

State of Connecticut



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

Name of Facility (as licensed) Windsor Health and Rehab Center, LLC	
Address (No. & Street, City, State, Zip Code) 581 Poquonock Ave, Windsor, CT	
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 2214-C	(Specify)	(Specify)	Medicare Provider 07-5011
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Medicaid Provider Numbers:	CCNH / RHNS 9589	(Specify)	(Specify)
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General Information

Name of Facility (as licensed) Windsor Health and Rehab Center, LLC	License No. 2214-C	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 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) Subject 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 Adjustment			Page 1A	of 37
Name of Facility Windsor Health and Rehab Center, LLC		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 581 Poquonock Ave, Windsor, CT				
Report Prepared By Marcum LLP		Phone Number 203-781-9680	Date 1/24/2024	
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. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-688-7211		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Windsor Health and Rehab Center, LLC		Address (No. & Street, City, State, Zip) 581 Poquonock Ave, Windsor, CT		
License Numbers:	CCNH / RHNS 2214-C	(Specify)	(Specify)	Medicare Provider No. 07-5011
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="checkbox"/> Proprietorship <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Lara Alatise		Nursing Home Administrator's License No.:	2214-C	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

**General Information and Questionnaire
Individual Proprietorship**

Name of Facility Windsor Health and Rehab Center, LLC	License No. 2214-C	Report for Year Ended 9/30/2023	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility Windsor Health and Rehab Center, LLC	License No. 2214-C	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 %**				
Related Party Notes	581 Poquonock Ave, Windsor, CT	<input type="radio"/>	<input checked="" type="radio"/>	See Balance Sheet			
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Windsor Health and Rehab Center, LLC	License No. 2214-C	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 (<i>See listing page 13</i>)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
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 Windsor Health and Rehab Center, L	License No. 2214-C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		0		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<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				
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		No		
<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 Windsor Health and R	License No. 2214-C	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 Windsor Health and Rehab Center, LLC	License No. 2214-C	Report for Year Ended 9/30/2023				Page 8		of 37	
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Total	CCNH / RHNS	(Specify)	(Specify)
		Total (Specify)	CCNH / RHNS	Total	CCNH / RHNS				
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	108	108							
B. On last day of THIS report period	108	108			108	108			
2. Number of Residents									
A. As of midnight of PREVIOUS report period	87	87			87	87			
B. As of midnight of THIS report period	99	99			99	99			
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	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds									
A. Medicaid Bed Reserve Days									
B. Other Bed Reserve Days									
5. Total Resident Days (3G + 4A + 4B)	34,003	34,003			25,182	25,182	8,821	8,821	

Schedule of Resident Statistics (Cont'd)

Name of Facility Windsor Health and Rehab Center, LLC	License No. 2214-C	Report for Year Ended 9/30/2023	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

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

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH / RHNS	(Specify)	(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	5	89		5				
Per Diem Rate								
a. One bed rm.	Var	#####		456.00				
b. Two bed rms.	Var	#####		424.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	1,983	1,983			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	150	150			
2. Restorative Treatments					
C. Other	800	800			
D. Total Physical Therapy Treatments	2,933	2,933			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	282	282			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	30	30			
2. Restorative Treatments					
C. Other	250	250			
D. Total Speech Therapy Treatments	562	562			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	1,268	1,268			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	150	150			
2. Restorative Treatments					
C. Other	800	800			
D. Total Occupational Therapy Treatments	2,218	2,218			

Report of Expenditures - Salaries & Wages

Name of Facility Windsor Health and Rehab Center, LLC	License No. 2214-C	Report for Year Ended 9/30/2023	Page 10	of 37
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Are time records maintained by all individuals receiving compensation? Yes No

Item	Total Cost and Hours									
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours	
A. Salaries and Wages*										
1. Operators/Owners (Complete also Sec. I of Schedule A1)										
2. Administrator(s) (Complete also Sec. III of Schedule A1)	176,760		2,075							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)										
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	469,062		14,558							
5. Dietary Service										
a. Head Dietitian										
b. Food Service Supervisor										
c. Dietary Workers	409,236		19,842							
6. Housekeeping Service										
a. Head Housekeeper										
b. Other Housekeeping Workers	175,492		9,859							
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance										
b. Other Maintenance Workers	139,021		6,245							
8. Laundry Service										
a. Supervisor										
b. Other Laundry Workers	74,679		4,213							
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	123,270		1,899							
b. RN										
1. Direct Care	580,844		13,209							
2. Administrative**	255,270		9,271							
c. LPN										
1. Direct Care	199,676		6,701							
2. Administrative**										
d. Aides and Attendants	1,283,241		60,517							
e. Physical Therapists										
f. Speech Therapists										
g. Occupational Therapists										
h. Recreation Workers	100,871		5,078							
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	83,409		2,573							
n. Marketing										
o. Other (Specify)										
See Attached Schedule										
<i>A-13. Total Salary Expenditures</i>	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)

Position	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
	0								
Total	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
	0								
Total	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

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

Name of Facility Windsor Health and Rehab Center, LLC	License No. 2214-C	Report for Year Ended 9/30/2023		Page 11	of 37								
		CCNH / RHNS	Salary Paid (Specify)			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		
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).													
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.

**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	
Windsor Health and Rehab Center, LLC		2214-C		9/30/2023			12	37	
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS (Specify)	(Specify)							
Section III - Administrators***									
Lara Alatise	176,289		Non-Discriminatory	Administrator	2,075	A2			
Section IV - Assistant Administrators									

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include **all** other employment worked during the cost year.
 *** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of				
Windsor Health and Rehab Center, LLC	2214-C	9/30/2023		13	37				
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)									
1. Dietitian									
2. Dentist	10,789		120						
3. Pharmacist	6,064		40						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	211,900		1,210						
b. Other									
6. Social Worker	616		18						
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	30,550		111						
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 Physician Services	189	(189)	3						
9. Speech Therapist									
a. Resident Care	60,583		302						
b. Other									
10. Occupational Therapist									
a. Resident Care	225,404		1,288						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	140,777		1,750						
2. Administrative***									
b. LPN									
1. Direct Care	990,033		17,992						
2. Administrative***									
c. Aides	542,437		15,498						
d. Other									
12. Other (Specify)									
See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	2,219,342	(189)	38,332						

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended				Page	of
Windsor Health and Rehab Center, LLC	2214-C	9/30/2023				15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
I. Administrative and General							
a. Employee Health & Welfare Benefits							
1. Workmen's Compensation	\$ 45,067	45,067					
2. Disability Insurance	\$						
3. Unemployment Insurance	\$						
4. Social Security (F.I.C.A.)	\$ 335,606	335,606					
5. Health Insurance	\$ 337,251	337,251					
6. Life Insurance (employees only) (not-owners and not-operators)	\$						
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 121,428	121,428					
8. Uniform Allowance	\$						
9. Other (Specify) See Attached Schedule	\$ 13,214	13,214					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$						
c. Bad Debts*	\$	125,000	(125,000)				
d. Accounting and Auditing	\$ 23,455	23,455					
e. Legal (Services should be fully described on Page 15b)	\$ 18,833	18,833					
f. Insurance on Lives of Owners and Operators (Specify)*	\$						
g. Office Supplies	\$ 15,837	15,837					
h. Telephone and Cellular Phones							
1. Telephone & Pagers	\$ 40,048	40,048					
2. Cellular Phones	\$ 1,440	7,940	(6,500)				
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	\$ 643,325	643,325					
Subtotal	\$ 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					
Total	\$ 13,214	\$ -	\$ -	\$ -	\$ -	\$ -

*Detail Available upon Audit

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

<u>Beds</u>	<u>No. of Phones</u>	<u>Allowable Per Month</u>	<u>Total Allowable</u>
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 Windsor Health and Rehab Center,	License No. 2214-C	Report for Year Ended 9/30/2023	Page 15b	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Fred Dalicandro Bookkeeping		74 Bidwell St Glastonbury, CT		
2 Marcum LLP		555 Long Wharf Dr New Haven, CT		
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Bookeeping Services Acctg Close		\$	13,315	
2 Cost report preparation services		\$	10,140	
3		\$		
4		\$		
			Charge for Services Provided	
			\$ 23,455	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Murtha Cullina			(860) 240-6000	
2				
3				
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 280 Trumbull St, Hartford, CT 06103				
2				
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 State Survey Follow Up		\$	18,833	
2		\$		
3		\$		
4		\$		
5		\$		
			Charge for Services Provided	
			\$ 18,833	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No				

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

Name of Facility Windsor Health and Rehab Center, LLC		License No. 2214-C		Report for Year Ended 9/30/2023			Page 16	of 37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:								
	1,595,504	1,727,004	(131,500)					
l. Travel and Entertainment								
1. Resident Travel and Entertainment	\$							
2. Holiday Parties for Staff	\$							
3. Gifts to Staff and Residents	\$ 2,000	2,000						
4. Employee Travel	\$ 6,386	6,386						
5. Education Expenses Related to Seminars and Conventions	\$ 1,333	1,333						
6. Automobile Expense (not purchase or depreciation)	\$							
7. Other (Specify) See Attached Schedule	\$							
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (all such expenses)	\$ 28,343	28,343						
2. Advertising Telephone Directory (all such expenses)***	\$							
3. Advertising Other (Specify)*** See Attached Schedule	\$	6,277	(6,277)					
4. Fund-Raising***	\$							
5. Medical Records	\$ 407	407						
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$							
7. Postage	\$ 2,173	2,173						
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 3,694	3,694						
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$							
9. Subscriptions	\$							
10. Contributions*** See Attached Schedule	\$	1,036	(1,036)					
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 245,995	245,995						
12. Administrative Management Services**	\$							
13. Other (Specify) See Attached Schedule	\$ 21,494	69,169	(47,675)					
C-14 Total Administrative & General Expenditures	\$ 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 expense in the Adjustment column.

Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
Total Other Travel and Entertainment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
Advertising / Marketing	\$ 6,277	\$ (6,277)				
Total Other Advertising	\$ 6,277	\$ (6,277)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
CAHCF	\$ 3,694					
Total Dues	\$ 3,694	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
Donation	\$ 1,036	\$ (1,036)				
Total Contributions	\$ 1,036	\$ (1,036)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
Admin/General Bank Fees	\$ 19,756	\$ (1,095)				
Credit Card Processing Fee	\$ 728	\$ (728)				
Admin/General Equipment Rental	\$ 1,319					
Business Meals	\$ 4,272	\$ (4,272)				
Admin/General Licenses	\$ 1,514					
Admin/General Penalties	\$ 41,097	\$ (41,097)				
Administration/General Misc.	\$ 123	\$ (123)				
Misc. Expenses	\$ 360	\$ (360)				
Total Other Administrative and General	\$ 69,169	\$ (47,675)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Windsor Health and Rehab Center, LLC	License No. 2214-C	Report for Year Ended 9/30/2023	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

*** 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
Windsor Health and Rehab Center, LLC	2214-C	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
2. Dietary							
a. In-House Preparation & Service							
1. Raw Food	\$ 321,515	321,515					
2. Non-Food Supplies	\$ 27,501	27,501					
3. Other (Specify) _____	\$ _____						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,323	1,323					
c. Other (Specify) _____ Dietary Equipment / Other / COVID-19 Meals	\$ 12,050	12,050					
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 362,389	362,389					
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 type="radio"/> Yes	<input checked="" type="radio"/> No					
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.			
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)							
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.			
K. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.			
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)							
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.			
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.			
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)							

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Windsor Health and Rehab Center, LLC		2214-C	9/30/2023				19	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
3. Laundry								
a. In-House Processing*								
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.							
	Amt. \$	2,046	2,046					
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)	\$							
c. Other (Specify)	\$	7,847	7,847					
<i>Laundry Supplies / Chemicals / Equipment Rental & Repair</i>								
3D. Total Laundry Expenditures (3a + b + c)	\$	9,893	9,893					
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
Windsor Health and Rehab Center, LLC		2214-C	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4. Housekeeping								
a. In-House Care	Sq Ft. Serviced by Personnel							
1. Supplies - Cleaning (Mops, pails, brooms, etc.)	Amt. \$	28,452	28,452					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	Sq Ft. Serviced by Personnel							
	Amt. \$							
C. Other (Specify)		260	260					
COVID-19 Chemical Supplies								
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 28,712	28,712					
5. Resident Care (Supplies)**								
a. Prescription Drugs***								
1. Own Pharmacy	\$							
2. Purchased from ProCare LTC & Medline Industries, Inc.	\$		182,515	(182,515)				
b. Medicine Cabinet Drugs	\$							
c. Medical and Therapeutic Supplies	\$	227,402	227,402					
d. Ambulance/Limousine***	\$		8,587	(8,587)				
e. Oxygen								
1. For Emergency Use	\$							
2. Other***	\$		23,586	(23,586)				
f. X-rays and Related Radiological Procedures***	\$		11,401	(11,401)				
g. Dental (Not dentists who should be included under salaries or fees)	\$							
h. Laboratory***	\$		46,173	(46,173)				
i. Recreation	\$	2,960	2,960					
j. Direct Management Services*	\$							
k. Indirect Management Services*	\$							
l. Cable TV	\$	7,200	9,901	(2,701)				
m. Other (Specify)**** See Attached Schedule	\$		39,003	(39,003)				
n. Physical Therapy Expense	\$	125	125					
o. Speech Therapy Expense	\$							
5P. Total Resident Care Expenditures (5a - 5o)		\$ 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)				
Total Other Resident Care	\$ 39,003	\$ (39,003)	\$ -	\$ -	\$ -	\$ -

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

Pg. 20b

	<u>Amount</u>	
Total Cable TV Expense acct #7053.10	\$ 9,901	TB Linked
Monthly Allowable amount	\$ 600	
Months in Year	12	
% of Actual Days in Cost Year (365 Days)	<u>100%</u>	
Total Allowable Cost	\$ 7,200	
Disallowed Cable TV	<u><u>\$ 2,701</u></u>	

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

Name of Facility Windsor Health and Rehab Center, LLC		License No. 2214-C	Report for Year Ended 9/30/2023	Page of 21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH / RHNS	Total Cost/Page Ref.***	Pg	Line
		Yes	No					
Preferred Therapy Solutions		<input type="radio"/>	<input checked="" type="radio"/>	PT / ST / OT	497,887		13	5a / 9i
Facility Compliance Services LLC		<input type="radio"/>	<input checked="" type="radio"/>	Maintenance	14,444		22	6f
Paylocity		<input type="radio"/>	<input checked="" type="radio"/>	Payroll Service	104,904		16	m11
Point Click Care		<input type="radio"/>	<input checked="" type="radio"/>	Billing and Accounting Software	60,666		16	m11
Vista IT Solutions		<input type="radio"/>	<input checked="" type="radio"/>	Information Technology	18,180		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"/>					
		<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
Windsor Health and Rehab Center, LLC		2214-C	9/30/2023				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 (<i>Provide detail on page 22b</i>)	\$ 10,744	10,744						
f. Other (<i>itemize</i>)	\$ 116,158	116,158						
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 345,334	345,334						
7. Depreciation (<i>complete schedule page 23*</i>)								
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						
8. Amortization (<i>Complete att. Schedule Page 24*</i>)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$ 43,923	43,923						
d. Other (<i>Specify</i>)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$ 43,923	43,923						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 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	\$							
c. Personal property taxes	\$ 60	60						
11. Total Property Expenses (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					
Equipment Rental- Other	\$ 8,610					
Plant/Maint Purchased Service	\$ 15,200					
Plant/Maint Trash Removal	\$ 38,425					
Plant/Maint Service Contracts	\$ 24,886					
Plant/Maint Ground Maintenance	\$ 13,881					
Plant/Maint Equipment Rental	\$ 4,834					
Covid 19 Maintenance Supplies	\$ 9,084					
Covid 19 Maintenance Services	\$ 1,238					
Total Other Repairs and Maintenance	\$ 116,158	\$ -	\$ -	\$ -	\$ -	\$ -

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 Windsor Health and Rehab Center, LLC		License No. 2214-C		Report for Year Ended 9/30/2023			Page 22b	of 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
Accelerated Care Plus Leasing, Inc., 4999 Aircenter Circle, Suite 103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Therapy Equipment	Monthly		9,043*	9,043		
Ricoh USA, Inc., 300 Eagleview Blvd, Suite 200, Exton, PA 19341	<input type="radio"/>	<input checked="" type="radio"/>	Photocopier and Scanner	08/16/21	Monthly	1,701	1,701		
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***
								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 6c.

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ -		\$ - *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
8/3/2023	Installation of New AC	\$ 17,737	10	\$ 1,774
12/30/2022	HVAC Repair	\$ 7,031	10	\$ 469
4/9/2023	HVAC Repair	\$ 6,815	10	\$ 454
12/21/2022	HVAC Repair	\$ 1,199	10	\$ 80
12/19/2022	HVAC Repair	\$ 574	10	\$ 38
12/26/2022	HVAC Repair	\$ 782	10	\$ 52
10/18/2022	Repair washer and dryer	3192	10	\$ 319
6/2023-8/2023	Floor and Ceiling water damage repair	37152	10	\$ 3,715
Total additions for Leasehold Improvement		\$ 74,482	-	\$ 6,901 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended		Page	of	
Windsor Health and Rehab Center, LLC		2214-C		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						
A. Organization Expense								
1.								
2.								
3.								
A-4. Subtotal								
B. Mortgage Expense								
1.								
2.								
3.								
B-4. Subtotal								
C. Leasehold Improvements and Other								
1. Acquired prior to this report period	Var	Var	Various	344,624	117,269	S/L	37,022	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	Var	Var	Various	74,482		S/L	6,901	
C-4. Subtotal								43,923
D. Total Amortization								43,923

* 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 Windsor Health and Rehab Center, LL	License No. 2214-C	Report for Year Ended 9/30/2023	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		01/01/16		
2. Date Structure Completed		01/01/72		
3. If NOT Original Owner, Date of 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 Parties		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				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
Rina Properties	581 Poquonock Ave, Windsor, CT 06095	11/01/18		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		License No.	Report for Year Ended				Page	of
Windsor Health and Rehab Center, LL		2214-C	9/30/2023				26	37
Item		Total	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	
Windsor Health and Rehab Center.		2214-C		9/30/2023				27	37	
Item				Total	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)				\$		4,044	(4,044)			
Credit Card Interest										
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$		4,044	(4,044)			
14. Insurance										
a. Insurance on Property (buildings only)				\$	16,370	16,370				
b. Insurance on Automobiles				\$						
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$	142,155	142,155				
2. Fire and Extended Coverage				\$						
3. Other (Specify)				\$						
14d. Total Insurance Expenditures (14a + b + c)				\$	158,525	158,525				
15. Total All Expenditures (A-13 thru C-14)				\$	10,059,740	10,564,427	(504,687)			

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Windsor Health and Rehab Center, LLC	2214-C	9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
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)			
II. Other Resident Revenue					
1. a. 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			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ (2,294)	(2,294)			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$ 52,019	52,019			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$ 787,345	787,345			
V. Total Other Revenue (1 thru 8)	\$ 837,070	837,070			
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)
		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 Other Resident Revenue - Medicare		\$ (456,952)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
			0		
30 IV5	ERTC Refund Interest Income	N/A	\$ 37,064		
30 IV5	Bank Interest Income	N/A	\$ 14,955		
Total Interest Income			\$ 52,019	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		0		
30 IV8	Transportation Service	\$ (8,375)		
30 IV8	ERTC Refunds	\$ 795,720		
Total Other Revenue		\$ 787,345	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Windsor Health and Rehab Center, LLC	2214-C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (on hand and in banks)			\$	1,730,444
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,855,938
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(15,934)
4. Inventories			\$	
5. Prepaid Expenses			\$	53,617
a. Prepaid Insurance	10,736			
b. PrePaid Real Estate Taxes	42,881			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize)			\$	79,479
Patient Refund Acct	74,914			
Utility Deposits	4,565			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,703,544
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>419,106</u>		\$	257,914
	Accum. Depreciation <u>161,192</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>464,270</u>		\$	119,750
	Accum. Depreciation <u>344,520</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	(198,081)
F/S vs C/R NBV	(198,081)			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	179,583

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

Page Ref	Line Ref	Description	
Total Other Long-Term Liabilities (Itemize)			\$ -

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	32	37
Account				Amount	
Total Brought Forward:				\$	4,883,127
C.	Leasehold or like property recorded for Equity Purposes.				
1.	Land				\$
2.	Land Improvements	*Historical Cost _____	Accum. Depreciation _____	Net	\$
3.	Buildings	*Historical Cost <u>2,900,000</u>	Accum. Depreciation <u>749,169</u>	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	\$
7.	Minor Equipment-Not Depreciable				\$
C-8	Total Leasehold or Like Properties (C1 thru 7)				\$ 2,150,831
D.	Investment and Other Assets				
1.	Deferred Deposits				\$
2.	Escrow Deposits				\$ 37,277
3.	Organization Expense	*Historical Cost _____	Accum. Depreciation _____	Net	\$
4.	Goodwill (Purchased Only)				\$
5.	Investments Related to Resident Care (<i>itemize</i>)				\$
6.	Loans to Owners or Related Parties (<i>itemize</i>)				\$
	Name and Address	Amount	Loan Date		
7.	Other Assets (<i>itemize</i>)				\$
	See Schedule				
D-8.	Total Investments and Other Assets (Lines D1 thru 7)				\$ 37,277
D-9.	Total All Assets (Lines A9 + B10 + 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 Facility		License No.	Report for Year Ended	Page	of
Windsor Health and Rehab Center, LLC		2214-C	9/30/2023	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,478,672
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>)				\$	254,994
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	(5)
Accrued Employee Deductions		(5)			

See Schedule					
A-13. Total Current Liabilities (Lines 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 Windsor Health and Rehab Center, LLC		License No. 2214-C	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,733,661	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ (13,415)	
Name and Address of Lender	Amount	Loan Date			
Due to Member - Alatise	(13,415)	Various			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (13,415)	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,720,246	

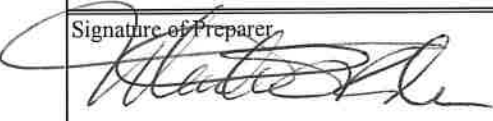
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Windsor Health and Rehab Center, LLC	2214-C	9/30/2023	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	2,150,831
5. Reserve for funds set aside as donor restricted			\$	
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			\$	413,886
	10/1/2022	thru	9/30/2023	
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			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2022		\$	2,896,812
B.	Total Revenue <i>(From Statement of Revenue Page 30)</i>		\$	10,858,036
C.	Total Expenditures <i>(From Statement of Expenditures Page 27)</i>		\$	10,444,150
D.	Net Income or Deficit		\$	413,886
E.	Balance		\$	3,310,698
F.	Additions			
1.	Additional Capital Contributed <i>(itemize)</i>			
	Total Expenditures Per Page 27	\$10,564,427		
	F/S vs C/R Depreciation	(120,277)		
	Total Expenditures per F/S	\$10,444,150		
2.	Other <i>(itemize)</i>			
	Prior Period Adjustment	(110,540)		
F-3.	Total Additions		\$	(110,540)
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.	Balance at End of Period		\$	3,200,158
		09/30/23		

I. Preparer's/Reviewer's Certification

Name of Facility Windsor Health and Rehab Center, LLC	License No. 2214-C	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)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title Principal	Date Signed 1/25/24		
Printed Name of Preparer Matthew Bivolack				
Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9680		
Contacted Person Regarding Additional Information Needed Regarding This Report Fred Dalicandro		Phone Number 860-212-8558		
Contact Email Address Hermanfromhartford@gmail.com				