/30/2011	3.1	10	13,336	6314	3 336	L374	6,670	6,866
. Iddines					Dan	£,141	31,444	Eath	39,297	31,116
Lech acmode de Consumitations com mitage history emproy con ovis	Land Dopo execute Securited Depression	10/10/201			4,216 606	841 121	3,529 361	843 121	3,372	844 122
had inc	Leuch-41 legerment	min 1971/201	y 3/L		852	170 177	510 531	170	640 248	172
ne-Wide Electric Inc EDLINE INDUSTRUES INC	Leaded Improve Leaded Inprove	160 A/N-0109 160 3/2/2021	S/L S/L	,	1682	336	1,00%	335	1,344	338
D Stopply orabic Medical & Stopped Stopply Inc	Leaded Ingress	mix 5/5/2028			202 935	40 185	130 555	10 185	160	42 183
od Tape Svaterna	Lead-13 Introduce	esa 6-3028	3/L		1048	210	630	310	840	209
O Supply O Supply	Leadel Ingrown Leadel Ingrown	P-9/2020	SA	1	46 86	9 17	27 51	17	36 6H	110
	<i>(7</i> ,	-		_	10,551	1,100	1311	7,104	6,01	1319
11 Additions oran Express	Landold Improven	w4s 10/1/2001		*	11.310	1,131	2.262	1,131	3,393	7,917
Supply:	Leaschold Improvement	rate (0/h/202s rate (1/10/202	0 11	3	134 5,499	27 700	1,400	700	2,100	1,399
lack Martinance, LLC	Lensahold Improveme	min 11/13/202	o st.	1	6,480 830	1,296	2,592	1,296	3,033	2,592
MED Service radar equipment Co	Lenchold Improvem Landrold Improvem	rats 1/25/262	81.	,	2,101	420	840	420	1,260	841
t the state of the control of the co	Leasahol d Improvens	pts 4/14/202	31. 31.	10	2.169 3,101	434 310	620	434 310	1,392 930	167 2,171
an Hadile wa Sopply	Leasted d Imprevent	rula 4/18/202	11		359 5.400	112	214	112	316 3,346	223
BEST SUMMEY BYC	Leasabold Improvense	ris (V1/202)	21.		1,750	350	700	350	1,050	760
n annat Atherisas y Kindyapus Flouren dan's Maintenance, ELC	Leanbold Improvem Leanbold Improvem	nts 7/23/2001 nts W/17/2001	51	39	10,975 NL620	1,09E 3,724	2,196 7,448	1,098 3,724	3,294	7,681
Temp Madmind Review	Lestabold Expression Lestabold Expression	mts B/31/202	21,	10	1,425	143	234d 62	143	429	99% 220
Temp Machine and Services and Machine and, 13.0	Leaded Coperant			ÿ	11,146	1,239	4,058	2,329	6,687	4,450
					19,810	13.359	38,566	DJA	20,759	44,961
th, South and Contors	Leatahold Duprovom	nts 11/5/203		10	29,500	2,950	2,950	3,950	5 800	23,600
Lary meal tray cart arri-11 Electric LLC	Leanhold Improvement	mb 83/21/202	LL SL	5	9,894 636	1,9*9	1,979	1.979	3,058	5,916 382
Temp Mechanical Services mary appiperant repair	Leasehold biproverse Leasehold (reproverse	nts 204000		5	H,116 3,137	1,623	1,633	1,623	3 246 1 254	4,870
tennier	Leasthold Improvement	mts #13.0022	S/L	5	459	92	92	92	184 3,234	275
ticonica Biscomial punctum interestent	Landeleld Improveme	nts 8/3/2012 nts <u>9/3/2012</u>	33.	•	8,003 3,117 61,341	1,617	1,417	1,617 Tall \$2788	1,510	2,111
21. 1465-48 Islanton of New AC	Leasehald Improvemen	nts 8/3/2023	S/L	10	17,737		- 1	16,574	16,774	15,963
MRepair	Leaded baprovenu	nis \$3.96/202	\$4.	1.5	7,031	- 2	12	489	469	6,562
AC Repair AC Repair	Leasahold Lings or one Leasahold Exprovement	15 15 15 15 15 15 15 15 15 15 15 15 15 1		15	6,815		10	454	454	6,361 1,119
AIZ Report	Longated (mproverna	ots 12/19/202	3/1	133	574 782	- 5	19	34 52	3 H 52	536 730
ACT Report	Leasaheld Improveme Leasaheld Improveme	rds 10/16/202	3/1.	15	1,192	- 3	8	319	319	2,873
er and College water dantage repair	Loadeld Improvens	200000	*1,		34,411			6,501	1,00	41,00
ALLE ESTROLD-PROVENCENTS					etun	37,604	117,169	43,323	141,173	237,914
VARIET COURSEST.										
t Additions	Panitus & Fillen	2018	S1.		372,428	17,580	270,741	17,5%)	2001,321	84 (07
18.148Guns			S.L.	94	373,428	17,580	270,741 640	17.JSmj 160	219.321	84,197 790
Prevention views entiting pressure reducing matteress	Promitte & Forms of	6167019	SL	3	1,599 1,660	120	1,250	320	1,6/90	. 90
heel chair scale	Farmer & Farmer Thanking & Farmer	13/7/2014 12 - 2004	S/L	11	1,261	212 306	1,006	252 396	1,250	3,063
and Pressure Manito patient lift wheel thair	Plantage & Festures	(29429)	5 L	5	1,372	274	1,096	274	1,370	2
nga Hammata and during to an Hammata pital bods and mattrasses	Parature & Figure 2	5/t=200 #2F200		11	76,784	1,678	6,712 5,772	1,6"8	8,390 7,215	9,391 2
Control parts	Faculture & Firmure	► 7×21119	8/L	2	1,364	273	1,092	272	1,364	
part gunetion bex for electrical heds	Penetter & Fernan	#(2A/2mt)	. st.		5,097	(K019	4,076	1,019	5,044	1
1 Minns					40,000	5,713	13,943	3,754	38.444	HIM
ne trail for internet opupment	Compoles s		- 65		3,443	211 211	1,172 5,271	217	1,165	
EDLINE INDUSTRIES INC	Sandar A Formas	10/11/201		*	1,490	294	894	279	1,192	291
DLINE INDUSTRIES INC unite Medical & Stepheni Supply Inc	Farefue & Firms a Farmer	37/2020		3	2,004	401 372	1,201	401 3°2	1,694 1,4101	400 373
RECT SUPPLY HEALTHCARE EQUIPMENT	Forumer & Former	3.4/2026	\$1.		1,265	253	7.59	2.63	1,012	261
name Medical & Stagonal Supply Inc DESSENTIALS LLC	Parastar A Fixture Fixture	5/9/2020	5-1. 5-1.	,	925 3,830	185 766	555 2.7%	185 766	749 3,064	185 786
nature Medical & Singued Singely Inc ED-ESSENTIALS LLC - Materians	Parmane & Formers	6/1 1029 8/9 1029	S-L A-L	30	3,914	700 816	2,314 2,424	7/1	3,132 3,212	4,5%
SI Additions		hra kraite			11,518	2000	16,094	3,504	544	T,New
ono Computan 2. Additionae	Computation	-			979	196	393	196	Saur	391
ilogos ilogos	Compating	#2/30/212 #2/#22	S-1	1	3,990	3 829 798	3.626	3.828	1,595	11,456 2,394
thu c	Flamilier & Contact	1012012		-3	26,141	A11 FA16	E,824	5,019	10,054	17,084
AL MOYANCE EQUIPMENT					44379	HAM	311,833	13,437	,114,734	111,717
AL ASSETS FER CR. SCHEDULE					B3.374 43.52 PM	164,315	489,192	173,277	506,712 646,786	377,444 175,745
L ASSETS FER TRIAL BALLINGE INCE				-	258,087	(4,)15)	(34,396)	()10,177)	(60,006)	(178,611)
NO.										

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended	r Ended		Page	Jo
Windsor Health and Rehab Center, LLC			2214-C	t-C	9/30/2023			24	37
					Accumulated				
	Date	te of			Amort. to				
	Acqu	Acquisition			Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense									
1.									THE PARTY OF THE P
2.									
3.									
A-4. Subtotal		Children or the Children or th	THE RESERVE	音があると				No. of the last of	
B. Mortgage Expense									The state of the s
1,									
2.									2000
3.				[4					
B-4. Subtotal		1	E OF THE BUT		TO BUT TO SERVE TO SE				
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var	Various	344,624	117,269	S/L	Varion	37,022	
2. Disposals (attach schedule)									
3. Acquired during this report period	1	150000	A LINE THE	THE PROPERTY.		Salah Marketon			
(attach schedule)	Var	Var	Various	74,482		S/L	10	6,901	
C-4. Subtotal								No. of the last of	43,923
D. Total Amortization						の一直には対する	100		43,923
* Other aby line mothed mist be read									

* 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

Windsor Health and Rehab Center, LL	2214-C	9/30/2023			25	37
11. Property Questionnaire						
Part A Is the property either owned by the F or leased from a Related Party?* *If any owner or operator of this facility business association to any person or or related party transaction.	y is related by family, n		to control or	No	If "Yes," complete	
Description		Total	DENER PROPERTY		5 7 7 8 8 8	
Date Land Purchased		01/01/16				
Date Structure Completed		01/01/72				
3. If NOT Original Owner, Date o	f Purchase	01/01/16				
4. Date of Initial Licensure						
5. Total Licensed Bed Capacity		108				
6. Square Footage						
7. Acquisition Cost						
a. Land b. Building						
Part B - Owner and Related Parti	0.5	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
1. Financing	CS .	13t Wortgage	Zna wiortgage	Sid Wiergage	THITTIONE	The state of
a. Type of Financing (e.g., fixe						
b. Date Mortgage Obtained						
c. Interest Rate for the Cost Ye	ar					
d. Term of Mortgage (number of						
e. Amount of Principal Borrow	ed					
f. Principal balance outstandin	g as of	2				
Complete if Mortgage was Re	financed				10 mm	
During Current Cost Year				THE STATE OF THE STATE OF		
g. Type of Financing (e.g., fixe	d, variable)					
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (number of						
k. Amount of Principal Borrow		-				
Principal Outstanding on No Part C - Arms-Length Leases		Improvements Only	<u> </u>			
				Term of Lease	Annual Amount	of Leace
Name and Address of Lessor Rina Properties	581 Poqu	operty Leased onock Ave, Windsor,	11/01/18	Term of Lease	Annual Amount	439,531

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 Windsor Health and Rehab Center, LL License No. 2214-C		Report for Y 9/30/2023	ear Ended			1	Page 26	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage	\$							
Name of Lender	Rate	Der Z			10 5000			PER SILE IN
Address of Lender								
2. Second Mortgage	5							
Name of Lender	Rate		l esille	NA FEET	STATE OF			Marine .
Address of Lender						Mary San		10 July 19 1
3. Third Mortgage	S				100 34 30 30 30 30			
Name of Lender	Rate				THE PARK NO.	1000	A COUNTY OF	100
Address of Lender								
Fourth Mortgage	S							Mark Harrison
Name of Lender	Rate	2 000		F 1 DO F				
Address of Lender		Salva .						
B. CHEFA Loan Information								THE STATE OF
Original Loan Amount	\$		0,000					
2. Loan Origination Date				NO.			ME TO THE	
3. Interest Rate %			18 646	S TYLE S			1000	
4. Term			THE PARTY OF	TO A THE SAME				E BOOK
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 Windsor Health and Rehab Center, 22	No. I4-C		Report for Yea	ar Ended				Page 27	of 37
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Sub	totals Brou	ight Forward:							
12. C. Movable Equipment 1. Automotive Equipment		s							
A. Item	Rate	Amount	33 - 1 VA		E S CILL				
Lender				MY BEN			· 自 · 至 ·		100
Address of Lender							E 100		
2. Other (Specify)		S							
A. Item	Rate	Amount						A A S II T	
Lender							TO THE ST		
Address of Lender									E. Moral
B. Item	Rate	Amount	No.					N NA	
Lender		3							
Address of Lender			Sign Services						THE RE
 C. 3. Total Movable Equipment Inter Expense (C1 + 2) 	est	s							
12. D. Other Interest Expense (Specify) Credit Card Interest		\$		4,044	(4,044)	Pin A	AN RELIGIO		
13. Total All Interest Expense (12B7 + 12	C3 + 12D) S		4,044	(4,044)	20000			
 Insurance Insurance on Property (buildings or 	ılv)	\$	16,370	16,370					
b. Insurance on Automobiles	,/	S							
c. Insurance other than Property (as s 1. Umbrella (Blanket Coverage)	pecified at	ove) \$	142,155	142,155					
Fire and Extended Coverage		S							
3. Other (Specify)		5							
14d. Total Insurance Expenditures (14a +	b + c)	\$		158,525					
15. Total All Expenditures (A-13 thru C-		S		10,564,427	(504,687)				

F. Statement of Revenue

F. Statement of Re			T 1 1		[n (
Name of Facility License No. Windsor Health and Rehab Center, LLC 2214-C		Report for Y 9/30/2023	ear Ended		Page of 30 37
Williasof Health and Reman Center, BEC 2214-C		7/30/2023	GO III /		1 30
To		Total	CCNH / RHNS	(Specify)	(Specify)
Item	-	Total	KIIVS	(Specify)	(Specify)
I. Resident Room, Board & Routine Care Revenue	ф	10.001.400	10 201 400		
1. a. Medicaid Residents (CT only)	\$	12,321,488	12,321,488		
b. Medicaid Room and Board Contractual Allowance **	\$	(5,149,097)	(5,149,097)		
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$	720,880	720,880		
b. Medicare Room and Board Contractual Allowance **	\$	393,201	393,201		
4. a. Private-Pay Residents and Other	\$	1,532,110	1,532,110		
b. Private-Pay Room and Board Contractual Allowance **	\$	(13,885)	(13,885)	Heaving and	
II. Other Resident Revenue			DS: 8/1/	MEN BUIL	
Prescription Drugs - Medicare	\$	72,585	72,585		
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$	100,794	100,794		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$	(12,516)	(12,516)		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$	247,768	247,768		
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$	82,245	82,245		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$	87,746	87,746		
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$	24,971	24,971		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$	266,375	266,375		
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$	104,985	104,985		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$	(456,952)	(456,952)		
b. Other (Specify) - Non-Medicare	\$	(301,732)	(301,732)		
III. Total Resident Revenue (Section I. thru Section II.)	\$	10,020,966	10,020,966		
V. Other Revenue*			547.13	(2.33)	
1. Meals sold to guests, employees & others	\$	(2,294)	(2,294)		
Rental of rooms to non-residents	\$,-,,			
3. Telephone	\$				
Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$	52,019	52,019		
6. Private Duty Nurses' Fees	\$,0.7			
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$	787,345	787,345		
V. Total Other Revenue (1 thru 8)	\$	837,070	837,070		
			77		
VI. Total All Revenue (III +V)	\$	10,858,036	10,858,036		

^{*} 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)
Yen,		0		
30 II6a	X-Ray Medicare A	\$ 2.670		
30 II6a	Laboratory- Medicare	\$ 11,979		
30 II6a	Oxygen Medicare A	\$ 185		
30 II6a	Medicare Contract Allow Ancill	\$ (448,937)		
30 II6a	Med B Contract Allow Ancil	\$ (22,849)		
Total Oth	er Resident Revenue - Medicare	\$ (456,952)	S -	- 2

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		0		
30 II6b	Xray Private	\$ 142		Jetesédz t
30 II6b	XRay Medicaid	\$ 2,175		1 100
30 II6b	XRay Managed Care	\$ 890		
30 II6b	Laboratory-Private	\$ 12,642		100
30 II6b	Laboratory-Medicaid	\$ 4,310		
30 [16b	Laboratory- Managed	\$ 895	11 2 3 22	
30 II6b	Oxygen-Private	\$ 398		
30 H6b	Oxygen- Medicaid	S 1,474		
30 II6b	Medicaid Contr Allow Ancilla	\$ (210,225)		
30 II6b	Other Contract Allow Ancillary	\$ (8,482)		
30 H6b	Mgd Care Contract Allow Ancill	\$ (105,951)		
Total Oth	er Resident Revenue	\$ (301,732)	- 2	- 2

Interest Income

Account

Page Re	f Account	Balance	CCN	H/RHNS	(Sp	ecify)	(Sp	ecify)
				0				
30 IV5	ERTC Refund Interest Income	N/A	S	37,064				1100011
30 IV5	Bank Interest Income	N/A	S	14,955				
Total In	terest Income		S	52,019	S	1 2	s	

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		0		
30 IV8	Transportation Service	\$ (8,375)		
30 IV8	ERTC Refunds	\$ 795,720		
			Tall in	
1000				
			11 11 27 6	
Total Oth	er Revenue	S 787,345	S e	S (*)

G. Balance Sheet

Name of Fa	=	License No.	Report for Year Er	nded	Page of
Windsor He	ealth and Rehab Center, LL		9/30/2023		31 37
		Account			Amount
Assets					
	ent Assets	`		6	1 720 444
	ash (on hand and in banks		D 1D 14-)	\$	1,730,444
	esident Accounts Receivab	`		\$	2,855,938
	other Accounts Receivable (Excluding Owners of	r Related Parties)	\$	(15,934
	nventories			\$	52 (15
	repaid Expenses		10.50	\$	53,617
	Prepaid Insurance		10,736		
b.	PrePaid Real Estate Taxe	S	42,881		
c.					
	. See Schedule				Legal Control No.
	nterest Receivable			\$	
7. M	ledicare Final Settlement R	eceivable		\$	
8. O	ther Current Assets (itemiz	re)		\$	79,479
· ·	Patient Refund Acct		74,914 4,565	- R	
÷	Utility Deposits		4,303	-	
-	See Schedule			0.8	
A-9. <i>Total</i>	Current Assets (Lines Al	thru 8)		\$	4,703,544
B. Fixed	l Assets				
1. L	and			\$	
2. L	and Improvements	*Historical Cost		\$	
	•	Accum. Depreciati	ion N	et	
3. B	uildings	*Historical Cost		\$	
		Accum. Depreciati	ion N	et	
4. L	easehold Improvements	*Historical Cost	419,106	\$	257,914
	All I	Accum. Depreciati	ion 161,192 N	et	
5. N	on-Movable Equipment	*Historical Cost		\$	
5. 1.		Accum. Depreciati	ion N	et	
6 M	Iovable Equipment	*Historical Cost	464,270	\$	119,750
0. 1	iovabie Equipment	Accum. Depreciati			113,74
7 1/	fotor Vehicles	*Historical Cost	371,320 11	\$	
/. IV	TOTOL V CHICLOS	Accum. Depreciati	ion N	et	
8. M	 Iinor Equipment-Not Depre		ton 1v	\$	
9 ()	ther Fixed Assets (itemize))		\$	(198,081)
<i>)</i> . 0	F/S vs C/R NBV	,	(198,081)		(.)
-	See Schedule		(170,001)		
B-10. To	total Fixed Assets (Lines B	1 thru 9)		\$	179,583

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

Schedule of Prep	aid Expenses Page 31 Line A5	
Page Ref Line	Ref Description	
		-
		المرسال إلاه
otal Prepaid Ex	penies	\$ -
	r Current Assets (itemized) Page 31 Line A8	
age Ref Line	Ref Description	
		5 .
etal Other Curi	vnt Assets (Remize)	[3
chedule of Othe	r Fixed Assets (Itemize) Page 31 Line B9	
age Ref Line	Ref Description	
		7 1 1111
	CONTINUE AND CONTINUE AND	5
atal Other Othe	r Fixed Assets (Hemize)	
akadala ar Oska	A seek Book 22 Line D7	
eneaute of Othe	r Assets Page 32 Line D7	
age Ref Line	Ref Description	1166
T		
THE TREE		
		0
etal Other Asse		15 -
ichedule of Note	Payable (Itemize) Page 33 Line A2	
Page Ref Line	Ref Description	
ntal Nutes Paya	ale	5
h h-l - 60th	r Current Liabilities (Itemize) Page 33 Line A12	
	Ref Description	
	فالمستكين المستدار وبراي والمتحاص المستحرب المراجع والمتحاص المتحاص	
	والمتعادية والمتعادي والمتعادي والمتعادي والمتعادي والمتعادي والمتعادي والمتعادي والمتعادي والمتعادي	
otal Other Curr	ent Liabilities (Itemize)	\$
chedule of Othe	r Long-Term Liabilities (Itensize) Page 34 Line B4	
	Ref Description	
		e kiele
otal Other Curr	ent Liabilities (Itemize)	\$.

G. Balance Sheet (cont'd)

Nam	e of	Facility	License No.	Report for Year Ended		Page	_	of
Wind	dsor	Health and Rehab Center, LLC	2214-C	9/30/2023		32		37
			Account			Am	ount	
				Total Brought Forward:	\$		4,883	,127
C.	Le	asehold or like property record	ed for Equity Purposes,					
	1.	Land			\$			
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciation		\$			
	3.	Buildings	*Historical Cost	2,900,000				
			Accum. Depreciation	749,169 Net	\$		2,150),831
	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	\$			
		Minor Equipment-Not Depres			\$			
C-8		tal Leasehold or Like Propert	ies (C1 thru 7)		\$		2,150),831
D.		vestment and Other Assets						
		Deferred Deposits			\$			
		Escrow Deposits			\$		37	7,277
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciation	Net	\$			
	4.				\$			
	5.	Investments Related to Reside	ent Care (itemize)		\$			
					10			
	6.	Loans to Owners or Related I	Porties (itamiza)		\$		H WIERZY	
-	0.	Name and Address	Amount	Loan Date	4	2 103403.7	0.10	100
		Name and Address	Amount	Loan Date				
					A			
	7.	Other Assets (itemize)		<u> </u>	\$			
		,						
					H.			
		See Schedule			10	15 200		72115
D-8.	To	tal Investments and Other As	sets (Lines D1 thru 7)		\$		37	7,277
D-9.	To	tal All Assets (Lines A9 + B1	0 + C8 + D8		\$		7,071	,235

^{*} 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 Fac	cility		License No.	Report for Year l	Ended	Page	of
Windsor Hea	alth ar	nd Rehab Center, LLC	2214-C	9/30/2023		33	37
			Account			1	Amount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable				\$	1,478,672
	2.	Notes Payable (itemize)				\$	
		See Schedule		> (t)		Φ.	A VIEW BY THE REST
	3.	Loans Payable for Equipm			D 4. Door	\$	
		Name of Lender	Purpose	Amount	Date Due		
						Pante 8	
						and the second	
						BEL NOW	
						THE REAL PROPERTY.	
						THE PARTY	
1							
	4.	Accrued Payroll (Exclusiv	e of Owners and/or	Stockholders only)		\$	254,994
	5.	Accrued Payroll (Owners	and/or Stockholders	only)		\$	
	6.	Accrued Payroll Taxes Pay	yable			\$	
	7.	Medicare Final Settlement	Payable			\$	
	8.	Medicare Current Financir	ng Payable			\$	
	9.	Mortgage Payable (Curren	nt Portion)			\$	
	10.	. Interest Payable (Exclusive	e of Owner and/or R	lelated Parties)		\$	
	11.	Accrued Income Taxes*				\$	
	12.	Other Current Liabilities (itemize)			\$	(5)
		Accrued Employee Deductions		(5)		ALEST VEY	
		57. The state of t		See Schedule		1 800 8	grading that a
A-13	. To	tal Current Liabilities (Lin	es A1 thru 12)			\$	1,733,661

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Windsor Health and Rehab Center, LLC	2214-C	9/30/2023		34	37
F	Account			Ar	nount
		Total Brou	ght Forward:		1,733,661
Liabilities (cont'd)			1		
B. Long-Term Liabilities					
Loans Payable-Equipment (T		S	HE DISCO
Name of Lender	Purpose	Amount	Date Due		
			1		
			1 1		
			1 1		
			1 1		
			1		
				Non-Tel-	
2. Mortgages Payable					
3. Loans from Owners or Rela	ted Parties (itemize)			\$	(13,415)
Name and Address of Lender	Amount	Loan I	Date		
Due to Member - Alatise	(13 /15)	Various			
Due to Member - Alatise	(15,415)	Various			
			- 1		
			- 1		
4. Other Long-Term Liabilities	(itemize)	***	5	5	
-					
-					
See Schedule					
B-5. Total Long-Term Liabilities (I	ines B1 thru 4)		5	5	(13,415)
C. Total All Liabilities (Lines A-1					1,720,246

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

	e of Facility License N				ear Ended		Page	of
Win	dsor Health and Rehab Center, LL 221 Account		9/30/20	23			35 Am	ount 37
Α.	Reserves						AII	lount
	Reserve for value of leased land					\$		
	Reserve for depreciation value of leased	buildings	and ann	urtens	nces	Ť		
	to be amortized	buildings	and app	ui tona	inices	\$		
	to be differenced							
	3. Reserve for depreciation value of leased	personal	property	(Equi	ity)	\$		
	4. Reserve for leasehold real properties on	which fair	rental v	alue i	s based	\$		2,150,831
	5. Reserve for funds set aside as donor rest	ricted				\$		
	6. Total Reserves					\$		2,150,831
B.	Net Worth							
	1. Owner's Capital					\$		(1,574,009)
	2. Capital Stock					\$		
	3. Paid-in Surplus					\$		
	4. Treasury Stock					\$		
	5. Cumulated Earnings					\$		4,360,281
	6. Gain or Loss for Period	10/1/2022	th	ru	9/30/2023	\$		413,886
	7. Total Net Worth					\$		3,200,158
C.	Total Reserves and Net Worth					\$		5,350,989
D.	Total Liabilities, Reserves, and Net Worth					\$		7,071,235

H. Changes in Total Net Worth

Name of Facility License No.	Report for Year	Ended	Page	of
Windsor Health and Rehab Center, LLC 2214-C	9/30/2023		36	37
Account			1	Amount
A. Balance at End of Prior Period as shown on Report	of 09/30/2022		\$	2,896,812
B. Total Revenue (From Statement of Revenue Page 3	30)		\$	10,858,036
C. Total Expenditures (From Statement of Expenditure			\$	10,444,150
D. Net Income or Deficit			\$	413,886
E. Balance			\$	3,310,698
F. Additions 1. Additional Capital Contributed (itemize) Total Expenditures Per Page 27 \$10,564 F/S vs C/R Depreciation (120 Total Expenditures per F/S \$10,444 2. Other (itemize) Prior Period Adjustment	,277)			
F-3. Total Additions			\$	(110,540)
G. Deductions	Nacros :			
1. Drawings of Owners/Operators/Partners (Speci			\$	PRINCES WEST
Name and Address (No., City, State, Zip)	Title	Amount		
2. Other Withdrawings (Specify)			\$	
Purpose	Amo	unt		
3. Total Deductions			\$	
	/30/23		\$	3,200,158

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page of					
Windsor Health and Rehab Center, LLC	2214-C	9/30/2023	37 37					
	Check appropriate category	i .						
☐ Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	□ (Specify)	□ (Specify)						
	Preparer/Reviewer Certification	ation						
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 Freparer	PRINCIPAL	Date Signed	<i>f</i>					
Printed Name of Preparer	<u> </u>	-						
Matthew Bavolack								
AddresAddress		Phone Number						
555 Long Wharf Drive, New Haven, CT 065		203-781-9680						
Contacted Person Regarding Additional Info	ormation Needed Regarding This Report	Phone Number						
Fred Dalicandro		860-212-8558						
Contact Email Address								
II								
Hermanfromhartford@gmail.com								