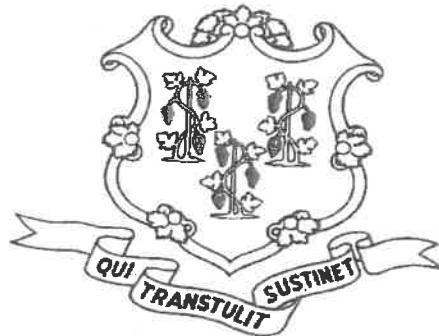


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Wilton Meadows Health Care Center					
Address (No. & Street, City, State, Zip Code) 439 Danbury Road, Wilton, CT 06897					
Type of Facility					
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)		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 2032C	RHNS	(Specify)	Medicare Provider 07-5317
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Medicaid Provider Numbers:	CCNH	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

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

General Information

Name of Facility (as licensed) Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021	Page 1	of 37
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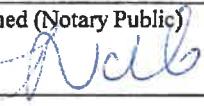
Administrator's/Owner's Certification

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 Wilton Meadows 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 2/9/22	Signed (Owner)	Date	
Printed Name (Administrator) Ellen Casey		Printed Name (Owner)		
Subscribed and Sworn to before me: 	State of CT	Date 2/9/22	Signed (Notary Public) 	Comm. Expires 4/30/22
Address of Notary Public 435 Dinkbury Rd, Wilton, CT 06897				

(Notary Seal)

Lizanne Wolff
Notary Public-Connecticut
My Commission Expires
April 30, 2022

General Information

Name of Facility (as licensed) Wilton Meadows Health Care Center	License No. 2032C	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 Wilton Meadows 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.

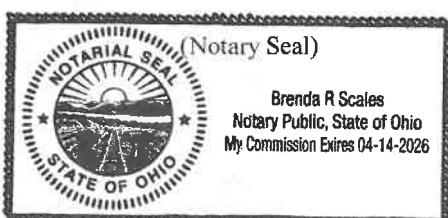
I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the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

Wilton Meadows Limited Partnership
By: Wilton Meadows Health Care Center Corp.

Signed (Administrator)	Date	Signed (Owner)	Date
Printed Name (Administrator) Ellen Casey		Printed Name (Owner) Fred Rzepka, President	02-10-22
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public			/ /

25250 Rockside Road, Cleveland, OH 44146



State of Connecticut

Annual Report of Long-Term Care Facility

CSP-1A Rev. 6/95

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 Wilton Meadows Health Care Center	Period Covered:		From 10/1/2020	To 9/30/2021
Address of Facility 439 Danbury Road, Wilton, CT 06897				
Report Prepared By CliftonLarsonAllen LLP	Phone Number 860-561-4000	Date 2/7/2022		
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	Report for Year Ended	Page	of
203-834-0199	9/30/2021	2	37
Name of Facility (as shown on license) Wilton Meadows Health Care Center		Address (No. & Street, City, State, Zip) 439 Danbury Road, Wilton, CT 06897	
License Numbers:	CCNH 2032C	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 type="radio"/> LLC <input checked="" type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust			
If this facility opened or closed during report year provide:		Date Opened	Date Closed
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes <input checked="" type="radio"/> No	If "Yes," explain fully.
Administrator			
Name of Administrator Ellen Casey		Nursing Home Administrator's License No.:	001858
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name		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 Wilton Meadows Health Care Center	License No. 2032C	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
Wilton Meadows Limited Partnership		439 Danbury Road Wilton, CT 06897	
Name of Partners/Members	Business Address	Title	% Owned
TransCon Builders, Inc	25250 Rockside Road, Bedford Heights, OH 44146	Limited Partner	70.12%
Wilton Meadows Health Care	25250 Rockside Road, Bedford Heights, OH 44146	General Partner	2.08%
Fred Rzepka	3330 Warrensville Center Road #808 Shaker Heights, OH 44122	Limited Partner	16.3%
Peter Rzepka	3330 Warrensville Center Road #804 Shaker Heights, OH 44122	Limited Partner	11.5%

State of Connecticut:

Annual Report of Long-Term Care Facility

CSP-3A Rev. 10/2005

General Information and Questionnaire
Corporate Owners

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021	Page of 3A 37
If this facility is owned or operated as a corporation, provide the following information:			
Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
N/A			
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
N/A			
Names of Stockholders Owning at Least 10% of Shares			
N/A			

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2021	3B	37

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*

<p>Name of Facility Wilton Meadows Health Care Center</p>	<p>License No. 2032C</p>	<p>Report for Year Ended 9/30/2021</p>	<p>Page 4 of 37</p>				
<p>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</p>							
<p>If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</p>							
<p>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 type="radio"/> Yes <input type="radio"/> No</p>							
<p>If "Yes," provide the following information:</p>							
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>	Management Fee and Travel	See Attached	169,744	169,744
Greenwich Retirement Housing, LLC	1155 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>	Loan Receivable	32 Line D6	2,919	N/A
TBI Profit Sharing Plan LLC	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>	Pension	Pg 15 Line 1a7	32,006	32,006
Wilton Retirement Housing, LLC	435 Danbury Road, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>	Maint., Admin. Services, Insurance, Dietary	See Attached	(54,596)	(54,596)
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>	Loan Receivable	32 Line D6	4,021	N/A
Greenwich Retirement Housing, LLC	1155 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>	Interest Income/Loan Funds	Pg 30 Line IV 5	44,888	44,888
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>	Maint., Admin. Services, Insurance, Dietary	See Attached	(28,514)	(28,514)
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>	Insurance Policies	See Attached	495,941	495,941
				Loan Receivable	32 Line D6	454,129	N/A

* Use additional sheets if necessary.

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

General Information and Questionnaire
Related Parties*

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 09/30/2021	Page 4b	of 37
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Description	A/C #	Amount		
TransCon Builders, Inc.				
Travel	75510	16,600	16	L4
Management Fees	75530	<u>153,144</u>	16	m12
		<u>169,744</u>		
Property Insurance	73530.BSC	24,994	27	14A
Worker's Comp Insurance	73250	351,286	15	1A1
General Liability Insurance	73530.BSC1	81,734	27	14C1
Excess Liability Insurance	73530.BSC1	22,253	27	14C1
EPLI	73530	<u>15,674</u>	16	M13
		<u>495,941</u>		
Loan Receivable	16100	<u>454,129</u>	32	D6
Greens at Cannondale				
Maintenance Services from WM To GC	72106/72155	(20,409)	10	A7A/A7B
Administration Svc from WM To GC	73156	<u>(42,115)</u>	10	A4
		<u>(62,524)</u>		
Loan Receivable	16600	<u>4,021</u>	32	D6
Greens at Greenwich				
Maintenance Services from WM To GG	72106/72155	(13,014)	10	A7A/A7B
Administration Svc from WM To GG	73156	<u>(17,089)</u>	10	A4
		<u>(30,103)</u>		
Loan Receivable	16700	<u>2,919</u>	32	D6
TBI Profit Sharing Plan				
401K Plan - Other Participants	73310	<u>32,006</u>	15	1a7
Hamden				
Greens at Greenwich				
Greens at Cannondale				
Greenwich Woods				
Candlewood				
Owners Management Co				
TransCon				
Danbury Commons				
Crime, Cyber Insurance Policies - Wilton Meadows Held				
Greens at Cannondale	73530	7,928	16	M13
Greens at Greenwich	73530	<u>1,589</u>	16	M13
		<u>9,517</u>		

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-5 Rev. 9/2002

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021	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?

* 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.

Yes No

Total ***

General Information and Questionnaire
Accounting Basis

Name of Facility Wilton Meadows Health Care Cent	License No. 2032C	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 1 See Attached 2 3 4	Address (No. & Street, City, State, Zip Code)
--	---

Services Provided by This Firm (*describe fully*)

1 See Attached	\$ 51,280
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 51,280

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

Yes No Page 15 Line 1d

Legal Services Information

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

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

1	
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1 See Attached	\$ 37,831
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 37,831

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

Yes No Page 15 Line 1e

General Information and Questionnaire
Accounting Basis

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 09/30/2021	Page 7a	of 37
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Ref	InterfaceName	Amount	Vendor Total
CliftonLarsonAllen LLP	Under accrual 2020 Financial Statements Review	27,175	
CliftonLarsonAllen LLP	Prep 9/30/21 Financial Statements Audit	9,200	
CliftonLarsonAllen LLP	Prep 9/30/21 Medicaid Cost Report	9,300	<u>45,675</u>
Howard, Wershbaile & Co.	Under accrual 2020 Medicare Cost Report	225	
Howard, Wershbaile & Co.	Prep 9/30/21 Medicare Cost Report	4,500	<u>4,725</u>
RSM US LLP	2021 Income Tax Return	880	<u>880</u>
Total Accounting Expense			<u>51,280</u>

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2021	7b	37
Ref	Interface Name	Transaction Date	Amount	Disallow
Epstein Becker & Green	Professional Services-Fomer Employee	11/1/2020	297	297
Epstein Becker & Green	Professional Services-Fomer Employee	11/1/2020	3,069	3,069
Epstein Becker & Green	Professional Services-Fomer Employee	11/1/2020	1,683	1,683
Epstein Becker & Green	Professional Services-HR Matters	11/1/2020	765	
Epstein Becker & Green	Professional Services-Fomer Employee	1/1/2021	264	264
Epstein Becker & Green	Professional Services-HR Matters	1/1/2021	540	
Epstein Becker & Green	Professional Services-Fomer Employee	2/17/2021	99	99
Epstein Becker & Green	Professional Services-Fomer Employee	5/20/2021	165	165
Epstein Becker & Green	Professional Services-HR Matters	5/20/2021	438	
Epstein Becker & Green	Professional Services-HR Matters	6/17/2021	911	
Epstein Becker & Green	Professional Services-HR Matters	9/17/2021	428	
Epstein Becker & Green	Professional Services-HR Matters	8/18/2021	554	
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	875	875
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	880	880
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	175	175
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	281	281
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	140	140
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	70	70
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	560	560
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	527	527
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	365	365
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	100	100
Goldman Gruder & Woods, LLC	Legal Services - General Matters	11/1/2020	280	
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	2,565	2,565
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	490	490
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	420	420
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	136	136
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	550	550
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	840	840
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	350	350
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	105	105
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	140	140
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	449	449
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	633	633
Goldman Gruder & Woods, LLC	Legal Services - General Matters	1/1/2021	455	
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	890	890
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	2	2
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	35	35
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	294	294
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	1	1
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	35	35
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	280	280
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	175	175
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	35	35
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	976	976
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	105	105
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	294	294
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	385	385
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	317	317
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	598	598
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	1,020	1,020
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	2,097	2,097
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	163	163
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	140	140
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	175	175
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	673	673
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	220	220
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	940	940
Goldman Gruder & Woods, LLC	Legal Services - General Matters	5/1/2021	600	
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	1	1
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	1	1
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	7	7
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	28	28
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	665	665
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	7	7
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	315	315
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	260	260
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	140	140
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	1,401	1,401
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	46	46
Murtha Cullina LLP	Prof. Svcs. General matters-October 2020	11/18/2020	1,012	
Murtha Cullina LLP	Prof. Svcs. General Matters-November 2020	12/15/2020	1,150	
Murtha Cullina LLP	Prof. Svcs. General Matters-November 2019	1/1/2021	280	
Murtha Cullina LLP	Prof. Svcs. General Matters-August 2020	1/1/2021	78	
Murtha Cullina LLP	Prof. Svcs. General Matters-September 2020	1/1/2021	414	
Murtha Cullina LLP	Prof. Svcs. General Matters-December 2020	1/1/2021	364	
Wilton Meadows Petty Cash	State Marshall-Conservatorship	8/16/2021	56	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	6/16/2021	252	
Wilton Meadows Petty Cash	State Marshall-Conservatorship	6/16/2021	56	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	6/16/2021	252	

37,831 28,947
Total Legal Expense Total Disallowed

Schedule of Resident Statistics

Name of Facility	License No. 2032C	Report for Year Ended 9/30/2021			Report for Year Ended 9/30			Page 8 of 37
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30				
	Total All Levels	Total CCNH Level	Total RHNS (Specify)	Total CCNH	RHNS (Specify)	Total CCNH	RHNS	
1. Certified Bed Capacity								
A. On last day of PREVIOUS report period	148	148		148	148			
B. On last day of THIS report period	148	148				148	148	
2. Number of Residents								
A. As of midnight of PREVIOUS report period	102	102		102	102			
B. As of midnight of THIS report period	115	115				115	115	
3. Total Number of Days Care Provided During Period								
A. Medicare	6,222	6,222		4,555	4,555			1,667
B. Medicaid (Conn.)	21,799	21,799		15,987	15,987			5,812
C. Medicaid (other states)								
D. Private Pay	2,746	2,746		1,789	1,789			957
E. State SSI for RCH								
F. Other (Specify) Hospice/Managed Care/Evercare	9,667	9,667		7,435	7,435			2,232
G. Total Care Days During Period (3A thru F)	40,434	40,434		29,766	29,766			10,668
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds								
A. Medicaid Bed Reserve Days								
B. Other Bed Reserve Days	10	10		10	10			
5. Total Resident Days (3G + 4A + 4B)	40,444	40,444		29,776	29,776			10,668

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	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.

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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	14	61		40				
Per Diem Rate								
a. One bed rm.	PPS		267.68		588.98			
b. Two bed rms.	N/A		N/A		N/A			
c. Three or more bed rms.	PPS		267.68		557.14			

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
B. Medicaid (Exclusive of Part B)		885	885		
1. Maintenance Treatments		97	97		
2. Restorative Treatments					
C. Other		13,608	13,608		
D. Total Physical Therapy Treatments		14,590	14,590		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		242	242		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		20	20		
2. Restorative Treatments					
C. Other		1,247	1,247		
D. Total Speech Therapy Treatments		1,509	1,509		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		1,018	1,018		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		157	157		
2. Restorative Treatments					
C. Other		12,580	12,580		
D. Total Occupational Therapy Treatments		13,755	13,755		

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
Wilton Meadows Health Care Center	2032C	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	(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)	152,970	2,086			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	478,396	14,094			
5. Dietary Service					
a. Head Dietitian	48,007	1,390			
b. Food Service Supervisor	58,160	2,108			
c. Dietary Workers	567,827	28,564			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers					
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	72,132	1,469			
b. Other Maintenance Workers	81,358	4,010			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	245,893	14,197			
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	216,501	3,552			
b. RN					
1. Direct Care	853,427	19,798			
2. Administrative**	289,720	5,854			
c. LPN					
1. Direct Care	1,798,729	56,379			
2. Administrative**	71,640	2,008			
d. Aides and Attendants	2,375,445	124,194			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	270,673	13,152			
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	207,235	6,704			
n. Marketing	3,880	50			
o. Other (Specify)					
See Attached Schedule	115,600	4,926			
<i>A-13. Total Salary Expenditures</i>	<i>7,907,593</i>	<i>304,535</i>			

* 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)

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

Name of Facility	License No.	Report for Year Ended				Total Hours Worked	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received	Page 11 of 37
		9/30/2021								
Wilton Meadows Health Care Center	2032C	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	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* 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***

*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.

State of Connecticut

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
	2032C	9/30/2021		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify)
*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	16,073	Disallowed			
3. Pharmacist	10,484	241			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	441,126	3,823			
b. Other					
6. Social Worker					
7. Recreation Worker	6,955	34			
8. Physicians					
a. Medical Director (entire facility)	46,800	254			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify) Other Medical Consultants	577	Disallowed			
9. Speech Therapist					
a. Resident Care	84,626	705			
b. Other					
10. Occupational Therapist					
a. Resident Care	407,103	3,598			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	78,531	1,020			
2. Administrative***					
b. LPN					
1. Direct Care	3,732	43			
2. Administrative***					
c. Aides	21,980	628			
d. Other					
12. Other (Specify) See Attached Schedule	43,455	Disallowed			
B-13 Total Fees Paid in Lieu of Salaries	1,161,442	10,346			

* 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

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

Report of Expenditures

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021	Page 14a	of 37
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Category	Consultant	Total Paid	Total Hours	
Dentist	Healthdrive Dental	<u>16,073</u>	-	Disallow
Pharmacist	Value Health Care Services	<u>10,484</u>	<u>241</u>	
Physical Therapy PT Outpatient	Preferred Therapy Preferred Therapy	<u>440,725</u> <u>401</u> <u>441,126</u>	<u>3,819</u> <u>4</u> <u>3,823</u>	
Entertainment	Various	<u>6,955</u>	<u>34</u>	45 Performances @ 45 min per
Medical Director	Alan Radin, MD	<u>46,800</u>	<u>254</u>	\$178.66/hr limit in 2021
Speech Therapy	Preferred Therapy Mass Tex Imaging SDX Dysphagia Experts	<u>82,005</u> <u>101</u> <u>2,520</u> <u>84,626</u>	<u>705</u> - <u>705</u>	1 Service 7 Services @ \$360 each
Occupational Therapy	Preferred Therapy	<u>407,103</u>	<u>3,598</u>	
Purchased Services	Value Health Care Service Technical Gas Products, Inc. Preferred Therapy Solutions US Labs Norwalk Hospital Mobilex HealthDrive EyeCare Group	<u>11,640.00</u> <u>9,320.95</u> <u>21,665.40</u> <u>580.00</u> <u>52.78</u> <u>53.00</u> <u>142.81</u> <u>43,455</u>	<u>-</u> Disallow Disallow - Med A Disallow - Med A	
Other Medical Consultants	Healthdrive Audiology Group Rehabilitation Consultants	<u>62.00</u> <u>514.56</u> <u>576.56</u>	<u>-</u> Disallow - Med A Disallow - Med A	
RNs - Direct Care	Agency RN	<u>78,531</u>	<u>1,020</u>	
LPNs - Direct Care	Agency LPN	<u>3,732</u>	<u>43</u>	
Aides	Agency Aides	<u>21,980</u>	<u>628</u>	
<i>Total Fees in Lieu of Salaries</i>		1,161,442	10,346	

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021	Page 14b	of 37
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Entertainer Name	Description	Amount
Lee Perry Gross Music	Entertainment 10/01/20	150.00
Larry Batter	Entertainment 10/07/20	145.00
Gary Kahn	Entertainment 11/11/20	175.00
Alfred Leone	Entertainment 11/25/20	150.00
Holleran Media Productions	Entertainment 12/02/20	180.00
Larry Batter	Entertainment 12/09/20	145.00
Holleran Media Productions	Entertainment 12/23/20	300.00
Alfred Leone	Entertainment 12/24/20	150.00
Khagan Entertainment Group	Entertainment 01/01/21	200.00
Holleran Media Productions	Entertainment 01/13/21	180.00
Shawn Taylor	Entertainment 02/03/21	150.00
Larry Batter	Entertainment 02/17/21	145.00
Holleran Media Productions	Entertainment 02/21/21	180.00
Billy Michael	Entertainment 03/18/21	100.00
Wendy Kerner	Entertainment 03/26/21	300.00
Khagan Entertainment Group	Entertainment 04/04/21	175.00
Larry Batter	Entertainment 04/21/21	145.00
Jeff Batter	Entertainment 04/28/21	135.00
Thomas Sansone	Entertainment 05/05/21	150.00
Khagan Entertainment Group	Entertainment 05/10/21	175.00
Holleran Media Productions	Entertainment 05/12/21	180.00
Khagan Entertainment Group	Entertainment 05/19/21	90.00
Billy Michael	Entertainment 05/26/21	100.00
Khagan Entertainment Group	Entertainment 05/31/21	175.00
Rita K. Wagner	Entertainment 06/02/21	145.00
Shalynn M. Sedgwick	Entertainment 06/08/21	150.00
Larry Batter	Entertainment 06/16/21	145.00
Khagan Entertainment Group	Entertainment 06/20/21	175.00
Larry Batter	Entertainment 06/23/21	135.00
Shawn Taylor	Entertainment 06/30/21	150.00
Billy Michael	Entertainment 07/07/21	100.00
Holleran Media Productions	Entertainment 07/14/21	180.00
Thomas Sansone	Entertainment 07/21/21	150.00
Khagan Entertainment Group	Entertainment 08/01/21	125.00
Alfred Leone	Entertainment 08/01/21	150.00
Holleran Media Productions	Entertainment 08/11/21	180.00
Larry Batter	Entertainment 08/18/21	145.00
Roger Young	Entertainment 08/19/21	125.00
Chris Merwin	Entertainment 08/24/21	125.00
Jeff Batter	Entertainment 08/25/21	135.00
Khagan Entertainment Group	Entertainment 09/01/21	90.00
Khagan Entertainment Group	Entertainment 09/06/21	175.00
Kayne Devlin	Entertainment 09/09/21	125.00
Thomas Sansone	Entertainment 09/15/21	150.00
Kayne Devlin	Entertainment 09/21/21	125.00
Total Entertainment		6,955

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-15 Rev. 9/2018

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2021		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	351,286	351,286		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	87,152	87,152		
4. Social Security (F.I.C.A.)	\$	496,705	496,705		
5. Health Insurance	\$	1,079,212	1,079,212		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	32,006	32,006		
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$	3,174	3,174		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$	51,280	51,280		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$	37,831	37,831		
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	46,799	46,799		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	25,033	25,033		
2. Cellular Phones	\$	5,754	5,754		
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 (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$	650,527	650,527		
Subtotal	\$	2,866,759	2,866,759		

* 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	\$ -	\$ -	\$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended		Page	of
	2032C	9/30/2021		16	37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	2,866,759	2,866,759		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 981	981			
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 8,874	8,874			
4. Employee Travel	\$ 22,785	22,785			
5. Education Expenses Related to Seminars and Conventions	\$ 15,622	15,622			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 5,087	5,087			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 59,045	59,045			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 1,528	1,528			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 195,641	195,641			
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	\$ 13,194	13,194			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 14,844	14,844			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 469	469			
9. Subscriptions	\$ 27,327	27,327			
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**	\$ 153,144	153,144			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 317,353	317,353			
C-14 Total Administrative & General Expenditures	\$ 3,702,653	3,702,653			

* 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)
Advertising Promotions - Disallowed	\$ 137,019		
Business Promotions - Disallowed	\$ 58,622		
Total Other Advertising	\$ 195,641	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues - See Page 16b	\$ 14,844		
Total Dues	\$ 14,844	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Recruiting Expense	\$ 55,425		
Employee Background Checks	\$ 6,709		
Consulting Fees	\$ 54,982		
Data Processing Fees	\$ 37,050		
Software Maintenance	\$ 62,427		
ELPI, Crime, Cyber Insurance - Partially Disallowed	\$ 25,038		
Professional Liability Insurance	\$ 20,956		
Patient Trust Bond - Disallowed	\$ 350		
Facility Licenses	\$ 1,705		
Employee Licenses	\$ 2,359		
Bank Charges - Disallowed	\$ 9,880		
Late Charges - Disallowed	\$ 227		
Medical Records Supplies	\$ 7,875		
Purchased Services - Temporary Help	\$ 26,162		
IRS Penalties	\$ 918		
Computer Purchased Services	\$ 5,290		
Total Other Administrative and General	\$ 317,353	\$ -	\$ -

Detail of Dues and Subscriptions

Name of Facility	License No.	Report for Year Ended	Page	of	
Wilton Meadows Health Care Center	2032C	09/30/21	16b	17	
Ref	Amount	Dues	Subscriptions	Chamber of Commerce	InterfaceName
AHCA	1,480	1,480			AHCA 2021 Media Campaign
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	837	837			Monthly Membership Dues
CAHCF	204	204			Annual Dues Mutual Aid Program 5/20-4/21
CAHCF	148	148			Annual Dues Mutual Aid Program 5/21-4/22
Cogency Global	65	65			State Representation 4/21-3/25-5/29,00
Cogency Global	22	22			State Representation 12/15-1/20-5/29,00
Curaspan Health Group	2,667		2,667		Subscription 5/1/20-4/29/21-S-4572.78
Curaspan Health Group	1,906		1,905		Subscription 5/1/21-4/30/22-S-4572.78
Ellen Casey	800	800			AHCA Application Registration
DOCUSIGN	450		450		Subscription Electronic Documents 7/19/21-7/18/22
Greater Norwalk	115	115			Membership Fees
Healthcare Associates	170	170			Online Support
HealthStream	3,389		3,399		Quarterly Subscription Skilled Nursing
HealthStream	1,862		1,862		Quarterly Subscription Skilled Nursing
Hearst Media	43	43			Weekly Subscription
Hearst Media	43	43			Weekly Subscription
Hearst Media	43	43			Weekly Subscription
Hearst Media	43	43			Weekly Subscription
Hearst Media	43	43			Weekly Subscription
Hearst Media	43	43			Weekly Subscription
Hearst Media	43	43			Weekly Subscription
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Hearst Media	43	43			Weekly Subscription
Hearst Media	43	43			Weekly Subscription
Hearst Media	43	43			Weekly Subscription
Kiwanis Club Of Wilton	88	88			4Q Dues July - September 2021
LinkedIn	130	130			Recruiter Renewal Fee
New York Times	1,794		1,794		Subscriptions
Pradco	150	150			Personal Setup Fees
PatentPing	1,000		1,000		Monthly Subscription Revenue
PatentPing	1,000		1,000		Monthly Subscription Revenue
PatentPing	1,000		1,000		Monthly Subscription Revenue
PatentPing	1,000		1,000		Monthly Subscription Revenue
PatentPing	1,000		1,000		Monthly Subscription Revenue
PatentPing	1,000		1,000		Monthly Subscription Revenue
PatentPing	1,000		1,000		Monthly Subscription Revenue
PatentPing	1,000		1,000		Monthly Subscription Revenue
PatentPing	1,000		1,000		Monthly Subscription Revenue
PatentPing	1,000		1,000		Monthly Subscription Revenue
PatentPing	1,000		1,000		Monthly Subscription Revenue
PatentPing	1,000		1,000		Monthly Subscription Revenue
TransCon Builders / PNC Visa	10	10			Signup Genius Visitation Scheduling Website
TransCon Builders / PNC Visa	10	10			Signup Genius Visitation Scheduling Website
TransCon Builders / PNC Visa	10	10			Signup Genius Visitation Scheduling Website
TransCon Builders / PNC Visa	10	10			Signup Genius Visitation Scheduling Website
TransCon Builders / PNC Visa	10	10			Signup Genius Visitation Scheduling Website
TransCon Builders / PNC Visa	10	10			Signup Genius Visitation Scheduling Website
TransCon Builders / PNC Visa	20	20			AHCA Membership
TransCon Builders / PNC Visa	10	10			Signup Genius Visitation Scheduling Website
TransCon Builders / PNC Visa	10	10			Signup Genius Visitation Scheduling Website
TransCon Builders / PNC Visa	10	10			Signup Genius Visitation Scheduling Website
TransCon Builders / PNC Visa	10	10			Signup Genius Visitation Scheduling Website
TransCon Builders / PNC Visa	46	46			ASCO Digital Block
TransCon Builders / PNC Visa	203	203			Annual Satellite Radio
TransCon Builders / PNC Visa	418	418			Subscription Survey MBS
TransCon Builders / PNC Visa	10	10			Signup Genius Visitation Scheduling Website
TransCon Builders / PNC Visa	10	10			Signup Genius Visitation Scheduling Website
TransCon Builders / PNC Visa	225	225			CALA Membership Annual Dues
Silver Source					Membership Sept 2018-May 2019
The Norwalk Hour	1,240	1,240			Subscription Reverse Credit
Wilton Builders					Renewal Subscription
Wilton Chamber of Commerce	131				131 Membership 7/1/20-6/30/21
Wilton Chamber of Commerce	113				113 Membership 4/1/21-3/31/22
Wilton Chamber of Commerce	225				225 Membership 4/1/20-3/31/21
Wilton WPCA	125	125			FOG Renewal 7/20-6/30/21-S290
Zoom Video Communications	1,054	1,054			Annual Telecon Relay Surcharge 4/21-3/22-S2127.60

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Wilton Meadows Health Care Center	2032C	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 #
TransCon Builders, Inc.	153,144	See Page 4	See page 16 Line M12

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

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021		Page 18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 441,488	441,488		
2. Non-Food Supplies	\$ 58,788	58,788		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 931	931		
c. Other (Specify) _____ Chemicals / Cleaning Supplies	\$ 6,553	6,553		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 507,760	507,760		
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 checked="" type="radio"/> Yes <input type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-19 Rev. 9/2018

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021		Page 19	of 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. \$	16,801	16,801		
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) Chemicals / Detergents \$8,517; Supplies \$1,528	\$	10,045	10,045		
3D. Total Laundry Expenditures (3a + b + c)	\$	26,846	26,846		
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.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-20 Rev. 9/2018

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 30,000	30,000		
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.	\$ 424,973	424,973		
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	454,973	454,973		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	403,004	403,004		
Medicare \$293,629, Medicaid \$8,017, Medicare OT \$2,223, Facility		\$2,641, Managed Care \$96,494			
b. Medicine Cabinet Drugs	\$	5,097	5,097		
c. Medical and Therapeutic Supplies	\$	27,241	27,241		
d. Ambulance/Limousine***	\$	3,171	3,171		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	28,500	28,500		
f. X-rays and Related Radiological Procedures***	\$	13,934	13,934		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	18,968	18,968		
i. Recreation	\$	12,902	12,902		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	518,213	518,213		
5M. Total Resident Care Expenditures (5a - 5j)	\$	1,031,030	1,031,030		

* 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)
Medical Equipment Rental - Disallowed	\$ 28,202		
Cable TV - Disallowed	\$ 21,558		
PT Equipment - Disallowed	\$ 17,446		
Supplies	\$ 2,872		
Nursing Supplies - Partially Disallowed	\$ 233,895		
Glucose Testing Supplies	\$ 3,651		
Incontinent Care	\$ 47,772		
Gloves	\$ 68,431		
Wound Care Supplies	\$ 61,694		
Syringes	\$ 951		
Tube Feeding - Medicare - Disallowed	\$ 507		
Medical Supplies - Medicare - Disallowed	\$ 11,344		
Medical Supply Rental Medicare - Disallowed	\$ 1,756		
Nutritional Supplements	\$ 18,134		
Total Other Resident Care	\$ 518,213	\$ -	\$ -

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

Report of Expenditures

* 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 9/30/2021			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	64,306	64,306			
b. Heat	\$	70,305	70,305			
c. Light & Power	\$	128,673	128,673			
d. Water	\$	56,171	56,171			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$	229,079	229,079			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	548,534	548,534			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$	8,243	8,243			
b. Building & Building Improvements	\$	54,196	54,196			
c. Non-Movable Equipment	\$	14,593	14,593			
d. Movable Equipment	\$	53,028	53,028			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	130,060	130,060			
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	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$	119,948	119,948			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	12,247	12,247			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	262,255	262,255			

* 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)
Small Equipment Purchase - Partially Disallowed	\$ 13,970		
Equipment Rental	\$ 33,410		
Trash Removal	\$ 31,000		
Service Contracts	\$ 47,793		
Supplies	\$ 48,213		
Grounds Maintenance	\$ 36,559		
Grounds Landscaping	\$ 12,758		
Minor Decorating	\$ 1,974		
Copy Charges	\$ 3,402		
Total Other Repairs and Maintenance	\$ 229,079	\$ -	\$ -

Depreciation Schedule

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

*Ties to Page 23, Line B3

****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report period

*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:				
11/1/2020	Dishwasher	\$ 28,906	7	\$ 9,440
10/1/2020	Copiers	\$ 32,450	5	\$ 14,278
2/8/2021	Bedside cabinet, 4 Drawer Chest (10)	\$ 8,918	7	956
2/24/2021	Negative Pressure Wound Therapy Pump	\$ 3,720	7	399
8/9/2021	Fire Panel Upgrade	\$ 7,237	10	289
2/3/2021	Camera System	\$ 4,930	5	740
Total additions for Movable Equipment		\$ 86,161		\$ 26,102 *
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 Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Fixed Asset Rollforward

Name of Facility	License No.	Report for Year Ended	Page 23b	of 37
	2032C	9/30/2021		
Wilton Meadows Health Care Center				
Land				
Improvements				
Building & Improvements				
Non-movable Equipment				
Movable Equipment				
Motor Vehicles				
2020 Book Value per CR	258,058	11,315,484	241,323	1,175,452
2021 Additions	-	-	4,984	86,161
2021 Disposals	-	-	-	-
2021 Book Value CR	258,058	11,315,484	246,307	1,261,613
Balance per books-page 31	261,937	11,315,783	246,911	1,270,200
Prior year variance	(3,879)	(239)	(604)	(8,587)
2020 Accumulated Depreciation	221,392	10,541,221	183,044	1,107,553
2021 Depreciation	8,243	54,196	14,593	53,028
2021 Disposals	-	-	-	-
2021 Accumulated Depreciation	229,635	10,595,417	197,637	1,160,581
Balance per books-page 31	229,635	10,595,417	197,667	1,174,232
Prior year variance	-	-	(30)	(13,651)

Amortization Schedule*

Name of Facility			License No.	Report for Year Ended			Page	of	
Wilton Meadows Health Care Center			2032C	9/30/2021			24	37	
Item	Month	Year	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
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:

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

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021	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	03/01/88
2. Date Structure Completed	03/01/88
3. If NOT Original Owner, Date of Purchase	N/A
4. Date of Initial Licensure	03/01/88
5. Total Licensed Bed Capacity	148
6. Square Footage	75,000
7. Acquisition Cost	
a. Land	69,000
b. Building	5,740,000

Part B - Owner and Related Parties

1. Financing
 - a. Type of Financing (e.g., fixed, variable)
 - b. Date Mortgage Obtained
 - c. Interest Rate for the Cost Year
 - d. Term of Mortgage (number of years)
 - e. Amount of Principal Borrowed
 - f. Principal balance outstanding as of 9/30/2021

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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-26 Rev. 6/95

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)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-27 Rev. 6/95

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) Interest Expense		\$	3,906	3,906		
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	3,906	3,906		
14. Insurance						
a. Insurance on Property (buildings only)		\$	24,994	24,994		
b. Insurance on Automobiles		\$	3,280	3,280		
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$	103,987	103,987		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	132,261	132,261		
15. Total All Expenditures (A-13 thru C-14)		\$	15,739,253	15,739,253		

D. Adjustments to Statement of Expenditures

Name of Facility Wilton Meadows Health Care Center				License No. 2032C	Report for Year Ended 9/30/2021		Page 28	of 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	\$				
4.			Other - See attached Schedule	\$ 44,198	44,198			
Page 13 - Professional Fees								
5.			Resident Care Physicians **	\$				
6.	13	b10	Occupational Therapy	\$ 407,103	407,103			
7.			Other - See attached Schedule	\$ 61,525	61,525			
Pages 15 & 16 - Administrative and General								
8.			Discriminatory Benefits	\$				
9.			Bad Debts	\$				
10.			Accounting	\$				
10a.			Legal	\$ 28,947	28,947			
11.			Telephone	\$				
12.	15	1h2	Cellular Telephone	\$ 4,314	4,314			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$				
14.			Gifts, flowers and coffee shops	\$				
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 6,546	6,546			
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.	16	L4	Automobile Expense (e.g. personal use)	\$ 241	241			
18.	16	m2/m	Unallowable Advertising *	\$ 197,169	197,169			
19.			Income Tax / Corporate Business Tax	\$				
20.			Fund Raising / Contributions	\$				
21.	16	m12	Unallowable Management Fees	\$ 153,144	153,144			
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$ 49,210	49,210			
Page 18 - Dietary Expenditures								
24.			Meals to employees, guests and others who are not residents	\$				
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)				\$ 952,397	952,397			

* 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

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b2	Dentist	\$ 16,073		
13	b12	Purchased Services - Medicare A and IV Nurse (See Page 13a)	\$ 43,455		
13	b8	Medical Consultant	\$ 577		
13	b8a	Medical Director	\$ 1,420		
Total Other Fees Adjustments			\$ 61,525	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Late Fees	\$ 227		
16	m13	Bank Charges	\$ 9,880		
16	m8a	Chamber of Commerce	\$ 469		
16	13	Employee Relations	\$ 5,124		
16	m13	Crime Insurance Policy	\$ 4,017		
16	m9	Newspapers	\$ 2,785		
15	1a	Benefits and Taxes on Disallowed Marketing & Recruiting Salary Noted Above	\$ 379		
15	1a	Benefits on Disallowed Administrator Salary Noted Above	\$ 8,461		
16	L4	Condo Rent	\$ 16,600		
16	m13	Patient Trust Bond - Disallowed	\$ 350		
16	m13	Penalties	\$ 918		
Total Other A&G Adjustments			\$ 49,210	\$ -	\$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-29 Rev. 9/2018

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

Name of Facility				License No.	Report for Year Ended	Page of	
Wilton Meadows Health Care Center				2032C	9/30/2021	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 952,397	952,397		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 403,004	403,004		
28.	20	5d	Ambulance/Limousine	\$ 3,171	3,171		
29.	20	5f	X-rays, etc	\$ 13,934	13,934		
30.	20	5h	Laboratory	\$ 18,968	18,968		
31.	20	5c	Medical Supplies	\$ 27,241	27,241		
32.	20	5e2	Oxygen (non emergency)	\$ 28,500	28,500		
33.	20	5L	Occupational Therapy	\$ 2,872	2,872		
34.			Other - See Attached Schedule	\$ 75,511	75,511		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,907	1,907		
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	\$ 24,676	24,676		
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	\$ (139,169)	(139,169)		
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)	\$ 1,413,012	1,413,012		

*** 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>)		\$ 12,166,887	12,166,887			
b. Medicaid Room and Board Contractual Allowance **		\$ (6,827,939)	(6,827,939)			
2. a. Medicaid (<i>All other states</i>)		\$				
b. Other States Room and Board Contractual Allowance **		\$				
3. a. Medicare Residents (<i>all inclusive</i>)		\$ 3,471,459	3,471,459			
b. Medicare Room and Board Contractual Allowance **		\$ 1,063,979	1,063,979			
4. a. Private-Pay Residents and Other		\$ 6,465,332	6,465,332			
b. Private-Pay Room and Board Contractual Allowance **		\$ (2,352,455)	(2,352,455)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare		\$ 234,250	234,250			
b. Prescription Drugs - Medicare Contractual Allowance **		\$ (234,669)	(234,669)			
c. Prescription Drugs - Non-Medicare		\$ 91,323	91,323			
d. Prescription Drugs - Non-Medicare Contractual Allowance **		\$ (85,907)	(85,907)			
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		\$ 356,013	356,013			
b. Physical Therapy - Medicare Contractual Allowance **		\$ (334,166)	(334,166)			
c. Physical Therapy - Non-Medicare		\$ 229,295	229,295			
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$ (195,614)	(195,614)			
4. a. Speech Therapy - Medicare		\$ 73,397	73,397			
b. Speech Therapy - Medicare Contractual Allowance **		\$ (56,181)	(56,181)			
c. Speech Therapy - Non-Medicare		\$ 41,249	41,249			
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$ (29,220)	(29,220)			
5. a. Occupational Therapy - Medicare		\$ 330,030	330,030			
b. Occupational Therapy - Medicare Contractual Allowance **		\$ (303,022)	(303,022)			
c. Occupational Therapy - Non-Medicare		\$ 251,774	251,774			
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$ (216,301)	(216,301)			
6. a. Other (<i>Specify</i>) - Medicare		\$ (35)	(35)			
b. Other (<i>Specify</i>) - Non-Medicare		\$ 381	381			
III. Total Resident Revenue (Section I. thru Section II.)		\$ 14,139,860	14,139,860			
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>)		\$ 46,532	46,532			
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift shops		\$				
8. Other (<i>Specify</i>)		\$ 870,075	870,075			
V. Total Other Revenue (1 thru 8)		\$ 916,607	916,607			
VI. Total All Revenue (III +V)		\$ 15,056,467	15,056,467			

* 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)
	X-Ray	\$ 4,394		
	Lab	\$ 12,014		
	Oxygen	\$ 3,432		
	Contractual Adjustment - X-Ray and Lab	\$ (16,437)		
	Contractual Adjustment - Oxygen	\$ (3,438)		
Total Other Resident Revenue - Medicare		\$ (35)	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray	\$ 1,968		
	Lab	\$ 1,790		
	Oxygen	\$ 2,948		
	Contractual Adjustment - X-Ray and Lab	\$ (3,513)		
	Contractual Adjustment - Oxygen	\$ (2,812)		
Total Other Resident Revenue		\$ 381	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		1,644		
	Interest Income - Intercompany		44,888		
Total Interest Income		\$ 46,532	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	CARES Provider Relief Funding	\$ 588,725		
	Coronavirus Relief Funding	\$ 116,682		
	Miscellaneous Income	\$ 164,668		
Total Other Revenue		\$ 870,075	\$ -	\$ -

State of Connecticut
 Annual Report of Long-Term Care Facility
 CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021	Page of 30b 37
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A/C 59511	Operating Interest	Savings Interest	Security Dep Interest	Medicare/Blue Cross/ABC	Misc.	Total	General Ledger	Difference
Asset	Cash	Cash	Cash	A/R				
Location on Balance Sheet	Cash	Cash	Cash	Resident A/R	Payroll Tax Refund			
Oct-20	-					-	-	-
Nov-20	-					-	-	-
Dec-20	-					-	-	-
Jan-21	-				1,608	1,608	1,608	-
Feb-21	-					-	-	-
Mar-21	-					-	-	-
Apr-21	-				36	36	36	-
May-21	-					-	-	-
Jun-21	-					-	-	-
Jul-21	-					-	-	-
Aug-21	-					-	-	-
Sep-21	-					-	-	-
Totals	-	-	-	-	-	1,644	1,644	1,644

The associate expense relates to Other Interest Expense on Page 27, Line 12D

A/C # 59513
 Interest Income - Intercompany Loans

Asset	L/R TransCon	L/R Candlewood	L/R Greenwich Woods	L/R Hamden	Total	General Ledger	Difference
Location on Balance Sheet	Loans to Owners or Related Parties						
Oct-20	4,961.00				4,961	4,961	-
Nov-20	4,814.00				4,814	4,814	-
Dec-20	4,986.00				4,986	4,986	-
Jan-21	4,489.00				4,489	4,489	-
Feb-21	4,065.00				4,065	4,065	-
Mar-21	4,002.00				4,002	4,002	-
Apr-21	3,882.00				3,882	3,882	-
May-21	3,512.00				3,512	3,512	-
Jun-21	3,408.00				3,408	3,408	-
Jul-21	2,638.00				2,638	2,638	-
Aug-21	2,645.00				2,645	2,645	-
Sep-21	1,486.00				1,486	1,486	-
Totals	44,888	-	-	-	44,888	44,888	-
			Total Interest		46,532	46,532	

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 387,638	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 2,453,265	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ 163,011	
4. Inventories			\$	
5. Prepaid Expenses			\$ 220,190	
a. Prepaid Expenses		124,641		
b. Prepaid Insurance		95,549		
c.				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 3,224,104	
B. Fixed Assets				
1. Land			\$ 542,222	
2. Land Improvements	*Historical Cost Accum. Depreciation	261,937 229,635 Net	\$ 32,302	
3. Buildings	*Historical Cost Accum. Depreciation	11,315,783 10,595,417 Net	\$ 720,366	
4. Leasehold Improvements	*Historical Cost Accum. Depreciation		\$	
5. Non-Movable Equipment	*Historical Cost Accum. Depreciation	246,911 197,667 Net	\$ 49,244	
6. Movable Equipment	*Historical Cost Accum. Depreciation	1,270,200 1,174,232 Net	\$ 95,968	
7. Motor Vehicles	*Historical Cost Accum. Depreciation	10,866 10,866 Net	\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 1,440,102	

* 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 Other Fixed Assets (itemize)		\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

Total Other Assets		\$ -

Schedule of Notes Payable (itemize) Page 33 Line A2

Page Ref Line Ref Description

Total Notes Payable		\$ -

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

Page Ref Line Ref Description

Total Other Current Liabilities (itemize)		\$ -

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

Page Ref Line Ref Description

Total Other Current Liabilities (itemize)		\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2021	32	37
Account			Amount	
			Total Brought Forward:	\$ 4,664,206
C. Leasehold or like property recorded for Equity Purposes.				\$
1. Land				\$
2. Land Improvements	*Historical Cost	_____	Net	\$
	Accum. Depreciation	_____		
3. Buildings	*Historical Cost	_____	Net	\$
	Accum. Depreciation	_____		
4. Non-Movable Equipment	*Historical Cost	_____	Net	\$
	Accum. Depreciation	_____		
5. Movable Equipment	*Historical Cost	_____	Net	\$
	Accum. Depreciation	_____		
6. Motor Vehicles	*Historical Cost	_____	Net	\$
	Accum. Depreciation	_____		
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	_____	Net	\$
	Accum. Depreciation	_____		
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care (itemize)				\$
6. Loans to Owners or Related Parties (itemize)				\$ 461,069
Name and Address	Amount	Loan Date		
See Attached	461,069	Various		
7. Other Assets (itemize)				\$ 91,195
Deposits		91,195		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$ 552,264
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 5,216,470

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021	Page 32a	of 37
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6. Loans to Owners or Related Parties (itemize)

Name	Amount	Loan Date
Wilton Retirement Housing, LLC	4,021	Various
Greenwich Retirement Housing, LLC	2,919	Various
TransCon Builders, Inc.	<u>454,129</u>	Various
Total	\$ 461,069	Pg. 32 D6

G. Balance Sheet (cont'd)

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021	Page 33	of 37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	1,137,623
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>)			\$	681,011
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	25,328
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>)			\$	425,288
Current Portion of Capital Lease/Not	5,655	Provider Use Fee	169,568	
Property, Real Estate & Sales Taxes	68,155			
Accrued 401k Employer Liability	21,301			
Operating Expenses	160,609	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	2,269,250

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

(Carry Total forward to next page)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2021	34	37
Account		Total Brought Forward:	Amount	
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>)			\$	19,567
Capital Lease Obligation, net of current portion			19,567	
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$	19,567
C. Total All Liabilities (Lines A-13 + B-5)			\$	2,288,817

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-35 Rev. 6/95

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021	Page 35	of 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			\$	3,610,431
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period	10/1/2020	thru	9/30/2021	\$ (682,786)
7. Total Net Worth			\$	2,927,645
C. Total Reserves and Net Worth				\$ 2,927,645
D. Total Liabilities, Reserves, and Net Worth				\$ 5,216,462

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-36 Rev. 6/95

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2021	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020				\$ 3,884,048
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 15,056,467
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 15,739,253
D. Net Income or Deficit				\$ (682,786)
E. Balance				\$ 3,201,262
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				\$ 3,201,262

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-37 Rev. 9/2002

I. Preparer's/Reviewer's Certification

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021	Page of 37 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 <i>CliftonLarsonAllen LLP</i>	Title	Date Signed 2/7/2022
Printed Name of Preparer CliftonLarsonAllen LLP		
Address 29 South Main Street, 4th Floor West Hartford, CT 06107		Phone Number 860-561-4000
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink		Phone Number 860-561-4000
Contact Email Address jonathan.fink@claconnect.com		