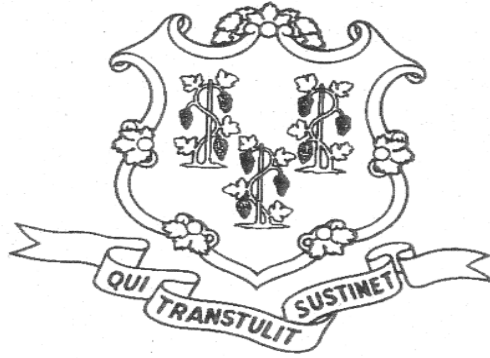


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Newtown Rehabilitation & Health Care Center	
Address (No. & Street, City, State, Zip Code) 139 Toddy Hill Road, Newtown, CT 06470	
Type of Facility	
<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)	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 10207	RHNS	(Specify)	Medicare Provider 07-5386
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Medicaid Provider Numbers:	CCNH 10207	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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Newtown Rehabilitation & Health Care Center	10207	9/30/2021	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR 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 Newtown Rehabilitation & Health Care Center [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) Linda Urbanski			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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 Newtown Rehabilitation & Health Care Center		Period Covered:	From 10/1/2020	To 9/30/2021
Address of Facility 139 Toddy Hill Road, Newtown, CT 06470				
Report Prepared By Athena Health Care Associates, Inc		Phone Number (860) 751-3900	Date 2/12/2021	
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 203-459-5152		Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Newtown Rehabilitation & Health Care Center		Address (No. & Street, City, State, Zip) 139 Toddy Hill Road, Newtown, CT 06470		
License Numbers:	CCNH 10207	RHNS	(Specify)	Medicare Provider No. 07-5386
Type of Facility (Check appropriate box(es))				
<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)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" 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 Linda Urbanski		Nursing Home Administrator's License No.:	1171	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Not Applicable		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Newtown Rehabilitation & Health Care Cent	License No. 10207	Report for Year Ended 9/30/2021	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G. Santilli	225 Roberts St, Torrington, CT 06790	President	449.86	
Michael E. Mosier	225 Roberts St, Torrington, CT 06790	Treasurer		
Names of Stockholders Owning at Least 10% of Shares				
Lawrence G. Santilli	225 Roberts St, Torrington, CT 06790		449.86	

**General Information and Questionnaire
Related Parties***

Name of Facility Newtown Rehabilitation & Health Care Center	License No. 10207	Report for Year Ended 9/30/2021	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	%**				
Newtown Landlord CT LLC	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	Pg 22, Ln 9, 10b	1,023,612	1,023,612
Athena Health Care Assoc Inc. 401(K) Plan	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in group 401(k) plan	Pg 15 ln 1a7	305,433	305,433
Athena Captive LLC	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	Pg 15, ln 1a	139,639	139,639
Miscellaneous Facilities	Varous	<input checked="" type="radio"/>	<input type="radio"/>	<98%	Interfacility Loans	Pg 33, A2		
Athena Health Care Insurance	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Self Insured Employee Health Insurance	Pg. 15, ln 1a5	1,274,296	1,274,296
Procure LTC.	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	Pg. 20 5a2	414,356	414,356
Athena Health Care Associates, Inc.	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>		see attached			
		<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 Newtown Rehabilitation & Health Care Center	License No. 10207	Report for Year Ended 9/30/2021	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 Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Newtown Rehabilitation & Health Care Center		10207		9/30/2021			6	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						
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	Postal Equipment	04/28/21	36 months	725	697	
Cannon Solutions One Canon Park, Melville, NY 11747	<input type="radio"/>	<input checked="" type="radio"/>	copiers	06/01/18	40 months	17,300	17,300	
Cannon Solutions One Canon Park, Melville, NY 11747	<input type="radio"/>	<input checked="" type="radio"/>	copier	06/01/18	40 months	6,624	6,560	
	<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 ***	24,557

* 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 Newtown Rehabilitation & Health C	License No. 10207	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 previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Marcum, L.L.P.	555 Long Wharf Dr., New Haven, CT
2 Marcum, L.L.P.	555 Long Wharf Dr., New Haven, CT
3 Marcum, L.L.P.	555 Long Wharf Dr., New Haven, CT
4	

Services Provided by This Firm (*describe fully*)

1 Financial statement audit - allowed	\$ 27,500
2 Medicare Cost Reports - allowed	\$ 2,700
3 Tax Return-allowed	\$ 4,249
4 Tax Return - Landlord (Disallowed)	\$ 2,266
	Charge for Services Provided
	\$ 36,715

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

- Yes No Pg 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman, Gruder & Woods, LLC/Pilicy & Ryan	203 899-8900/203 364-3388
2	
3 Murtha, Cullina, LLP	203 772-7700
4	
5 Stephen Woods & Treasurer, State of CT	203 794-8508

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

- 1 200 Connecticut Avenue, Norwalk, CT/PO Box 5505, Newtown, CT 06470
 2
 3 265 Church St., New Haven, CT
 4
 5 PO Box 371, Danbury, CT/1 School St, Bethel, CT

Services Provided by This Firm (*describe fully*)

1 Collections-disallowed	\$ 33,232
2 Conservatorship matters-disallowed	\$ 898
3 General administration svcs. -disallowed	\$ 469
4	\$
5	\$
	Charge for Services Provided
	\$ 34,599

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

- Yes No Pg 15, Line 1e

Schedule of Resident Statistics

Name of Facility Newtown Rehabilitation & Health Care Center			License No. 10207		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												
A. On last day of PREVIOUS report period	154	154			154	154						
B. On last day of THIS report period	154	154							154	154		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	99	99			99	99						
B. As of midnight of THIS report period	131	131							131	131		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,802	4,802			3,383	3,383			1,419	1,419		
B. Medicaid (Conn.)	27,158	27,158			19,605	19,605			7,553	7,553		
C. Medicaid (other states)	27,158	27,158			19,605	19,605			7,553	7,553		
D. Private Pay	3,810	3,810			2,777	2,777			1,033	1,033		
E. State SSI for RCH	3,810	3,810			2,777	2,777			1,033	1,033		
F. Other (Specify) Managed Care	3,166	3,166			2,443	2,443			723	723		
G. Total Care Days During Period (3A thru F)	69,904	69,904			50,590	50,590			19,314	19,314		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	38,936	38,936			28,208	28,208			10,728	10,728		
B. Other Bed Reserve Days	6	6							6	6		
5. Total Resident Days (3G + 4A + 4B)	108,846	108,846			78,798	78,798			30,048	30,048		

Schedule of Resident Statistics (Cont'd)

Name of Facility Newtown Rehabilitation & Health Care Center			License No. 10207			Report for Year Ended 9/30/2021			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> 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)	(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)			
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)	R.C.H.	ICF-MR			
No. of Residents	13		93			11		14					
Per Diem Rate													
a. One bed rm.	573.14		303.77			567.00		620.54					
b. Two bed rms.	573.14		303.77			526.00		620.54					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								7,914	7,914				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,227	1,227				
2. Restorative Treatments													
C. Other								14,484	14,484				
D. Total Physical Therapy Treatments								23,625	23,625				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								1,798	1,798				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								257	257				
2. Restorative Treatments													
C. Other								2,099	2,099				
D. Total Speech Therapy Treatments								4,154	4,154				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								5,592	5,592				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,186	1,186				
2. Restorative Treatments													
C. Other								14,820	14,820				
D. Total Occupational Therapy Treatments								21,598	21,598				

Report of Expenditures - Salaries & Wages

Name of Facility Newtown Rehabilitation & Health Care Center	License No. 10207	Report for Year Ended 9/30/2021	Page 10	of 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	(Specify)	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)						
	148,444	2,173				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)						
	298,435	12,303				
5. Dietary Service						
a. Head Dietitian						
	67,127	1,750				
b. Food Service Supervisor						
	81,164	2,018				
c. Dietary Workers						
	490,672	26,727				
6. Housekeeping Service						
a. Head Housekeeper						
	60,746	2,210				
b. Other Housekeeping Workers						
	210,802	14,351				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
	79,822	2,128				
b. Other Maintenance Workers						
	60,806	2,092				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
	186	15				
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						
	206,850	3,379				
b. RN						
1. Direct Care						
	774,410	16,238				
2. Administrative**						
	582,478	16,767				
c. LPN						
1. Direct Care						
	1,226,891	36,436				
2. Administrative**						
d. Aides and Attendants						
	1,708,906	80,696				
e. Physical Therapists						
	523,080	14,026				
f. Speech Therapists						
	150,529	3,327				
g. Occupational Therapists						
	404,188	9,771				
h. Recreation Workers						
	226,888	9,348				
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						
	273,058	7,868				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>						
	7,575,482	263,623				

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Newtown Rehabilitation & Health Care Center				10207	9/30/2021			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Not Applicable										
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).										
Not Applicable										

* 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	
Newtown Rehabilitation & Health Care Center				10207	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***										
Jane Devries	3,485			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	53	A2			
Linda Urbanski	144,959					2,120	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.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Newtown Rehabilitation & Health Care Center	10207	9/30/2021	13	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	17,556	137				
3. Pharmacist	15,595	235				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	49,540	483				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	3,758	21				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	1,215	14				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	190,460	1,921				
2. Administrative***						
b. LPN						
1. Direct Care	438,387	5,448				
2. Administrative***						
c. Aides	316,666	6,620				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	1,033,177	14,879				

* 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 Newtown Rehabilitation & Health Care Center		License No. 10207	Report for Year Ended 9/30/2021	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
SDX Dysphagia Experts, 21 Waterville Road, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network, Access Capital, 405 Park Avenue, New York, NY 10022	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Bridgeport Hospital, 267 Grant Street, Bridgeport, CT 06610	Radiology	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Connecticut Orthopedic Specialist, 2408 Whitney Avenue, Hamden, CT 06518	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>		
Robert Larosa, DDS, 375 Main Street, Woodbury, CT 06798	Dental Consulting	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners	
Health Drive Dental Group, 100 Crossing Blvd., Framingham, MA 01702	Dental Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Quotidian, 52 Senff Road, Washington, CT 06793	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Dysphagia Experts, 21 Waterville Road, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Ortho CT, PC, 2 riverview Drive, Danbury, CT 06810	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>		
Orthopaedic Specialty Group, 305 Blackrock Tpke, Fairfield, CT 06830	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>		
Orthopaedic Specialists of CT, 60 Old New Milford Road, Brookfield, CT 06804	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>		
Ortho Connecticut, PO Box 26303, Oklahoma City, OK 73126	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>		
Brigham & Womens Physicians, PO Box 414205, Boston, MA 02241	Radiology	<input type="radio"/>	<input checked="" type="radio"/>		
Yale New Haven Hospital, PO Box 780406, Philadelphia, PA 19178	Radiology	<input type="radio"/>	<input checked="" type="radio"/>		
NOA Diagnostics, 6851 Jericho Tpke., Syosset, NY 11791	Radiology	<input type="radio"/>	<input checked="" type="radio"/>		
Worldwide Staff, 2222 Sedwick Road, Durham, NC 27713	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network, LLC, PO Box 982, Southington, CT 06489	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
AAA Nursing Care, LLC, 3303 Main Street, Stratford, CT 06614	Nurse Pool	<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
Newtown Rehabilitation & Health Care Center	10207	9/30/2021		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 139,639	139,639			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 57,055	57,055			
4. Social Security (F.I.C.A.)	\$ 553,045	553,045			
5. Health Insurance	\$ 974,625	974,625			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 31,880	31,880			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 213,627	213,627			
d. Accounting and Auditing	\$ 36,715	36,715			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 34,599	34,599			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 73,528	73,528			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 14,397	14,397			
2. Cellular Phones	\$ 5,485	5,485			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 667,175	667,175			
Subtotal	\$ 2,801,770	2,801,770			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Newtown Rehabilitation & Health Care Center	10207	9/30/2021		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,801,770	2,801,770			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 5,497	5,497			
3. Gifts to Staff and Residents	\$ (2,203)	(2,203)			
4. Employee Travel	\$ 1,610	1,610			
5. Education Expenses Related to Seminars and Conventions	\$ 3,495	3,495			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 42,150	42,150			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 6,793	6,793			
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	\$ 7,034	7,034			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 11,364	11,364			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,354	1,354			
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>)	\$				
12. Administrative Management Services**	\$ 294,802	294,802			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 169,778	169,778			
C-14 Total Administrative & General Expenditures	\$ 3,343,444	3,343,444			

* 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)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 6,793		
Total Other Advertising	\$ 6,793	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 11,364		
Total Dues	\$ 11,364	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 33,601		
Payroll Processing Fees	\$ 19,246		
Employee Physicals	\$ 13,155		
Recruitment - Administrator	\$ 10,000		
Data Processing	\$ 63,331		
Licenses	\$ 445		
Energy Audit	\$ 3,935		
Civil Money Penalties (Case #2021-01-LTC-223)	\$ 6,923		
Civil Money Penalties (Citation No. 2021-14)	\$ 6,120		
Civil Money Penalties (Case #2021-01-LTC-531)	\$ 13,022		
Total Other Administrative and General	\$ 169,778	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Newtown Rehabilitation & Health Care C	10207	9/30/2021	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 #
	446,670		
Allocation of the above	294,802	Admin/Gen 66%	Pg 16, Line 12
	71,467	Indirect 16%	Pg 18, Line 2C
	80,401	Direct 18%	Pg 20, Line 5J

* 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
Newtown Rehabilitation & Health Care Center		10207	9/30/2021		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 255,279	255,279			
2.	Non-Food Supplies	\$ 38,213	38,213			
3.	Other (<i>Specify</i>) _____ Dishes	\$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>) _____ Temporary Help = \$271		\$ 271	271			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 293,763	293,763			
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*	320	320			
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 checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost. \$1,670		
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
Newtown Rehabilitation & Health Care Center		10207	9/30/2021		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. \$				
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)		\$	155,409	155,409		
c. Other (Specify) Supplies		\$	327	327		
3D. Total Laundry Expenditures (3a + b + c)		\$	155,736	155,736		
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
Newtown Rehabilitation & Health Care Center		10207	9/30/2021		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	71,553	71,553		
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>)			\$ 2,723	2,723		
Temp Help = \$2,723						
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 74,276	74,276		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Procure	\$	392,594	392,594		
b.	Medicine Cabinet Drugs	\$	6,922	6,922		
c.	Medical and Therapeutic Supplies	\$	364,386	364,386		
d.	Ambulance/Limousine***	\$	1,743	1,743		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	5,841	5,841		
f.	X-rays and Related Radiological Procedures***	\$	41,509	41,509		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	320,061	320,061		
i.	Recreation	\$	10,020	10,020		
j.	Direct Management Services*	\$	80,401	80,401		
k.	Indirect Management Services*	\$	71,467	71,467		
l.	Other (<i>Specify</i>)**** See Attached Schedule	\$	164,147	164,147		
5M. Total Resident Care Expenditures (5a - 5j)			\$ 1,459,091	1,459,091		

* 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)
Management Fee Direct	\$ 80,401		
Medical Equip Rentals-Medicaid	\$ 11,907		
Physical Therapy Supplies	\$ 12,049		
Oxygen Concentrator Rentals	\$ 16,792		
Cable TV Fees	\$ 19,127		
Medical Equip Rentals-Other	\$ 23,871		
Total Other Resident Care	\$ 164,147	\$ -	\$ -

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

Name of Facility Newtown Rehabilitation & Health Care Center			License No. 10207		Report for Year Ended 9/30/2021				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy	414,356			20	5a2
JM Construction	PO Box 3873, Danbury, CT 06813	<input type="radio"/>	<input checked="" type="radio"/>		Snowplowing	23,813			22	6f
JM Construction	PO Box 3873, Danbury, CT 06813	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	15,128			22	6f
R & P Tree Work	2nd Fl., Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	11,206			22	6a
Air Temp Mechanical Services, Inc.	Drive, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Mechanical Repair	23,599			22	6a
Eastern Water Solutions	3 Benson Road, Oxford, CT 06478	<input type="radio"/>	<input checked="" type="radio"/>		Sewage system repairs	13,288			22	6a
All American Waste	PO Box 630, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish removal	31,493			22	6f
Facilities Comp	221 West Main Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Facility inspections	17,356			22	6a
ADP	PO Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		Payroll services	19,195			16	m13
Pointclickcare Technologies, Inc.	PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data processing services	26,183			16	m13
OTIS Elevator	PO Box 73579, Chicago, IL 60673	<input type="radio"/>	<input checked="" type="radio"/>		Mechanical Repair	12,216			16	m13
Wind River Environmental, LLC	Marlborough, MA 01752	<input type="radio"/>	<input checked="" type="radio"/>		Sewage system servicing	14,977			22	6a
		<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
Newtown Rehabilitation & Health Care Center	10207	9/30/2021			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 177,794	177,794				
b. Heat	\$ 77,560	77,560				
c. Light & Power	\$ 181,850	181,850				
d. Water	\$ 3,665	3,665				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 24,557	24,557				
f. Other (<i>itemize</i>)	\$ 95,278	95,278				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 560,704	560,704				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 174,101	174,101				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 174,101	174,101				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 266,235	266,235				
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 87,288	87,288				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 353,523	353,523				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 749,998	749,998				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 187,937	187,937				
c. Personal property taxes	\$ 18,869	18,869				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,484,428	1,484,428				

* 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	(Specify)
Groundskeeping	\$ 19,026		
Rubbish Removal	\$ 33,611		
Snow Removal	\$ 23,625		
Supplies	\$ 19,016		
Total Other Repairs and Maintenance	\$ 95,278	\$ -	\$ -

Depreciation Schedule

Name of Facility Newtown Rehabilitation & Health Care Center				License No. 10207			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													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period								SL	Various				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
Yes	No	Month	Year										
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.		yes		6	18	30,000		30,000	15,000		5	6,000	
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				9	2020	888,086		888,086	435,557	S/L	Various	166,692	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				9	2021	22,535		22,535		S/L	Various	1,409	
D-3. Subtotal													174,101
E. Total Depreciation													174,101

Schedule of Land Improvements Acquired during this report period

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

*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 Improvement		\$ -		\$ - *
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:				
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	Cost	Useful Life	Depreciation
Additions:				
10/31/2020	Call Alarm System	\$ 3,385	5	\$ 339
3/31/2021	Hot water booster	\$ 4,180	10	\$ 209
3/31/2021	Fire alarm upgrade for elevator machine room	5850	10	293
3/31/2021	Door magnetic locking system	6883	10	344
7/31/2021	8 TV's & Parts	2237	5	224
Total additions for Movable Equipmen		\$ 22,535		\$ 1,409 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*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:				
1/31/2021	Parking Lot Paving	\$ 15,950	8	\$ 997
1/31/2021	Elevator Parts	\$ 4,433	10	\$ 222
1/31/2021	Generator Water Pump	\$ 6,625	10	\$ 331
1/31/2021	Circulator Pump	\$ 2,765	10	\$ 138
2/28/2021	Impeller & Bearing	\$ 2,539	10	\$ 127
3/31/2021	Masonry restoration of chimney in elevator & machine room	\$ 16,500	25	\$ 330
3/31/2021	Parapet wall removal for new elevator	\$ 70,000	15	\$ 2,333
3/31/2021	(2) ductless wall mounted A/C units	\$ 11,693	10	\$ 585
3/31/2021	Boiler pumps	\$ 10,769	15	\$ 359
3/31/2021	Sidewalk concrete and asphalt replacement	\$ 156,626	8	\$ 9,789
3/31/2021	18' 6" ductile piping	\$ 13,840	20	\$ 346
4/30/2021	Piping and mixing valve replacement	\$ 5,906	20	\$ 148
5/31/2021	New Dementia ward doors, nursing station construction and Renovation of Cur	\$ 58,523	15	\$ 1,951
5/31/2021	Phone System	\$ 17,191	10	\$ 860
9/30/2021	New Elevator	\$ 353,734	20	\$ 8,843
Total additions for Leasehold Improvermen		\$ 747,094		\$ 27,359 *
Deletions:				
Total deletions for Leasehold Improvermen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Newtown Rehabilitation & Health Care Center			10207		9/30/2021			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. Start-up costs	6	2018	10 years	2,554,207	612,120			266,235	
2.									
3. Adj's to start up				19,394					
A-4. Subtotal									266,235
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period		2020		593,080	60,363			59,929	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2021		747,094		S/L	various	27,359	
C-4. Subtotal									87,288
D. Total Amortization									353,523

* 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 Newtown Rehabilitation & Health Car	License No. 10207	Report for Year Ended 9/30/2021	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase		06/01/18		
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		154		
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)		HUD		
b. Date Mortgage Obtained		06/01/18		
c. Interest Rate for the Cost Year		6.18%		
d. Term of Mortgage (number of years)		4 yrs		
e. Amount of Principal Borrowed		13,500,000		
f. Principal balance outstanding as of		12,818,078		
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		Page	of
Newtown Rehabilitation & Health Ca		10207	9/30/2021		26	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			Page	of
Newtown Rehabilitation & Health C	10207	9/30/2021			27	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)	\$	2,128	2,128			
A. Item	Rate	Amount				
Lender						
Var Tech						
Address of Lender						
PO Box 10306, Des Moines IA						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$	2,128	2,128			
12. D. Other Interest Expense (Specify)	\$	10,247	10,247			
Vendor Interst=\$21,507 Key Bank Line of Credit=\$30,238						
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	12,375	12,375			
14. Insurance						
a. Insurance on Property (buildings only)	\$	180,629	180,629			
b. Insurance on Automobiles	\$	2,618	2,618			
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)	\$					
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$					
14d. Total Insurance Expenditures (14a + b + c)	\$	183,247	183,247			
15. Total All Expenditures (A-13 thru C-14)	\$	16,175,723	16,175,723			

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Newtown Rehabilitation & Health Care Center			10207	9/30/2021	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 404,188	404,188		
4.			Other - See attached Schedule	\$ 7,633	7,633		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ 3,758	3,758		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 213,627	213,627		
10.			Accounting	\$ 2,266	2,266		
10a.			Legal	\$ 34,599	34,599		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 4,765	4,765		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ (2,203)	(2,203)		
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.			Unallowable Advertising *	\$ 6,793	6,793		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 500	500		
21.			Unallowable Management Fees	\$ 116,593	116,593		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 59,666	59,666		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 13,772	13,772		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 865,958	865,958		

* 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)
10	12m	Marketing Salaries & Benefits	\$ 7,633		
Total Other Salaries Adjustment			\$ 7,633	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 33,601		
16	M13	Civil Money Penalties (Case #2021-01-LTC-223)	\$ 6,923		
16	M13	Civil Money Penalties (Citation No. 2021-14)	\$ 6,120		
16	M13	Civil Money Penalties (Case #2021-01-LTC-531)	\$ 13,022		
Total Other A&G Adjustments			\$ 59,666	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Newtown Rehabilitation & Health Care Center			10207	9/30/2021	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 865,958	865,958		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 392,594	392,594		
28.			Ambulance/Limousine	\$ 1,743	1,743		
29.			X-rays, etc	\$ 41,509	41,509		
30.			Laboratory	\$ 320,061	320,061		
31.			Medical Supplies	\$ 14,480	14,480		
32.			Oxygen (non emergency)	\$ 5,841	5,841		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 35,778	35,778		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 141,274	141,274		
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.	\$ 157	157		
44.			Other - Miscellaneous Administrative	\$ 15,527	15,527		
45.			Management Fees Direct	\$ 31,798	31,798		
46.			Management Fees Indirect	\$ 28,265	28,265		
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)				\$ 1,894,985	1,894,985		

*** 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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental	\$ 35,778		
Total Other Ancillary Costs			\$ 35,778	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7f	Movable Equip Depr Carryforward AJE	\$ 141,274		
Total Excess Movable Equipment Depreciation			\$ 141,274	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments			\$ -	\$ -	\$ -

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

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Cable TV expense	\$ 19,127		
20	5j	Allowable amount	\$ (3,600)		
Total Other Adjustments			\$ 15,527	\$ -	\$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Newtown Rehabilitation & Health Care C	10207	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>)	\$ 13,798,470	13,798,470			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,126,086)	(6,126,086)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,578,960	2,578,960			
b. Medicare Room and Board Contractual Allowance **	\$ 741,651	741,651			
4. a. Private-Pay Residents and Other	\$ 3,456,022	3,456,022			
b. Private-Pay Room and Board Contractual Allowance **	\$ (322,084)	(322,084)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 228,814	228,814			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (220,412)	(220,412)			
c. Prescription Drugs - Non-Medicare	\$ 171,227	171,227			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (171,227)	(171,227)			
2. a. Medical Supplies - Medicare	\$ 7,580	7,580			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 780	780			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (780)	(780)			
3. a. Physical Therapy - Medicare	\$ 940,674	940,674			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (666,516)	(666,516)			
c. Physical Therapy - Non-Medicare	\$ 327,790	327,790			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (327,100)	(327,100)			
4. a. Speech Therapy - Medicare	\$ 343,555	343,555			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (243,581)	(243,581)			
c. Speech Therapy - Non-Medicare	\$ 140,420	140,420			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (139,070)	(139,070)			
5. a. Occupational Therapy - Medicare	\$ 847,866	847,866			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (641,171)	(641,171)			
c. Occupational Therapy - Non-Medicare	\$ 346,120	346,120			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (345,820)	(345,820)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 52,737	52,737			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,778,819	14,778,819			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 12,102	12,102			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 157	157			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 49,163	49,163			
V. Total Other Revenue (1 thru 8)	\$ 61,422	61,422			
VI. Total All Revenue (III +V)	\$ 14,840,241	14,840,241			

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Newtown Rehabilitation & Health Care	10207	9/30/2021	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	199,280
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,945,717
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	86,748
4. Inventories			\$	17,361
5. Prepaid Expenses			\$	209,479
a. Prepaid Insurance	206,912			
b. Prepaid Interest	2,567			
c. Prepaid Expense-Other				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	(555,574)
8. Other Current Assets (<i>itemize</i>)			\$	1,814
A/R Non-Related Facilities	1,814			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,904,825
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	1,340,174	\$	1,192,523
	Accum. Depreciation	147,651		
		Net		
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation			
		Net		
6. Movable Equipment	*Historical Cost	673,450	\$	69,791
	Accum. Depreciation	603,659		
		Net		
7. Motor Vehicles	*Historical Cost	30,000	\$	9,000
	Accum. Depreciation	21,000		
		Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	237,170
Excluded Movable Equipment	237,170			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,508,484

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Project Development	\$ 147,689
			\$ -
Total Other Assets			\$ 147,689

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 Newtown Rehabilitation & Health Care	License No. 10207	Report for Year Ended 9/30/2021	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 3,413,309	
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	2,573,601		
	Accum. Depreciation	878,355	Net	\$ 1,695,246
4. Goodwill (Purchased Only)			\$ 128,084	
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		
Deferred Finance fees				
7. Other Assets (<i>itemize</i>)			\$ 154,168	
See Attached				
	DEPOSITS-UTILITIES	6,479		
	PROJECT DEVELOPMENT	147,689		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 1,977,498	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 5,390,807	

* 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
Newtown Rehabilitation & Health Care Center	10207	9/30/2021	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	2,960,633
2. Notes Payable (<i>itemize</i>)			\$	95,907
Due from Related Party				
Line of Credit				
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>)			\$	418,953
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	408,595
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>)			\$	22,089
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	1,403,277
Due to Medicaid-Provid			1,174,366	
ACCD HEALTH INSURANCE			(1,329)	Acc'd Real Estate Tax (61,532)
Acc'd Operating Expenses			291,755	LINE OF CREDIT
Acc'd Expense - CT Sales Tax			17	See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	5,309,454

* 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 Newtown Rehabilitation & Health Care Cent		License No. 10207	Report for Year Ended 9/30/2021	Page 34	of 37
Account				Amount	
Total Brought Forward:				5,309,454	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	9,810
Name of Lender	Purpose	Amount	Date Due		
		9,810			
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	2,110,717
Name and Address of Lender	Amount	Loan Date			
Due to Related Party	3,988,573	None			
Due to Affiliates	(1,877,856)	None			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
Note Payable-McKesson					
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	2,120,527
C. Total All Liabilities (Lines A-13 + B-5)				\$	7,429,981

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

Name of Facility	License No.	Report for Year Ended	Page	of
Newtown Rehabilitation & Health Care	10207	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			\$	500,000
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,276,076)
6. Gain or Loss for Period			\$	(1,263,098)
	10/1/2020	thru 9/30/2021		
7. Total Net Worth			\$	(2,039,174)
C. Total Reserves and Net Worth			\$	(2,039,174)
D. Total Liabilities, Reserves, and Net Worth			\$	5,390,807

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Newtown Rehabilitation & Health Care C	10207	9/30/2021	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	(527,893)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,840,241
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	16,103,339
D. Net Income or Deficit			\$	(1,263,098)
E. Balance			\$	(1,790,991)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Health Insurance 2020				(248,183)
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	(248,183)
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			\$	(2,039,174)

I. Preparer's/Reviewer's Certification

Name of Facility Newtown Rehabilitation & Health Care	License No. 10207	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				
<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		Date Signed
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address			Phone Number	
135 South Road Farmington, CT 06032			(860) 751-3900	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Lynn Rinaldi			(860) 751-3900	
Contact Email Address				
lrinaldi@athenahealthcare.com				