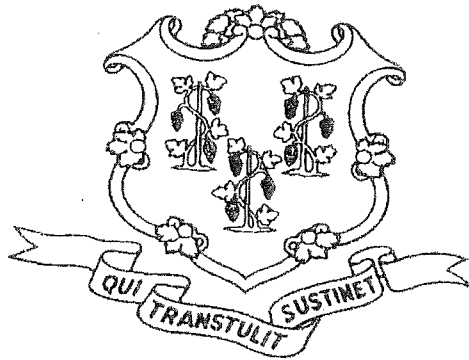


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Milford Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 195 Platt Street, Milford, CT 06460	
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 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 1056-C	RHNS	(Specify)	Medicare Provider 07-5064
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Medicaid Provider Numbers:	CCNH 000010561	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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Provider Name: Milford Health & Rehab
 Provider Number:
 Period Ended: 9/30/19

Name of Workpaper: VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE: To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? <i>Request insurance cards and current vehicle registration.</i>				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowable monthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion:

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 Milford Health Care Center, Inc.	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 195 Platt Street, Milford, CT 06460				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 1/31/2020		
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 203-878-5958		Report for Year Ended 9/30/2019		Page 2	of 37
Name of Facility (as shown on license) Milford Health Care Center, Inc.			Address (No. & Street, City, State, Zip) 195 Platt Street, Milford, CT 06460		
License Numbers:		CCNH 1056-C	RHNS	(Specify)	Medicare Provider No. 07-5064
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.
N/A					
Administrator					
Name of Administrator Joanne Jinete			Nursing Home Administrator's License No.:	001787	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
N/A					

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Milford Health Care Center, Inc.	License No. 1056-C	Report for Year Ended 9/30/2019	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	
Milford Health Care Center, Inc.	195 Platt Street, Milford, CT 06460		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Agnes Zitter	9 Dogwood Lane, Lawrence, NY 11559	President	50	
Marvin Ostreicher	184 Wildacre Ave, Lawrence, NY 11559	Secretary	50	
Names of Stockholders Owning at Least 10% of Shares				
Agnes Zitter	9 Dogwood Lane, Lawrence, NY 11559	President	50	
Marvin Ostreicher	184 Wildacre Ave, Lawrence, NY 11559	Secretary	50	

General Information and Questionnaire Individual Proprietorship

Name of Facility Milford Health Care Center, Inc.	License No. 1056-C	Report for Year Ended 9/30/2019	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire
Related Parties*

Name of Facility Milford Health Care Center, Inc.	License No. 1056-C	Report for Year Ended 9/30/2019	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	%**				
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>		Consulting Fees	Page 16 / Line m11	35,480	35,480
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>		Interest	Page 27 / Line 12d	5,272	5,272
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>		Shared Expense	Page 16 / Line m12	481,152	481,152
850 SILAS DEANE	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		Rent / Other	Page 16 / Line m12	1,738	1,738
20Sunrise	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>		Rent / Other	Page 16 / Line m12	15,891	15,891
Preferred Therapy Solutions	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		PT, OT, ST Services / Rehab Consulting	Various	1,074,807	1,046,670
NOA DIAGNOSTICS	6851 Jericho Tpke, Suite 150 Syosset, NY 11791	<input type="radio"/>	<input checked="" type="radio"/>		Radiology	Page 20 / Line 5f	32,129	27,664
PROCARE LTC PHARMACY OF CT	1492 Highland Ave Cheshire CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Drugs / OTC / Rx Consulting	Various	494,524	455,214
See Attached for Continued List	Various	<input type="radio"/>	<input checked="" type="radio"/>		Various	Various	1,502,537	1,502,537

* 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 Milford Health & Rehab		License No. 1056-C		Report for Year Ended 9/30/2019		Page 4a	of 37	
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	%**				
National HealthCare Associates-Aetna	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	0%	Health Insurance	Page 15 / Line 1a5	826,295	826,295
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	0%	Bank Charges	Page 16 / Line m13	24,737	24,737
Milford Realty	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	0%	Facility Lease	Page 22 / Line 9	650,716	***650,716
Regency House of Wallingford	181 E Main St, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	0%	Dietary Consultant	Page 13 / Line 1	789	789
		<input type="radio"/>	<input checked="" type="radio"/>	0%				
		<input type="radio"/>	<input checked="" type="radio"/>	0%				

* Use additional sheets if necessary.

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

*** N/A Medicaid reimbursement is based upon fair rental value system. Replaced during rate setting.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Milford Health Care Center, Inc.	License No. 1056-C	Report for Year Ended 9/30/2019	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.

N/A

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

N/A

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.

N/A

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
Milford Health Care Center, Inc.			1056-C	9/30/2019			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						
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	60 / Ongoing	2,960	2,960	
Wescom Solutions, PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	03/07/12	Ongoing	26,362	26,362	
De Lage Landen #501862 PO Box 41602 Philidelphia PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	01/21/15	36 / Ongoing	6,066	6,066	
Lexus Financial PO Box 17187, Baltimore MD	<input type="radio"/>	<input checked="" type="radio"/>	Auto Lease	12/31/16	36 Months	13,668	13,668	
Mail Finance, PO Box 45840, San Francisco, CA 94145-0840	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	03/15/15	36 Months / Ongoing	914	914	
	<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 *** 49,970

* 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 Milford Health Care Center, Inc.	License No. 1056-C	Report for Year Ended 9/30/2019	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.

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Blum, Shapiro & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Drive, Shelton, CT 06484
---	--

Services Provided by This Firm (describe fully)

1	Compilation, preparation of Medicare and Medicaid cost reports and YE tax services	\$	30,873
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 30,873

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 GOLDMAN GRUDER & WOOD 2 TREASURER STATE OF CONNECTICUT 3 AMER ASSIST 4 5	Telephone Number 203-899-8900 860-291-7278 877-770-3978
--	--

Address (No. & Street, City, State, Zip Code)
 1 200 CONNECTICUT AVENUE NORWALK CT 06854
 2 Town Hall, 740 Main Street, East Hartford, CT 06108
 3 PO BOX 26095, COLUMBUS, OH 43226
 4
 5

Services Provided by This Firm (describe fully)

1	Collections (Disallowed on Pg 28)	\$	3,780
2	Conservator (Disallowed on Pg 28)	\$	275
3	Collections (Disallowed on Pg 28)	\$	1,448
4		\$	
5		\$	
			Charge for Services Provided
			\$ 5,503

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

Schedule of Resident Statistics

Name of Facility Milford Health Care Center, Inc.		License No. 1056-C			Report for Year Ended 9/30/2019				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	120	120			120	120			120	120			
B. On last day of THIS report period	120	120			120	120			120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	119	119			119	119			120	120			
B. As of midnight of THIS report period	116	116			120	120			116	116			
3. Total Number of Days Care Provided During Period													
A. Medicare	6,021	6,021			4,540	4,540			1,481	1,481			
B. Medicaid (Conn.)	29,487	29,487			21,878	21,878			7,609	7,609			
C. Medicaid (other states)													
D. Private Pay	2,088	2,088			1,546	1,546			542	542			
E. State SSI for RCH													
F. Other (Specify) Managed Care / Hospice	4,587	4,587			3,525	3,525			1,062	1,062			
G. Total Care Days During Period (3A thru F)	42,183	42,183			31,489	31,489			10,694	10,694			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	255	255			220	220			35	35			
B. Other Bed Reserve Days	2	2			2	2							
5. Total Resident Days (3G + 4A + 4B)	42,440	42,440			31,711	31,711			10,729	10,729			

Schedule of Resident Statistics (Cont'd)

Name of Facility Milford Health Care Center, Inc.			License No. 1056-C			Report for Year Ended 9/30/2019			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)				
N/A													
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	13		77		26								
Per Diem Rate													
a. One bed rm.	Various		258.35		655.00								
b. Two bed rms.	Various		258.35		560.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,447	3,447				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								509	509				
C. Other								20,600	20,600				
D. Total Physical Therapy Treatments								24,556	24,556				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								502	502				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								28	28				
C. Other								2,695	2,695				
D. Total Speech Therapy Treatments								3,225	3,225				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,313	3,313				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								381	381				
C. Other								24,081	24,081				
D. Total Occupational Therapy Treatments								27,775	27,775				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Milford Health Care Center, Inc.	1056-C	9/30/2019	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)	24,429	60				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	178,596	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	173,796	7,341				
5. Dietary Service						
a. Head Dietitian	26,319	804				
b. Food Service Supervisor	73,500	2,088				
c. Dietary Workers	421,583	24,780				
6. Housekeeping Service						
a. Head Housekeeper	55,581	2,080				
b. Other Housekeeping Workers	369,704	22,592				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	60,759	2,088				
b. Other Maintenance Workers	52,273	2,656				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	89,774	6,022				
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	204,948	4,160				
b. RN						
1. Direct Care	630,113	16,162				
2. Administrative**	186,762	5,904				
c. LPN						
1. Direct Care	1,045,299	37,981				
2. Administrative**	202,887	4,128				
d. Aides and Attendants	2,032,961	119,651				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	118,720	5,473				
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	108,982	3,406				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	187,816	5,116				
<i>A-13. Total Salary Expenditures</i>	6,244,802	274,572				

* 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)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Admissions	\$ 187,816	5,116				
Total	\$ 187,816	5,116	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
IV Nursing Consultant (Disallowed on Pg 28a)	\$ 7,926	106				
Rehab Consultant (Disallowed on Pg 28a)	5,780	115				
Respiratory Therapist (Disallowed on Pg 28a)	50	1				
Total	\$ 13,756	222	\$ -	-	\$ -	-

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	
Milford Health Care Center, Inc.				1056-C	9/30/2019			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										
Marvin J. Ostreicher	24,429			Non Discriminatory	Supervises Operations, deals with DNS & Other	60	A1	See Attached		
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.

Milford Health & Rehab
Marvin J Ostreicher Time Study
9/30/2019

	BEDS	Total w/ Bnft
Bethel	161	66.00
Bloomfield	120	67.00
Bristol	132	60.00
Cambridge	160	73.00
Hebrew Home	257	111.00
Ludlowe	144	60.00
Maple View	120	58.00
Marlborough	120	56.00
Milford	120	60.00
Regency	130	62.00
Riverside	345	93.00
Village Crest	95	58.00
Water's Edge	150	64.00
Augusta	72	57.00
Belair	102	53.00
Brattleboro	80	65.00
Brentwood	78	50.00
Brewer	111	64.00
Catskill	136	58.00
Colony	92	55.00
Country	111	58.00
Dover	112	58.00
Eastside	69	51.00
Eliot	114	62.00
Glen Falls	120	56.00
Huntington	320	94.00
Kennebunk	78	51.00
Maywood	120	65.00
Newton Wellseley	110	58.00
Norway	70	48.00
Poughkeepsie	200	74.00
Reservoir	144	71.00
Rutland	125	64.00
Sachem	111	54.00
Sands Point	180	70.00
Utica	117	53.00
Westgate	104	59.00
Winship	72	50.00
Vacation/PTO		
Sick		
Personal		
Holiday		
Total	2,948	1,498.00

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Milford Health Care Center, Inc.				1056-C	9/30/2019			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***										
Joanne Jinete	178,596			Non Discriminatory	Administrator	2,080	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		
Milford Health Care Center, Inc.	1056-C	9/30/2019	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	789	16				
2. Dentist	6,957	125				
3. Pharmacist	14,782	197				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	455,975	8,876				
b. Other						
6. Social Worker	360	4				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	57,000	77				
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)						
9. Speech Therapist						
a. Resident Care	114,936	1,693				
b. Other						
10. Occupational Therapist						
a. Resident Care	513,453	8,298				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	13,756	222				
B-13 Total Fees Paid in Lieu of Salaries	1,178,008	19,508				

* 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 Milford Health Care Center, Inc.		License No. 1056-C		Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Gerident Solutions, P.O. Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Procare LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist / IV Nursing Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Preferred Thearpy-850 Silas Deane HWY Wethersfield CT	PT, OT, ST / Rehab Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Regency House of Wallingford, 181 E Main St, Wallingford, CT 06492	Social Services / Dietary Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Dr. Garumuni DeSilva, 15 Aldo Drive, Woodbridge, CT, 16525	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
ACUTE CARE GASES 32 NUTMEG VALLEY RD. WOLCOTT, CT 06716	Respiratory Therapist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
MassTex Imaging LLC- 3 Electronics Avenue Suite # 201 Danvers, MA 01923-1099	Speech Therapist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
SDX/SWALLOWING DIAGNOSTICS, LLC, 21 Waterville Rd, Avon, CT 06001	Speech Therapist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
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		<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
Milford Health Care Center, Inc.	1056-C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 348,974	348,974		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 96,695	96,695		
4. Social Security (F.I.C.A.)	\$ 465,200	465,200		
5. Health Insurance	\$ 826,295	826,295		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 72,120	72,120		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 4,609	4,609		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 368,541	368,541		
d. Accounting and Auditing	\$ 30,873	30,873		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 5,503	5,503		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 16,941	16,941		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 32,511	32,511		
2. Cellular Phones	\$ 6,217	6,217		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 39,544	39,544		
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	\$ 678,378	678,378		
Subtotal	\$ 2,992,401	2,992,401		

* 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**

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	-		
Background Checks	\$ 4,609		
Total	\$ 4,609	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,992,401	2,992,401			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 2,100	2,100			
3. Gifts to Staff and Residents	\$ 10,185	10,185			
4. Employee Travel	\$ 2,721	2,721			
5. Education Expenses Related to Seminars and Conventions	\$ 1,818	1,818			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 336	336			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 19,203	19,203			
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	\$ 3,181	3,181			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,599	8,599			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 814	814			
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>)	\$ 80,425	80,425			
12. Administrative Management Services**	\$ 534,261	534,261			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 59,642	59,642			
C-14 Total Administrative & General Expenditures	\$ 3,715,686	3,715,686			

* 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 Advertising (Disallowed on Pg 28)	\$ 18,950		
Marketing Supplies (Disallowed on Pg 28)	253		
Total Other Advertising	\$ 19,203	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CAHCF Dues	\$ 8,599		
Total Dues	\$ 8,599	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Licenses and Permits	\$ 1,671		
Penalties (Disallowed on Pg 28a)	223		
Bank Charges (\$6,460 Disallowed on Pg 28a)	38,989		
Miscellaneous Expenses (Disallowed on Pg 28a)	5,687		
Prior Period Expenses (Disallowed on Pg 28a)	13,072		
Total Other Administrative and General	\$ 59,642	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Milford Health Care Center, Inc.	1056-C	9/30/2019	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 #
National Healthcare	534,261	Management Fees	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 Milford Health Care Center, Inc.		License No. 1056-C	Report for Year Ended 9/30/2019	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 309,317	309,317		
2.	Non-Food Supplies	\$ 36,808	36,808		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 27,449	27,449		
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 373,574	373,574		
2E. Dietary Questionnaire					
F. Resident Meals: Total no. of meals served per day:*					
G. Is cost of employee meals included in 2D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Is any revenue collected from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
N. Is any revenue collected from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Milford Health Care Center, Inc.		License No. 1056-C	Report for Year Ended 9/30/2019	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. \$	6,961	6,961	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) Laundry Supplies / Diapers		\$	57,818	57,818	
3D. Total Laundry Expenditures (3a + b + c)		\$	64,779	64,779	
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
Milford Health Care Center, Inc.		1056-C	9/30/2019		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. \$	44,844	44,844		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a + b + c)		\$	44,844	44,844		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$	459,129	459,129		
	2. Purchased from	\$				
b.	Medicine Cabinet Drugs	\$	14,986	14,986		
c.	Medical and Therapeutic Supplies	\$	147,615	147,615		
d.	Ambulance/Limousine***	\$	2,653	2,653		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	12,147	12,147		
f.	X-rays and Related Radiological Procedures***	\$	32,129	32,129		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	87,092	87,092		
i.	Recreation	\$	26,804	26,804		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	99,105	99,105		
5M. Total Resident Care Expenditures (5a - 5j)		\$	881,660	881,660		

* 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.

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

Name of Facility Milford Health Care Center, Inc.			License No. 1056-C		Report for Year Ended 9/30/2019			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
ADM Enviromental Group	1370 Coney Island Ave. Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Waste Services/Monthly Recycling Services.	27,742			22	6f
Milford Quality Landscaping	P.o. Box 329 Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping	19,766			22	6f
Total Lawn Care & More LLC	15 Clark St. Apt1. Milford CT 06460	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping	10,848			22	6f
ADP	P.O. Box 842875 Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Service	14,362			16	m11
Intergrated Health Systems	PO Box 23072 Overland Park, KS 66283	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Maintenance Systems	16,538			16	m11
MJ Daly	110 Mattatuck HTS, Waterbury CT 06705	<input type="radio"/>	<input checked="" type="radio"/>	N/A	HVAC	26,793			22	6f
JUNGA ELECTRIC LLC	19 CandleWood RD, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Electrical Services	10,316			22	6f
Otis Elevator	PO Box 13716 Newark, NJ 07188	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Elevator Services	16,354			22	6f
IRON MOUNTAIN	PO Box 27128 New York NY 10087	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Record Management	12,140			22	6f
SMART CARE	P.O. Box 74008980 Chicago, IL 60674-8980	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary Equipment Repair	16,844			18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$					
b. Heat	\$ 59,704	59,704				
c. Light & Power	\$ 145,537	145,537				
d. Water	\$ 26,085	26,085				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 49,970	49,970				
f. Other (<i>itemize</i>)	\$ 180,246	180,246				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 461,542	461,542				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 79,443	79,443				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 79,443	79,443				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 71,897	71,897				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 71,897	71,897				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 650,716	650,716				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 158,532	158,532				
c. Personal property taxes	\$ 10,854	10,854				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 971,442	971,442				

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Depreciation Schedule

Name of Facility Milford Health Care Center, Inc.				License No. 1056-C			Report for Year Ended 9/30/2019			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													
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.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	984,209		984,209	639,674	S/L	Various	70,243	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				Var	Var	46,015		46,015		S/L	Various	9,200	
D-3. Subtotal													79,443
E. Total Depreciation													79,443

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/5/2018	Cul Depot-Disposer	\$ 3,091	5	\$ 618
10/10/2018	H&R-Pumps	1,882	5	376
10/22/2018	Fire Prot Alarms-smoke detect	1,556	5	311
10/29/2018	PenTel-2 cordless phones	1,372	5	274
10/30/2018	Grainger-Power Pack	1,645	5	329
10/31/2018	TriState-Hi Lo Bed	956	5	191
1/11/2019	Star Delta- Pump Motor/Bearing	1,745	5	349
1/16/2019	TriState - Hi Lo Bed	956	5	191
1/24/2019	PC Connection-HP Monitor	1,025	5	205
3/6/2019	Kingsley Power-Control board	1,772	5	354
3/7/2019	Daniel's Equip-UniMac Washer	5,943	5	1,189
3/8/2019	Cul Depot-Ice Water Dispenser	6,552	5	1,310
4/8/2019	PC Connection	1,123	5	225
7/16/2019	Culinary Depot-Conv Oven	11,847	5	2,369
8/5/2019	IT Savvy - APC Smart 1500	1,619	5	324
8/21/2019	IT Savvy - HPE Aruba 2530	1,632	5	326
9/27/2019	McKesson-Electric Bed	1,297	5	259
Total additions for Movable Equipment		\$ 46,015		\$ 9,200 *
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:				
10/31/2018	MJ Daly-Water Cutoff	\$ 3,274	10	\$ 327
3/21/2019	Rick's Plumbing-Sump Pump	2,343	10	234
3/28/2019	Eagle Rivet Roof Svc	8,968	10	897
4/2/2019	Star Delta Motors-boiler part	1,002	10	100
4/11/2019	Junga Electric-new lines	1,406	10	141
6/4/2019	Okulus-phone lines	3,680	10	368
6/7/2019	Okulus-data lines	3,930	10	393
8/1/2019	Lindquist - Dishroom Doors	2,394	10	239
9/17/2019	Rick's Plumbing-piping	3,722	10	372
9/24/2019	Grainger-Water circ motor	898	10	90
9/30/2019	Okulus - upgrade	1,840	10	184
9/30/2019	MJ Daly-Miscellaneous	6,774	10	677
9/30/2019	Okulus - upgrade	690	10	69
Total additions for Leasehold Improvement		\$ 40,921		\$ 4,091 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Milford Health Care Center, Inc.			License No. 1056-C		Report for Year Ended 9/30/2019			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var	Various	1,353,600	844,223	S/L	Various	67,806	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	Various	40,921		S/L	Various	4,091	
C-4. Subtotal									71,897
D. Total Amortization									71,897

* 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.

**Milford Health & Rehab
FIXED ASSET / DEPRECIATION SCHEDULE**

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2018 A/D	2019 Deprec.	2019 A/D	NBV
LEASEHOLD IMPROVEMENTS									
LI	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	1,353,600	844,223	67,806	912,029	441,571
2019 Additions									
LI	MJ Daly-Water Cutoff	10/31/2018	S/L	10	3,274	-	327	327	2,947
LI	Rick's Plumbing-Sump Pump	3/21/2019	S/L	10	2,343	-	234	234	2,109
LI	Eagle Rivet Roof Svc	3/28/2019	S/L	10	8,968	-	897	897	8,071
LI	Star Delta Motors-boiler part	4/2/2019	S/L	10	1,002	-	100	100	902
LI	Junga Electric-new lines	4/11/2019	S/L	10	1,406	-	141	141	1,265
LI	Okulus-phone lines	6/4/2019	S/L	10	3,680	-	368	368	3,312
LI	Okulus-data lines	6/7/2019	S/L	10	3,930	-	393	393	3,537
LI	Lindquist - Dishroom Doors	8/1/2019	S/L	10	2,394	-	239	239	2,155
LI	Rick's Plumbing-piping	9/17/2019	S/L	10	3,722	-	372	372	3,350
LI	Grainger-Water circ motor	9/24/2019	S/L	10	898	-	90	90	808
LI	Okulus - upgrade	9/30/2019	S/L	10	1,840	-	184	184	1,656
LI	MJ Daly-Miscellaneous	9/30/2019	S/L	10	6,774	-	677	677	6,097
LI	Okulus - upgrade	9/30/2019	S/L	10	690	-	69	69	621
TOTAL LEASEHOLD IMPROVEMENTS					1,394,521	844,223	71,897	916,120	478,401
MOVABLE EQUIPMENT									
MME	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	984,209	639,674	70,243	709,917	274,292
2019 Additions									
MME	Cul Depot-Disposer	10/5/2018	S/L	5	3,091	-	618	618	2,473
MME	H&R-Pumps	10/10/2018	S/L	5	1,882	-	376	376	1,506
MME	Fire Prot Alarms-smoke detect	10/22/2018	S/L	5	1,556	-	311	311	1,245
MME	PenTel-2 cordless phones	10/29/2018	S/L	5	1,372	-	274	274	1,098
MME	Grainger-Power Pack	10/30/2018	S/L	5	1,645	-	329	329	1,316
MME	TriState-Hi Lo Bed	10/31/2018	S/L	5	956	-	191	191	765
MME	Star Delta- Pump Motor/Bearing	1/11/2019	S/L	5	1,745	-	349	349	1,396
MME	TriState - Hi Lo Bed	1/16/2019	S/L	5	956	-	191	191	765
MME	PC Connection-HP Monitor	1/24/2019	S/L	5	1,025	-	205	205	820
MME	Kingsley Power-Control board	3/6/2019	S/L	5	1,772	-	354	354	1,418
MME	Daniel's Equip-UniMac Washer	3/7/2019	S/L	5	5,943	-	1,189	1,189	4,754
MME	Cul Depot-Ice Water Dispenser	3/8/2019	S/L	5	6,552	-	1,310	1,310	5,242
MME	PC Connection	4/8/2019	S/L	5	1,123	-	225	225	898
MME	Culinary Depot-Conv Oven	7/16/2019	S/L	5	11,847	-	2,369	2,369	9,478
MME	IT Savvy - APC Smart 1500	8/5/2019	S/L	5	1,619	-	324	324	1,295
MME	IT Savvy - HPE Aruba 2530	8/21/2019	S/L	5	1,632	-	326	326	1,306
MME	McKesson-Electric Bed	9/27/2019	S/L	5	1,297	-	259	259	1,038
TOTAL MOVABLE EQUIPMENT					1,030,224	639,674	79,443	719,117	311,107
TOTAL ASSETS PER CR SCHEDULE					2,424,745	1,483,897	151,340	1,635,237	789,508
TOTAL ASSETS PER TRIAL BALANCE					2,424,745	-	151,340	1,635,239	789,506
ROUNDING								(2)	2
VARIANCE					(0)	1,483,897	-	-	(0)

F/S vs C/R NBV - Page 31, Line B9
F/S vs C/R Depreciation - Page 36, Line F1

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

Name of Facility Milford Health Care Center, Inc.	License No. 1056-C	Report for Year Ended 9/30/2019	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	
2. Date Structure Completed	
3. If NOT Original Owner, Date of Purchase	
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	120
6. Square Footage	59,396
7. Acquisition Cost	
a. Land	
b. Building	

Part B - Owner and Related Parties

1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage

1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	07/29/04			
c. Interest Rate for the Cost Year	6.39%			
d. Term of Mortgage (number of years)	40			
e. Amount of Principal Borrowed	9,387,600			
f. Principal balance outstanding as of 9/30/19	8,077,072			
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
Milford Health Care Center, Inc.		1056-C	9/30/2019		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
Milford Health Care Center, Inc.		1056-C		9/30/2019		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)				\$			
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)				\$	5,375	5,375	
Administration / Computer Loan Interest							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	5,375	5,375	
14. Insurance							
a. Insurance on Property (buildings only)				\$	53,900	53,900	
b. Insurance on Automobiles				\$	310	310	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	10,625	10,625	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	68,711	68,711	
Liability / Crime Insurance							
14d. Total Insurance Expenditures (14a + b + c)				\$	133,546	133,546	
15. Total All Expenditures (A-13 thru C-14)				\$	14,075,258	14,075,258	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Milford Health Care Center, Inc.			1056-C	9/30/2019	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	\$			
4.			Other - See attached Schedule	\$ 37,563	37,563		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 513,453	513,453		
7.			Other - See attached Schedule	\$ 13,756	13,756		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 368,541	368,541		
10.			Accounting	\$			
10a.	15	1c	Legal	\$ 5,503	5,503		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 4,777	4,777		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 10,185	10,185		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 2,637	2,637		
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 336	336		
18.	16	m2/3	Unallowable Advertising *	\$ 19,203	19,203		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 39,294	39,294		
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 276,542	276,542		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 36,325	36,325		
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)				\$ 1,328,115	1,328,115		

* 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	12o	Admissions Salary Associated with Marketing	\$ 37,563		
Total Other Salaries Adjustment			\$ 37,563	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b12o	IV Nursing Consultant	\$ 7,926		
13	b12o	Rehab Consultant	5,780		
13	b12o	Respiratory Therapist	50		
Total Other Fees Adjustments			\$ 13,756	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Non Routine Bank Charges	\$ 6,460		
15	Var	Benefits Associated with Marketing Salary	10,883		
16	m13	Penalties	223		
16	m13	Miscellaneous Expenses	5,687		
16	m13	Prior Period Expenses	13,072		
Total Other A&G Adjustments			\$ 36,325	\$ -	\$ -

National Health Care Associates, Inc. (CT)
Disallowance Schedule for Cell Phones
September 30, 2019

	<u>Amount</u>
Total Cell Phone Expense	6,217 TB Linked
Cell Phone Allowed Based on Bed Capacity	4
Monthly Allowable amount per Cell Phone	\$ 30
Months in Cost Report Year	<u>12</u>
Total Allowable Cost	\$ 1,440
Days in Cost Report (365out of 365 Days)	365
Days in Cost Report Year	<u>365</u>
Partial Year Allowable %	100%
Revised Allowable Cost	\$ 1,440
Disallowed Cell Phone (Page 28, Line 12)	<u><u>\$ 4,777</u></u>

Milford Health & Rehab
 Calculation of Allowable Management Fee
 September 30, 2019

<u>Description</u>	<u>Amount</u>	
Management fees Charged	534,261	Page 16, Line m12
Accounting Charges	30,873	Page 15, Line 1d
Total Management Fees Per Agreement	<u>565,134</u>	
Patient Days	42,440	Page 8 of C/R
Imputed Days - 90% Occupancy (365/365 Days)	<u>39,420</u>	Calculation
Amount Per Patient Day (Greater of 90% or Actaul Days)	\$ 14.34	
PPD Allowance Per Client 2018	7.81	J.01a
2019 CPI Index Increase %	<u>1.01%</u>	
PPD Allowance 9/30/2019	<u>7.82</u>	
Amount over (Under)	\$ 6.5161	
Total Days	<u>42,440</u>	Page 8 of C/R
Disallowed Management Fee	<u><u>\$ 276,542</u></u>	

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

Name of Facility				License No.	Report for Year Ended	Page	of
Milford Health Care Center, Inc.				1056-C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,328,115	1,328,115		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 459,129	459,129		
28.	20	5d	Ambulance/Limousine	\$ 2,653	2,653		
29.	20	5f	X-rays, etc	\$ 32,129	32,129		
30.	20	5h	Laboratory	\$ 87,092	87,092		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 12,147	12,147		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 111,900	111,900		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,097	2,097		
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	\$ 13,978	13,978		
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	\$ 25,070	25,070		
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)				\$ 2,074,310	2,074,310		

*** 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	5i	Cable Television Disallowance (See Attached)	\$ 5,257		
20	51	IV Thy Supplies - Rehab Tpy and Ancllry	10,129		
20	51	Equip Rental - Nursing	14,761		
20	51	Equip Rental - Rehab Tpy and Ancllry	9,304		
20	51	Equip Rental - Respiratory	22,938		
20	51	Physician Fees - Consolidated Billing	33,442		
20	5c	Med B Nusring Supplies	16,069		
Total Other Ancillary Costs			\$ 111,900	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7b	Non Allowable Depreciation on Mattresses and TVs	\$ 2,097		
Total Excess Movable Equipment Depreciation			\$ 2,097	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14b	Insurance on Automobiles	\$ 310		
22	6e	Automobile Lease	13,668		
Total Other Property Adjustments			\$ 13,978	\$ -	\$ -

Schedule of Other - Indirect 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)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest Expense on Late Fees	\$ 103		
30	IV 8	Medical Records Revenue	690		
30	IV 8	Rebates	24,277		
Total Other Adjustments			\$ 25,070	\$ -	\$ -

Schedule of Unallowable Building Interest

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

National Health Care Associates, Inc. (CT)
Cable TV Disallowance
September 30, 2019

Pg. 29b

Total Cable TV Expense	8,857	TB Linked
Total Monthly Fee Allowed	\$ 300	
Total Months	12	
Total Allowable Expense	<u>\$ 3,600</u>	
Partial Year Cost Report (365 out of 365 Days)	\$ 365	
Days in Cost Report Year	365	
Partial Year Allowable %	<u>100.00%</u>	
Revised Allowable Cost	\$ 3,600	
Disallowed Expense	<u><u>\$ 5,257</u></u>	{a}

Tickmark
{a}

Ties to page 29a

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2019		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 12,963,100	12,963,100			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,166,311)	(6,166,311)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,442,580	3,442,580			
b. Medicare Room and Board Contractual Allowance **	\$ 233,862	233,862			
4. a. Private-Pay Residents and Other	\$ 4,965,755	4,965,755			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,204,831)	(1,204,831)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 224,328	224,328			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (223,051)	(223,051)			
c. Prescription Drugs - Non-Medicare	\$ 212,704	212,704			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (208,619)	(208,619)			
2. a. Medical Supplies - Medicare	\$ 1,930	1,930			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 628	628			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 563,398	563,398			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (514,048)	(514,048)			
c. Physical Therapy - Non-Medicare	\$ 363,590	363,590			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (302,085)	(302,085)			
4. a. Speech Therapy - Medicare	\$ 136,713	136,713			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (119,929)	(119,929)			
c. Speech Therapy - Non-Medicare	\$ 124,522	124,522			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (102,771)	(102,771)			
5. a. Occupational Therapy - Medicare	\$ 686,004	686,004			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (627,851)	(627,851)			
c. Occupational Therapy - Non-Medicare	\$ 414,093	414,093			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (359,200)	(359,200)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 107,784	107,784			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 61,040	61,040			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,673,335	14,673,335			
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>)	\$ 2,568	2,568			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 45,238	45,238			
V. Total Other Revenue (1 thru 8)	\$ 47,806	47,806			
VI. Total All Revenue (III +V)	\$ 14,721,141	14,721,141			

* 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)
		-		
30 II 6a	Medicare Pt A IV Therapy	\$ 44,711		
30 II 6a	Medicare Pt A Lab	48,312		
30 II 6a	Medicare Pt A X-Ray	16,791		
30 II 6a	Medicare Pt B Prior Period	(2,030)		
Total Other Resident Revenue - Medicare		\$ 107,784	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Hospice Contra Other	\$ (1,046)		
30 II 6b	Hospice Lab	63		
30 II 6b	Hospice X-Ray	983		
30 II 6b	Medicaid Rate Adjustment	49		
30 II 6b	Medicaid Lab	(27)		
30 II 6b	Medicare Pt A Settlement	9,359		
30 II 6b	Comm Ins IV Therapy	1,562		
30 II 6b	Comm Ins Lab	5,089		
30 II 6b	Comm Ins X-Ray	2,694		
30 II 6b	Mgd Medicare IV Therapy	5,562		
30 II 6b	Mgd Medicare Lab	28,135		
30 II 6b	Mgd Medicare X-Ray	11,831		
30 II 6b	Mgd Medicare Flu/Pneumonia	2,015		
30 II 6b	Mgd Medicare Prior Period	(5,259)		
30 II 6b	Transcription Income	30		
Total Other Resident Revenue		\$ 61,040	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest Expense on Money Market Account	241,590	\$ 2,568		
Total Interest Income			\$ 2,568	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Prior Period Income	\$ 2,803		
30 IV 8	UHC Dividends	17,400		
30 IV 8	Medical Records Revenue (Disallowed on Pg 29a)	690		
30 IV 8	Rebates (Disallowed on Pg 29a)	24,277		
30 IV 8	Legal Settlements (No CY Expense)	68		
Total Other Revenue		\$ 45,238	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	939,824
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,071,265
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	1,432,357
4 Inventories			\$	35,990
5. Prepaid Expenses			\$	336,201
a. _____				
b. _____				
c. _____				
d. See Schedule		336,201		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	216,508
CT PET Deferred Tax		31,145		
Mortgage Escrow		185,363		
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	5,032,145
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	1,394,521	\$	478,401
	Accum. Depreciation	916,120		Net
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost	1,030,224	\$	311,107
	Accum. Depreciation	719,117		Net
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(2)
Rounding		(2)		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	789,506

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	5,821,651
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			\$	398,849
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	11,500
Security Deposits				11,500
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	410,349
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	6,232,000

* 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	
Milford Health Care Center, Inc.	1056-C	9/30/2019	33	37	
Account			Amount		
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable			\$	3,079,169	
2. Notes Payable (<i>itemize</i>)			\$		

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	14,497	
Name of Lender	Purpose	Amount	Date Due		
	Equipment Lease ST	14,497			
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	452,091	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$		
6. Accrued Payroll Taxes Payable			\$		
7. Medicare Final Settlement Payable			\$		
8. Medicare Current Financing Payable			\$		
9. Mortgage Payable (<i>Current Portion</i>)			\$		
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$		
11. Accrued Income Taxes*			\$		
12. Other Current Liabilities (<i>itemize</i>)			\$	401,026	
Unclaimed ADP checks		6,130	Accrued Pension		72,120
Patients Fund		24,254	Accrued Worker's Comp		69,793
Sec Deposit Private Patient		15,033	Accrued Purchase		(12,236)
Accrued Expenses		225,932	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	3,946,783	

* 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 Milford Health Care Center, Inc.		License No. 1056-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				3,946,783	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	74,831
Name of Lender	Purpose	Amount	Date Due		
	Equipment Lease LT	74,831			
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	639,007
Name and Address of Lender	Amount	Loan Date			
Due to Realty, Medicaid, Related	639,007				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	713,838
C. Total All Liabilities (Lines A-13 + B-5)				\$	4,660,621

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Workers Comp	\$ 22,017
31	A5	Prepaid Gen. Ins	24,923
31	A5	Prepaid Expenses Other	211,626
31	A5	Prepaid Real Estate Taxes	39,557
31	A5	Prepaid Personal Property Taxes	2,743
31	A5	Prepaid Mgmt Assets	35,335
Total Prepaid Expenses			\$ 336,201

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

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

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

Page Ref	Line Ref	Description	
Total Other 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)			\$ -

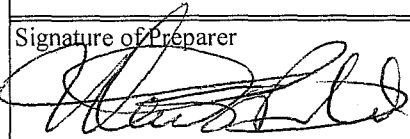
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2019	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			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	924,496
6. Gain or Loss for Period			\$	645,883
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	1,571,379
C. Total Reserves and Net Worth			\$	1,571,379
D. Total Liabilities, Reserves, and Net Worth			\$	6,232,000

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2019	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	1,384,701
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,721,141
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	14,075,258
D. Net Income or Deficit			\$	645,883
E. Balance			\$	2,030,584
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Prior Period Adjustment				(459,205)
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	(459,205)
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			\$	1,571,379
				09/30/19

I. Preparer's/Reviewer's Certification

Name of Facility Milford Health Care Center, Inc.		License No. 1056-C	Report for Year Ended 9/30/2019	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 PRINCIPAL		Date Signed 2/13/20	
Printed Name of Preparer Matthew S. Bovolack					
Address Address 555 Long Wharf Drive, New Haven, CT 06511				Phone Number 203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report John Phelps				Phone Number 516-705-4813	
Contact Email Address jphelps@nathealthcare.com					



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Milford Health Care Center, Inc. for the year ended September 30, 2019, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Milford Health Care Center, Inc. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Milford Health Care Center, Inc. and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT
February 10, 2020



Annual Report of Long-Term Care Facility Cost Year 2019 Checklist

This checklist is not required to be submitted with the Annual Report

Facility Name Milford Health Care Center, Inc.

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

Yes No

2. Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.

Explanation: _____

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: _____

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: _____

Yes No

6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: _____

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: _____

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: _____

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: _____

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: _____

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation:

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation:

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?

Explanation:

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation:

Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: _____

Yes No

18. Were all discrepancies on the Error Page addressed?

Explanation: _____

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: _____

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation: _____

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation: _____

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: _____
