

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Windham Nursing & Rehabilitation LLC	
Address (No. & Street, City, State, Zip Code) 103 North Rd, Windham, CT 06280	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 2445	RHNS	(Specify)	Medicare Provider 07-5258A
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Medicaid Provider Numbers:	CCNH 506932	RHNS	ICF-IID
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

General Information

Name of Facility (as licensed) Windham Nursing & Rehabilitation LLC	License No. 2445	Report for Year Ended 9/30/2021	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 Windham Nursing & Rehabilitation LLC [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

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

Signed (Administrator)	Date	Signed (Owner)	Date
Printed Name (Administrator) James Lopez		Printed Name (Owner) Martin Sbriglio	
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public			

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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 Windham Nursing & Rehabilitation LLC	Period Covered:		From 10/1/2020	To 9/30/2021
Address of Facility 103 North Rd, Windham, CT 06280				
Report Prepared By Ryders Health Management	Phone Number 203-381-1327	Date 1/25/2022		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

	Phone No. of Facility 203-381-1327	Report for Year Ended 9/30/2021	Page 2
Name of Facility (as shown on license) Windham Nursing & Rehabilitation LLC		Address (No. & Street, City, State, Zip) 103 North Rd, Windham, CT 06280	
License Numbers:	CCNH 2445	RHNS	(Specify)
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)			
Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust			
If this facility opened or closed during report year provide:		Date Opened	Date Closed
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes <input checked="" type="radio"/> No	If "Yes," explain fully.
Administrator			
Name of Administrator James Lopez		Nursing Home Administrator's License No.:	001047
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name N/A		License No.:	

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

General Information and Questionnaire
Partners/Members

Name of Facility Windham Nursing & Rehabilitation LLC	License No. 2445	Report for Year Ended 9/30/2021	Page of 3 37
Legal Name of Partnership/LLC		Business Address	State(s) and/or Town(s) in Which Registered
Windham Nursing & Rehabilitation, LLC	103 North Rd., Windham, CT 06280	CT	
Name of Partners/Members	Business Address	Title	% Owned
Martin Sbriglio	103 North Rd., Windham, CT 06280	Owner	51
Russell Schwartz	103 North Rd., Windham, CT 06280	Owner	24.5
Bill Thomas	103 North Rd., Windham, CT 06280	Owner	24.5

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3A Rev. 10/2005

**General Information and Questionnaire
Corporate Owners**

Name of Facility Windham Nursing & Rehabilitation LLC	License No. 2445	Report for Year Ended 9/30/2021	Page of 3A 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation N/A	Business Address	State(s) in Which Incorporated	
Name of Directors, Officers N/A	Business Address		
Names of Stockholders Owning at Least 10% of Shares N/A			

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility Windham Nursing & Rehabilitation LLC	License No. 2445	Report for Year Ended 9/30/2021	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 Windham Nursing & Rehabilitation LLC	License No. 2445	Report for Year Ended 9/30/2021			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.			
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**			
See Attached		<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 Windham Nursing & Rehabilitation LLC	License No. 2445	Report for Year Ended 9/30/2021	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

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

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

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

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.

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

○ No

Total ***

* 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.

General Information and Questionnaire

Accounting Basis

Name of Facility Windham Nursing & Rehabilitation	License No. 2445	Report for Year Ended 9/30/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

Is the accounting basis for this

period the same as for the Yes If "No," explain.
previous period? No

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf, New Haven, CT 06511
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Services Provided by This Firm (*describe fully*)

1 Year end financial audit, tax returns	\$ 3,617
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 3,617

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

Yes No | 15/1d

Legal Services Information

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

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

1 2 3 4 5	\$
	\$
	\$
	\$
	\$

Services Provided by This Firm (*describe fully*)

1 2 3 4 5	\$
	\$
	\$
	\$
	\$
	Charge for Services Provided \$

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

Yes No | 15/1e

Schedule of Resident Statistics

Name of Facility Windham Nursing & Rehabilitation LLC			License No. 2445				Report for Year Ended 9/30/2021				Page 8	of 37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					90	90						
A. On last day of PREVIOUS report period	90	90										
B. On last day of THIS report period	90	90							90	90		
2. Number of Residents					70	70						
A. As of midnight of PREVIOUS report period	70	70										
B. As of midnight of THIS report period	75	75							75	75		
3. Total Number of Days Care Provided During Period					2,169	2,169			772	772		
A. Medicare	2,941	2,941										
B. Medicaid (Conn.)	15,183	15,183			11,083	11,083			4,100	4,100		
C. Medicaid (other states)												
D. Private Pay	4,563	4,563			3,171	3,171			1,392	1,392		
E. State SSI for RCH												
F. Other (Specify) Managed Care	2,576	2,576			1,906	1,906			670	670		
G. Total Care Days During Period (3A thru F)	25,263	25,263			18,329	18,329			6,934	6,934		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	268	268			146	146			122	122		
B. Other Bed Reserve Days	66	66			52	52			14	14		
5. Total Resident Days (3G + 4A + 4B)	25,597	25,597			18,527	18,527			7,070	7,070		

Schedule of Resident Statistics (Cont'd)

Name of Facility Windham Nursing & Rehabilitation LLC	License No. 2445	Report for Year Ended 9/30/2021	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?

 Yes No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	4	49		22				
Per Diem Rate								
a. One bed rm.	Various	Various		435.00				
b. Two bed rms.				412.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		3,005	3,005		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other		8,994	8,994		
D. Total Physical Therapy Treatments		11,999	11,999		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		441	441	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other		962	962	
D. Total Speech Therapy Treatments		1,403	1,403	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		3,314	3,314	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other		8,615	8,615	
D. Total Occupational Therapy Treatments		11,929	11,929	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		2445	9/30/2021	10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes		<input type="radio"/> No	
		Total Cost and Hours			
Item		CCNH	Hours	RHNS	Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	109,809	2,046			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	185,344	8,875			
5. Dietary Service					
a. Head Dietitian	28,025	804			
b. Food Service Supervisor	61,632	2,395			
c. Dietary Workers	343,195	19,537			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	180,033	10,434			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	25,452	896			
b. Other Maintenance Workers	50,103	2,377			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	96,711	5,519			
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	119,596	2,146			
b. RN					
1. Direct Care	755,261	17,761			
2. Administrative**		30,832			
c. LPN					
1. Direct Care	994,367	#REF!			
2. Administrative**					
d. Aides and Attendants	1,156,272	62,962			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	93,343	4,346			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
j. Dentists					
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	106,777	3,881			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
<i>A-13. Total Salary Expenditures</i>	4,305,921	174,808			

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and

Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Schedule of Other Salaries and Wages (Page 10)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility Windham Nursing & Rehabilitation LLC			License No. 2445		Report for Year Ended 9/30/2021			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Martin Sbrilgio								Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	3,721	145,922
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Windham Nursing & Rehabilitation LLC				2445		9/30/2021			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
James Lopez	109,809			Non Discriminatory	Administrative	2,046	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 Windham Nursing & Rehabilitation LLC	License No. 2445	Report for Year Ended 9/30/2021	Page 13	of 37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	4,680					
3. Pharmacist	7,480					
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	261,094					
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	58,500					
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) Medical Staff	300					
9. Speech Therapist						
a. Resident Care	39,233					
b. Other						
10. Occupational Therapist						
a. Resident Care	235,798					
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	25,141					
2. Administrative***						
b. LPN						
1. Direct Care	143,774					
2. Administrative***						
c. Aides	163,148					
d. Other						
12. Other (Specify) See Attached Schedule	3,081					
B-13 Total Fees Paid in Lieu of Salaries	942,228					

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

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

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

Report of Expenditures

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

Name of Facility	License No.	Report for Year Ended		Page	of
	2445	9/30/2021		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
ValueRx, 54 Tuttle Place, Middletown, CT 06457	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
HealthPro, 536 Old Howell Rd., Greenville, SC 29615	PT, ST & OT	<input type="radio"/>	<input checked="" type="radio"/>		
Joseph Alessandro, PO Box 6, Pomfret Center, CT 06259	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Scot Berger, 62 Jacobs Hill Rd., Mansfield, CT 06250	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Jong Oh, 95 Somerset Dr., Avon, CT 06001	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network, 653 Main St., Plantsville, CT 06479	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Maxim Healthcare, 12558 Collections Center Dr., Chicago, IL 60693	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
AAA Nursing Care, 3303 Main St., Stratford, CT 06614	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
LTC Management	Dental Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
All American Healthcare Services	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Worldwide Staffing	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
JP American Staffing & Health Services	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Fastaff	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Dedicated Nursing Assoc	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Celtic Consulting	PDPM Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Taylor Healthcare	Infection Control Consulting	<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.

** 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
Windham Nursing & Rehabilitation LLC	2445	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 125,918	125,918		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 384,176	384,176		
5. Health Insurance	\$ 367,931	367,931		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 5,292	5,292		
8. Uniform Allowance	\$ 13,846	13,846		
9. Other (Specify) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 206,272	206,272		
d. Accounting and Auditing	\$ 3,617	3,617		
e. Legal (Services should be fully described on Page 7)	\$ 9,505	9,505		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 15,221	15,221		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 19,182	19,182		
2. Cellular Phones	\$ 3,045	3,045		
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	\$ 427,141	427,141		
Subtotal	\$ 1,581,146	1,581,146		

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2021		16	37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		1,581,146	1,581,146		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	7,148	7,148		
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	744	744		
5. Education Expenses Related to Seminars and Conventions	\$	25,927	25,927		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$	(46)	(46)		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	11,160	11,160		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	11,260	11,260		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	4,809	4,809		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	7,263	7,263		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	300	300		
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	85,046	85,046		
12. Administrative Management Services**	\$	180,672	180,672		
13. Other (<i>Specify</i>) See Attached Schedule	\$	39,321	39,321		
<i>C-14 Total Administrative & General Expenditures</i>	\$	1,954,749	1,954,749		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Meals & Entertainment	\$ (46)		
Total Other Travel and Entertainment	\$ (46)	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Adv & Pub Rel Donations	\$ 11,260		
Total Other Advertising	\$ 11,260	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 6,346		
AAPACN	\$ 17		
AHCA	\$ 900		
Total Dues	\$ 7,263	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Fees & Licenses	\$ 2,600		
Physician Care - Employees	\$ 15,288		
Bank Charges	\$ 1,886		
Unemployment Tax Managemene	\$ 1,498		
HUD Financing Consultant	\$ 18,000		
American Express	\$ 50		
Total Other Administrative and General	\$ 39,321	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Windham Nursing & Rehabilitation LLC	License No. 2445	Report for Year Ended 9/30/2021	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 #
Ryders Health Management	180,672	Management Oversight	16/m12

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

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

Name of Facility	License No.	Report for Year Ended		Page of
	2445	9/30/2021		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 172,729	172,729		
2. Non-Food Supplies	\$ 25,817	25,817		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ _____			
c. Other (Specify) _____	\$ _____			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 198,546	198,546		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Windham Nursing & Rehabilitation LLC	License No. 2445	Report for Year Ended 9/30/2021		Page of 19 37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	6,155	6,155	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) Laundry Supplies	\$	5,903	5,903	
3D. Total Laundry Expenditures (3a + b + c)	\$	12,058	12,058	
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
	2445	9/30/2021		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 43,645	43,645		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt.	\$			
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	43,645	43,645		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from ValueRx	\$	162,774	162,774		
b. Medicine Cabinet Drugs	\$	54,329	54,329		
c. Medical and Therapeutic Supplies	\$				
d. Ambulance/Limousine***	\$	32,173	32,173		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	34,057	34,057		
f. X-rays and Related Radiological Procedures***	\$	8,706	8,706		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	32,494	32,494		
i. Recreation	\$	15,935	15,935		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	227,106	227,106		
5M. Total Resident Care Expenditures (5a - 5j)	\$	567,575	567,575		

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

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Physician Care - Patients	\$ 2,028		
Medical Supplies	\$ 192,972		
Medical Supplements	\$ 19,598		
Medical Waste	\$ 203		
Medical Equipment - Rental	\$ 1,239		
PT Supplies	\$ 11,006		
OT Supplies	\$ 60		
Total Other Resident Care	\$ 227,106	\$ -	\$ -

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

* 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 Windham Nursing & Rehabilitation LLC	License No. 2445	Report for Year Ended 9/30/2021			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	155,034	155,034			
b. Heat	\$	72,401	72,401			
c. Light & Power	\$	74,558	74,558			
d. Water	\$					
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	12,098	12,098			
f. Other <i>(itemize)</i>	\$	17,563	17,563			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	331,654	331,654			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	13,587	13,587			
c. Non-Movable Equipment	\$	70,327	70,327			
d. Movable Equipment	\$	134,020	134,020			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	217,934	217,934			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	804,000	804,000			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	122,758	122,758			
c. Personal property taxes	\$	13,730	13,730			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,158,421	1,158,421			

* 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

Depreciation Schedule

Name of Facility Windham Nursing & Rehabilitation LLC				License No. 2445			Report for Year Ended 9/30/2021				Page 23	of 37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements				326,917		326,917	25,704	S/L	Various	13,066			
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				19,008		19,008		S/L	Various	521			
B-4. Subtotal											13,587		
C. Non-Movable Equipment				451,428		438,838	451,428	S/L	Various	68,095			
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				49,593		49,593		S/L	Various	2,232			
C-4. Subtotal											70,327		
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year		
	Yes	No	Month	Year									
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment					650,454		663,044	650,454	S/L	Various	132,388		
a. Acquired prior to this report period													
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)					20,334		20,334		S/L	Various	1,632		
D-3. Subtotal												134,020	
E. Total Depreciation												217,935	

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/26/2021	Phone Installation	\$ 3,810	10	\$ 222
4/26/2021	Laundry Sewer Line	\$ 4,284	10	\$ 178
7/14/2021	Laminate Countertop	\$ 5,790	10	\$ 121
9/23/2021	Septic Tank Upgrades	\$ 4,111	10	\$ -
9/21/2021	Roof Improvements	\$ 1,013	20	\$ -
Total additions for Building Improvement		\$ 19,008		\$ 521 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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:				
10/30/2020	Well Pump & Motor	\$ 2,878	5	\$ 528
10/14/2020	Storage Shed	\$ 8,895	20	\$ 408
2/16/2021	Heating Pumps	\$ 5,475	5	\$ 684
4/15/2021	Motor Pump	\$ 1,545	5	\$ 142
5/5/2021	Roof Updates	\$ 1,597	20	\$ 33
6/24/2021	Heating Pumps	\$ 1,115	5	\$ 56
6/28/2021	Hot Water Pump	\$ 3,074	5	\$ 154
7/26/2021	Air Survey Upgrades	\$ 2,210	5	\$ 74
9/1/2021	Water Heater	\$ 9,265	5	\$ 154
9/24/2021	Water Heater	\$ 11,330	5	\$ -
9/24/2021	Air Survey Upgrades	\$ 2,210	5	\$ -
Total additions for Non-Movable Equipment		\$ 49,593		\$ 2,232 *
Deletions:				

					ttachment Pages 23 24
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	Cost	Useful Life	Depreciation
Additions:				
12/24/2020	Electrostatic Sprayer	\$ 1,738	5	\$ 261
12/2/2020	Electric Booster Heater - Kitchen	\$ 1,151	5	\$ 192
1/26/2021	Conveyor Toaster	\$ 1,096	5	\$ 146
5/21/2021	Computers	\$ 4,302	5	\$ 287
5/7/2021	TV's	\$ 1,680	5	\$ 140
5/24/2021	Kiosk Pro	\$ 2,000	5	\$ 133
5/7/2021	Pressureguard Easy Air Mattress	\$ 1,234	5	\$ 103
5/9/2021	Pressureguard Easy Air Mattress	\$ 1,234	5	\$ 103
5/28/2021	Compact Booster Heater	\$ 2,975	5	\$ 198
7/21/2021	Pressureguard Easy Air Mattress	\$ 1,235	5	\$ 41
8/25/2021	Digital Chair Scale	\$ 1,687	5	\$ 28
Total additions for Movable Equipment		\$ 20,334		\$ 1,632 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Windham Nursing & Rehabilitation LLC			License No. 2445		Report for Year Ended 9/30/2021			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Windham Nursing & Rehabilitation LI	License No. 2445	Report for Year Ended 9/30/2021	Page 25	of 37
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11. Property Questionnaire

Part A

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

Yes

No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased	05/15/97			
2. Date Structure Completed	12/10/01			
3. If NOT Original Owner, Date of Purchase	05/17/18			
4. Date of Initial Licensure	05/15/97			
5. Total Licensed Bed Capacity	90			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable			
b. Date Mortgage Obtained	06/21/18			
c. Interest Rate for the Cost Year	Libort 400			
d. Term of Mortgage (number of years)	4 Years			
e. Amount of Principal Borrowed	6,179,000			
f. Principal balance outstanding as of 9/30/2021				

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

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 9/30/2021			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount		\$				
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2021			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$	233,393	233,393		
Interest Expense						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	233,393	233,393		
14. Insurance						
a. Insurance on Property (buildings only)		\$	11,097	11,097		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$	73,613	73,613		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	84,711	84,711		
15. Total All Expenditures (A-13 thru C-14)		\$	9,832,900	9,832,900		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.		CCNH	RHNS	28 37
			Item Description	Total Amount of Decrease		
<i>Page 10 - Salaries and Wages</i>						
1.			Outpatient Service Costs	\$		
2.			Salaries not related to Resident Care	\$		
3.			Occupational Therapy	\$		
4.			Other - See attached Schedule	\$		
<i>Page 13 - Professional Fees</i>						
5.			Resident Care Physicians **	\$		
6.	13	B10a	Occupational Therapy	\$	235,798	235,798
7.			Other - See attached Schedule	\$		
<i>Pages 15 & 16 - Administrative and General</i>						
8.			Discriminatory Benefits	\$		
9.	15	1c	Bad Debts	\$	206,272	206,272
10.			Accounting	\$		
10a.			Legal	\$	5,991	5,991
11.			Telephone	\$		
12.			Cellular Telephone	\$		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$		
14.			Gifts, flowers and coffee shops	\$		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$		
17.			Automobile Expense (e.g. personal use)	\$		
18.	16	m2	Unallowable Advertising *	\$	11,260	11,260
19.			Income Tax / Corporate Business Tax	\$		
20.			Fund Raising / Contributions	\$		
21.			Unallowable Management Fees	\$		
22.			Barber and Beauty	\$		
23.			Other - See attached Schedule	\$	18,300	18,300
<i>Page 18 - Dietary Expenditures</i>						
24.			Meals to employees, guests and others who are not residents	\$		
<i>Page 19 - Laundry Expenditures</i>						
25.			Laundry services to employees, guests and others who are not residents	\$		
<i>Page 20 - Housekeeping Expenditures</i>						
26.			Housekeeping services to employees, guests and others who are not residents	\$		
Subtotal (Items 1 - 26)			\$	477,621	241,823	235,798

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8a	Chamber of Commerce	\$ 300		
16	m13	HUD Consultant	\$ 18,000		
Total Other A&G Adjustments			\$ 18,300	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended		Page of	
Windham Nursing & Rehabilitation LLC			2445	9/30/2021		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 477,621	241,823	235,798	
			Page 20 - Resident Care Supplies***				
27.	20	5a2	Prescription Drugs	\$ 162,774	162,774		
28.	20	5d	Ambulance/Limousine	\$ 32,173	32,173		
29.	20	5f	X-rays, etc	\$ 8,706	8,706		
30.	20	5h	Laboratory	\$ 32,494	32,494		
31.			Medical Supplies	\$			
32.	20	500	Oxygen (non emergency)	\$ 34,057	34,057		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 11,066	11,066		
			Page 22 - Maintenance and Property				
35.			Excess Movable Equipment Depreciation				
			See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
			Page 27 - Insurance				
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
			Other - Miscellaneous				
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
			Not For Profit Providers Only				
48.			Building/Non Movable Eq. Depreciation				
			Unallowable Building Interest -				
			See Attached Schedule	\$			
49.			Total Amount of Decrease (Items 1 - 48)	\$ 758,891	523,093	235,798	

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

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page of	
		9/30/2021		30 37	
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 6,702,360	6,702,360			
b. Medicaid Room and Board Contractual Allowance **	\$ (2,104,345)	(2,104,345)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,226,334	1,226,334			
b. Medicare Room and Board Contractual Allowance **	\$ 681,079	681,079			
4. a. Private-Pay Residents and Other	\$ 2,523,403	2,523,403			
b. Private-Pay Room and Board Contractual Allowance **	\$ 41,999	41,999			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 166,489	166,489			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (166,489)	(166,489)			
c. Prescription Drugs - Non-Medicare	\$ 27,985	27,985			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 163,511	163,511			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (163,511)	(163,511)			
c. Physical Therapy - Non-Medicare	\$ 327,666	327,666			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 28,684	28,684			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (28,684)	(28,684)			
c. Speech Therapy - Non-Medicare	\$ 60,808	60,808			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 158,657	158,657			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (158,657)	(158,657)			
c. Occupational Therapy - Non-Medicare	\$ 148,461	148,461			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ (0)	(0)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 583	583			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,636,334	9,636,334			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 56	56			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 395,603	395,603			
V. Total Other Revenue (1 thru 8)	\$ 395,659	395,659			
VI. Total All Revenue (III +V)	\$ 10,031,993	10,031,993			

* 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)
	Oxygen - Medicare	\$ 8,377		
	X-Ray - Medicare	\$ 7,083		
	Lab - Medicare	\$ 30,057		
	Medicare - Contractuals	\$ (45,517)		
Total Other Resident Revenue - Medicare		\$ (0)	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray - Managed Care	\$ 97		
	Lab - Medicaid	\$ 70		
	Lab - Private Insurance	\$ 38		
	Lab - Managed Care	\$ 378		
Total Other Resident Revenue		\$ 583	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income	\$ 56			
Total Interest Income		\$ 56	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Misc Income	\$ 186		
	Medicaid - CRF Grant	\$ 31,000		
	Medicare - PRF Grant	\$ 364,417		
Total Other Revenue		\$ 395,603	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page of
Windham Nursing & Rehabilitation LL	2445	9/30/2021	31 37
Account			Amount
Assets			
A. Current Assets			
1. Cash (<i>on hand and in banks</i>)			\$ 947,043
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 2,573,061
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$
4. Inventories			\$
5. Prepaid Expenses			\$ 101,503
a. Prepaid Expenses			2,198
b. Prepaid Insurance			99,305
c. _____			
d. See Schedule			
6. Interest Receivable			\$
7. Medicare Final Settlement Receivable			\$
8. Other Current Assets (<i>itemize</i>)			\$ 380,313
Medicaid Advances			(54,091)
Loans & Exchanges			(263,869)
Refunds			9,703
See Schedule			688,570
A-9. Total Current Assets (Lines A1 thru 8)			\$ 4,001,919
B. Fixed Assets			
1. Land			\$
2. Land Improvements	*Historical Cost	_____	\$
	Accum. Depreciation	Net	
3. Buildings	*Historical Cost	345,926	\$ 306,635
	Accum. Depreciation	39,291 Net	
4. Leasehold Improvements	*Historical Cost	_____	\$
	Accum. Depreciation	Net	
5. Non-Movable Equipment	*Historical Cost	501,021	\$ 288,470
	Accum. Depreciation	212,551 Net	
6. Movable Equipment	*Historical Cost	670,788	\$ 259,378
	Accum. Depreciation	411,411 Net	
7. Motor Vehicles	*Historical Cost	_____	\$
	Accum. Depreciation	Net	
8. Minor Equipment-Not Depreciable			\$
9. Other Fixed Assets (<i>itemize</i>)			\$
See Schedule			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 854,482

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

Total Prepaid Expenses		\$ -

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

Page Ref Line Ref Description

	Exchange	\$ 13,570
	15 Bed Purchase	\$ 675,000
Total Other Current Assets (Itemize)		\$ 688,570

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

Page Ref Line Ref Description

Total Other Other Fixed Assets (Itemize)		\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

Total Other Assets		\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Total Notes Payable		\$ -

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

Page Ref Line Ref Description

	Property Tax Payable	\$ (61,779)
Total Other Current Liabilities (Itemize)		\$ (61,779)

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

Page Ref Line Ref Description

	Due to DM Realty	\$ 2,484,857
Total Other Current Liabilities (Itemize)		\$ 2,484,857

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Windham Nursing & Rehabilitation LL	2445	9/30/2021	32 37
Account			Amount
Total Brought Forward:			\$ 4,856,402
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			\$
2. Land Improvements	*Historical Cost _____	Accum. Depreciation	\$ Net
3. Buildings	*Historical Cost _____	Accum. Depreciation	\$ Net
4. Non-Movable Equipment	*Historical Cost _____	Accum. Depreciation	\$ Net
5. Movable Equipment	*Historical Cost _____	Accum. Depreciation	\$ Net
6. Motor Vehicles	*Historical Cost _____	Accum. Depreciation	\$ Net
7. Minor Equipment-Not Depreciable			\$
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$
D. Investment and Other Assets			
1. Deferred Deposits			\$
2. Escrow Deposits			\$
3. Organization Expense	*Historical Cost 325,000	Accum. Depreciation	\$ 325,000 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)			\$ 325,000
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 5,181,402

* 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 Windham Nursing & Rehabilitation LLC	License No. 2445	Report for Year Ended 9/30/2021	Page 33	of 37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 565,374
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>)				\$ 58,821
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>)				\$ 802,529
Note Payable - HealthPro		85,708	Accrued User Fee	503,942
Aflac - Individual		3,564	Accrued 401k Wighholdi	785
Patient Fund		37,873	Accrued PTO	100,587
Accrued Expenses		131,850	See Schedule	(61,779)
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 1,426,724

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

G. Balance Sheet (cont'd)

Name of Facility Windham Nursing & Rehabilitation LLC	License No. 2445	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,426,724	
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>)			\$	
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)			\$	2,581,816
Due From/To Officers	50,000			
Due to Lord Chamberlain	45,570			
Due to Mystic Healthcare	1,390			
See Schedule	2,484,857			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$	2,581,816
C. Total All Liabilities (Lines A-13 + B-5)			\$	4,008,541

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

Name of Facility	License No.	Report for Year Ended	Page	of
Windham Nursing & Rehabilitation LL	2445	9/30/2021	35	37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 973,767
6. Gain or Loss for Period		10/1/2020	thru	9/30/2021
				\$ 199,094
7. Total Net Worth				\$ 1,172,861
C. Total Reserves and Net Worth				\$ 1,172,861
D. Total Liabilities, Reserves, and Net Worth				\$ 5,181,402

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Windham Nursing & Rehabilitation LLC	2445	9/30/2021	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2020				\$ 973,767
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 10,031,993
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 9,832,900
D. Net Income or Deficit				\$ 199,093
E. Balance				\$ 1,172,860
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions				\$
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$
Name and Address (No., City, State, Zip)	Title	Amount		
2. Other Withdrawings (<i>Specify</i>)				\$
Purpose	Amount			
3. Total Deductions				\$
H. Balance at End of Period				\$ 1,172,860

I. Preparer's/Reviewer's Certification

Name of Facility Windham Nursing & Rehabilitation LLC	License No. 2445	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		

Preparer/Reviewer Certification

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

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
Ryders Health Management		
Address	Phone Number	
88 Ryders Lane, Stratford, CT 06614	203-381-1327	
Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number	
Elizabeth Maglio	203-381-1327	
Contact Email Address		
emaglio@rydershealth.com		