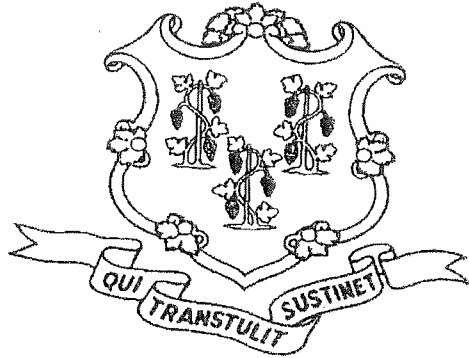


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Windsor Health and Rehabilitation Center, LLC	
Address (No. & Street, City, State, Zip Code) 581 Poquonock Ave., Windsor, CT 06095	
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 2214-C	RHNS	(Specify)	Medicare Provider 07-5011
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Medicaid Provider Numbers:	CCNH 0000009589	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)	License No.	Report for Year Ended	Page	of
Windsor Health and Rehabilitation Center, LLC	2214-C	9/30/2019	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Windsor Health and Rehabilitation Center, LLC [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, 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.

{a} Subject to Desk Audit

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Lara Alatise			Printed Name (Owner) Lara Alatise		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Windsor Health and Rehabilitation Center, LLC		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 581 Poquonock Ave., Windsor, CT 06095				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 1/15/2020	
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 860-688-7211		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Windsor Health and Rehabilitation Center, LLC		Address (No. & Street, City, State, Zip) 581 Poquonock Ave., Windsor, CT 06095		
License Numbers:	CCNH 2214-C	RHNS	(Specify)	Medicare Provider No. 07-5011
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 checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Lara Alatise		Nursing Home Administrator's License No.:	1669	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Related Parties*

Name of Facility Windsor Health and Rehabilitation Center, LLC	License No. 2214-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	%**				
Prosperity Holdings LLC	581 Poquonock Ave., Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Rent - Building	22/9	44,079	44,079
Related Party Notes	581 Poquonock Ave., Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		See Balance sheet			
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

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	
Windsor Health and Rehabilitation Center, LLC		2214-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						
Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/01/15	60 Months	5,649	5,649	
EAGLE LEASING COMPANY 140 Boston Post Rd, Orange, CT 06477	<input type="radio"/>	<input checked="" type="radio"/>	Storage	10/01/18	monthly	2,269	2,269	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***	7,918

* 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.



Eagle Leasing Company
 P.O. Box 923
 Orange, CT 06477
 Phone No.: 203-795-5661
 Fax No.: 203-799-4794
 Home Page: www.eagleleasing.com

DELIVERY TICKET

May 20, 2019 2:11:47 PM
 Order Number: C46151
 Order Date: 06/01/07
 Page: 1

Wed 5/22/19

Bill
 To: WINDSOR HEALTH AND REHABILITAT
 581 POQUONOCK AVE
 WINDSOR, CT 06095

Ship
 To: HILLHAVEN WINDSOR NURSING CTR
 581 POQUONOCK AVE
 WINDSOR, CT 06006

Customer ID 23289
 Ship Via

Terms Payable on Receipt
 SalesPerson CT

Items Rented

Shipments

Item	P.O. No.	Created By	Contract No.	Rental Period	Date Out	Qty No.
CO20 20' Container		CHAGGERTY	C247296	4WEEKS	05/22/19	1
			SENT			127210

1 651
127210

 DAMAGE WAIVER IS HIGHLY
 RECOMMENDED PLEASE INQUIRE

20' CONT DRS CAB
 DROP SIDE OF BUILDING

Sell-to Contact: LINCOLN Sell-to Phone: (860) 688-7211 X713

lock # 7
2 keys NS

CUSTOMER ACKNOWLEDGEMENT: Customer hereby acknowledges (1) receipt of the equipment, (2) that it has been inspected and is free of any damages and (3) that they agree to adhere to the terms of the lease agreement.

Customer Signature: *[Signature]*

Date: 5/22/19

Eagle Driver Signature: *[Signature]*

Date: 5/22/19

General Information and Questionnaire
Accounting Basis

Name of Facility Windsor Health and Rehabilitation	License No. 2214-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.

Independent Accounting Firm

Name of Accounting Firm 1 CJLC LLC 2 Fred Dalicandro 3 Prosperity Holdings LLC 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin Street, East Hartford, CT 06108 74 Bidwell St Glastonbury CT 06033
--	---

Services Provided by This Firm (*describe fully*)

1 Bookkeeping Services	\$ 7,920
2 Month end close	\$ 6,000
3 Medicare and Medicaid Cost report	\$ 10,200
4	\$
	Charge for Services Provided
	\$ 24,120

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 METZGER LAZAREK & PLUMB 2 Reid & Reige 3 Nolan, Heller Kauffman LLP 4 5	Telephone Number 860-216-0629 860-278-1150 518-499-3300
---	--

Address (<i>No. & Street, City, State, Zip Code</i>) 1 56 Arbor St Ste 402B, Hartford, CT 06106 2 755 Main St Ste 21, Hartford, CT 06103 3 80 State Street, 11th Floor, Albany, NY 12207-2785 4 5
--

Services Provided by This Firm (*describe fully*)

1 Legal services Union Contract	\$ 35,584
2 Legal Services Administration - licensee and general corporate matters	\$ 38,099
3 Legal Fees Related to Line of Credit (Key Bank)	\$ 7,150
4 Consverator	\$ 425
5	\$
	Charge for Services Provided
	\$ 81,258

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

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
Windsor Health and Rehabilitation Center, LLC		2214-C			9/30/2019				8	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	108	108			108	108			108	108			
B. On last day of THIS report period	108	108			108	108			108	108			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	93	93			93	93			87	87			
B. As of midnight of THIS report period	102	102			87	87			102	102			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,578	3,578			2,452	2,452			1,126	1,126			
B. Medicaid (Conn.)	25,559	25,559			19,057	19,057			6,502	6,502			
C. Medicaid (other states)													
D. Private Pay	1,924	1,924			1,554	1,554			370	370			
E. State SSI for RCH													
F. Other (Specify)	2,087	2,087			1,529	1,529			558	558			
G. Total Care Days During Period (3A thru F)	33,148	33,148			24,592	24,592			8,556	8,556			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	33,148	33,148			24,592	24,592			8,556	8,556			

Schedule of Resident Statistics (Cont'd)

Name of Facility Windsor Health and Rehabilitation Center, L			License No. 2214-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 checked="" type="radio"/> Yes <input type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	12		81		9								
Per Diem Rate													
a. One bed rm.	Various		201.97		456.00								
b. Two bed rms.	Various		201.97		350.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								736	736				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								100	100				
2. Restorative Treatments													
C. Other								1,829	1,829				
D. Total Physical Therapy Treatments								2,665	2,665				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								177	177				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								5	5				
2. Restorative Treatments													
C. Other								487	487				
D. Total Speech Therapy Treatments								669	669				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								786	786				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								100	100				
2. Restorative Treatments													
C. Other								2,256	2,256				
D. Total Occupational Therapy Treatments								3,142	3,142				

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		
Windsor Health and Rehabilitation Center, LLC	2214-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)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	124,798	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	7,361	210				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	236,862	12,822				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	346,722	21,496				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	204,054	13,918				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	32,098	1,511				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	63,401	4,080				
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						
b. RN						
1. Direct Care	473,136	13,757				
2. Administrative**	227,397	5,616				
c. LPN						
1. Direct Care	811,871	28,153				
2. Administrative**						
d. Aides and Attendants	1,221,366	69,254				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	83,694	5,437				
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	50,261	2,018				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,883,021	180,352				

* 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
	0					
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

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

**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	
Windsor Health and Rehabilitation Center, LLC				2214-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										
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).										
Mutis Alatise	53,063			Non Discriminatory	Business Office Central Supply	2821 Estim	A4			
Damilola Alatise	15,948			Non Discriminatory	Business Office Payroll	898 Estim	A4			

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Windsor Health and Rehabilitation Center, LLC				2214-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***										
Lara Alatise	124,798			Non Discriminatory	Administrator	2,080	A2			
Mutis Alatise	7,361			Non Discriminatory	Assistant Administrator	210	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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Windsor Health and Rehabilitation Center, LLC	2214-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						
2. Dentist	11,725	156				
3. Pharmacist	9,037	96				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	310,278	4,701				
b. Other						
6. Social Worker	1,243	20				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	30,650	120				
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) Physician Services	2,218	20				
9. Speech Therapist						
a. Resident Care	58,030	861				
b. Other						
10. Occupational Therapist						
a. Resident Care	298,854	4,528				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	6,883	105				
2. Administrative***						
b. LPN						
1. Direct Care	35,215	170				
2. Administrative***						
c. Aides	442	20				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	764,575	10,797				

* 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 Windsor Health and Rehabilitation Center, LLC		License No. 2214-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			
Jeffrey Robbins, 652 West Avon Road, Avon, CT 06001	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Healthdrive Dental Group, 888 Worcester Street, Suite 130, Wellesly, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Encore Rehabilitation Service, 33533 12 Mile Road, Farmington Hills, MI 48331	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Procare LTC Pharmacy of CT LLC 1492 Highland Ave Ste 1c, Cheshire, CT 06410	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Nadine Green Windsor ct	Social Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Professional Nursing Service	RN	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
KSY HOME HEALTHCARE OF WINDSOR	LPN	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Ulyne Cort	Aides	<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"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Windsor Health and Rehabilitation Center, LLC	2214-C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 256,777	256,777		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 344,917	344,917		
5. Health Insurance	\$ 291,925	291,925		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 6,006	6,006		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 6,051	6,051		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 411,969	411,969		
d. Accounting and Auditing	\$ 24,120	24,120		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 81,258	81,258		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 12,580	12,580		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 27,653	27,653		
2. Cellular Phones	\$ 3,271	3,271		
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*	\$ 381	381		
2. Other (<i>Specify</i>) See Attached Schedule	\$ 603	603		
3. Resident Day User Fee	\$ 597,851	597,851		
Subtotal	\$ 2,065,362	2,065,362		

* 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)
	0		
Employee Background Checks/Screenings	\$ 1,204		
Employee Benefits/Gifts/Transportation (Disallow)	\$ 4,847		
Total	\$ 6,051	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
Business Tax	\$ 603		
Total	\$ 603	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Windsor Health and Rehabilitation Center, LLC	2214-C	9/30/2019	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	2,065,362	2,065,362		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 3,150	3,150		
5. Education Expenses Related to Seminars and Conventions	\$ 6,094	6,094		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 6,726	6,726		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$			
4. Fund-Raising***	\$			
5. Medical Records	\$ 386	386		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 1,998	1,998		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 700	700		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 121,028	121,028		
12. Administrative Management Services**	\$ 13	13		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 10,767	10,767		
C-14 Total Administrative & General Expenditures	\$ 2,216,224	2,216,224		

* 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)
	0		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CAHCF	\$ 700		
Total Dues	\$ 700	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Routine Bank Fees	\$ 1,042		
Line of Credit	\$ 470		
Credit Card Fees	\$ 1,353		
Resident Trust	\$ 2,960		
Advertising (Disallow)	\$ 3,607		
Licenses	\$ 1,335		
Total Other Administrative and General	\$ 10,767	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Windsor Health and Rehabilitation Center,	2214-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 #

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Windsor Health and Rehabilitation Center, LLC		2214-C	9/30/2019		18	37
Item	Total	CCNH	RHNS	(Specify)		
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$ 225,975	225,975				
2. Non-Food Supplies	\$ 22,857	22,857				
3. Other (Specify) _____	\$					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Other (Specify) _____						
Other Dietary Supplies	\$ 6,245	6,245				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 255,077	255,077				
2E. Dietary Questionnaire						
F. Resident Meals: Total no. of meals served per day:*		Total	CCNH	RHNS	(Specify)	
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No						
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Windsor Health and Rehabilitation Center, LLC		2214-C	9/30/2019	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	7,271	7,271	
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) Supplies		\$	9,283	9,283	
3D. Total Laundry Expenditures (3a + b + c)		\$	16,554	16,554	
3E. Laundry Questionnaire					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended		Page	of
Windsor Health and Rehabilitation Center, LLC	2214-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. \$	33,059	33,059		
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)		\$ 33,059	33,059		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	252,729	252,729		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	143,144	143,144		
d. Ambulance/Limousine***	\$	234	234		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	18,474	18,474		
f. X-rays and Related Radiological Procedures***	\$	11,987	11,987		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	26,857	26,857		
i. Recreation	\$	13,342	13,342		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	33,109	33,109		
5M. Total Resident Care Expenditures (5a - 5j)		\$ 499,876	499,876		

* 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)
	0		
Physical Therapy Supplies	\$ 12,079		
Physical Therapy Sml Equip Pur	\$ 917		
Occupational Therapy Supplies (Disallow)	\$ 123		
IV Infusion Therapy (Disallow)	\$ 13,707		
IV Therapy Supplies (Disallow)	\$ 5,517		
Equipment Rental	\$ 766		
Total Other Resident Care	\$ 33,109	\$ -	\$ -

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

Name of Facility Windsor Health and Rehabilitation Center, LLC			License No. 2214-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	
USA HAULING & RECYCLING	5 Shoham Rd, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Rubbish Removal	31,966				22	6f
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

Annual Report of Long-Term Care Facility

CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended			Page	of
Windsor Health and Rehabilitation Center, LLC	2214-C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 49,291	49,291				
b. Heat	\$ 38,687	38,687				
c. Light & Power	\$ 83,461	83,461				
d. Water	\$ 24,282	24,282				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 7,918	7,918				
f. Other (<i>itemize</i>)	\$ 165,011	165,011				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 368,650	368,650				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 96,667	96,667				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 23,600	23,600				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 120,267	120,267				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 2,310	2,310				
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 11,951	11,951				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 14,261	14,261				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 404,679	404,679				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 61,166	61,166				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 2,589	2,589				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 602,962	602,962				

* 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)
	0		
Plant/Maint Purchased Service	\$ 80,508		
Plant/Maint Trash Removal	\$ 43,095		
Plant/Maint Service Contracts	\$ 22,382		
Plant/Maint Ground Maintenance	\$ 19,026		
Total Other Repairs and Maintenance	\$ 165,011	\$ -	\$ -

Depreciation Schedule

Name of Facility Windsor Health and Rehabilitation Center, LLC			License No. 2214-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	2,900,000		2,900,000	265,834	S/L	Various	96,667					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal									96,667			
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.	372,428		372,428	200,421	S/L	Various	17,580	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)			Var.	Var.	42,353		42,353		S/L	Various	6,020	
D-3. Subtotal												23,600
E. Total Depreciation												120,267

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

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	Fall prevention chair	\$ 1,599	10	\$ 160
	Alternating pressure reducing mattress	\$ 1,600	5	\$ 320
	Wheel chair scale	\$ 1,261	5	\$ 252
	Blood Pressure Monito, patient lift wheel chair	\$ 4,593	15	\$ 306
	AED , automatic defibrillator	\$ 1,372	5	\$ 274
	lounge furniture and dining room furniture	\$ 16,784	10	\$ 1,678
	Hospital beds and mattresses	\$ 7,217	5	\$ 1,443
	Bed Control parts	\$ 1,364	5	\$ 273
	Bed part , junction box for electrical beds	\$ 5,097	5	\$ 1,019
	Sonic Wall for Internet Equipment	\$ 1,465	5	\$ 295
Total additions for Movable Equipment		\$ 42,353		\$ 6,020 *
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:				
	Replacement of bad horn in the kitchen	\$ 871	5	\$ 174
	Kitchen ceiling repair	\$ 1,543	12	\$ 129
	Smoke alarm 10 year lithium battery , commercial passage	\$ 2,403	10	\$ 240
	Jmac Bed Part and call bells	\$ 655	10	\$ 66
	Heat repair south wing	\$ 1,009	5	\$ 202
	Speial patient Floor bed reference 42413	\$ 2,259	10	\$ 226
	Camtra food trays	\$ 1,520	10	\$ 152
	Generator repair 2/14/19	\$ 160	5	\$ 32
	Generator repair	\$ 1,198	5	\$ 240
	Generator repair	\$ 1,434	5	\$ 287
	Parking lot light rewiring	\$ 3,296	20	\$ 165
	VISTA IT SOLUTIONS, LLC	\$ 1,058	5	\$ 212
	MEDLINE INDUSTRIES INC	\$ 958	5	\$ 192
	Ceiling tiles for lobby area	\$ 1,836	12	\$ 153
	Building Repair	\$ 1,058	10	\$ 106
	Fire door replacemt - life safety deficiency basement door	\$ 3,086	15	\$ 206
	Front entry of the facility paiting, fascia painting and trimming	\$ 4,453	10	\$ 445
	Dinning room, recreation room windsow treatment	\$ 11,000	10	\$ 1,100
	Rehab gym renovation including florring, counter top and cabinetry	\$ 13,336	10	\$ 1,334
Total additions for Leasehold Improvement		\$ 53,133		\$ 5,661 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Windsor Health and Rehabilitation Center, LLC			2214-C		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Organization Expense	1	16	5	5,850	3,218	SL	20	2,310	
2.									
3.									
A-4. Subtotal									2,310
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var		137,778	26,917	S/L	15	6,290	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				53,133				5,661	
C-4. Subtotal									11,951
D. Total Amortization									14,261

* 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.

Windsor Health & Rehab Center 2019
FIXED ASSET / DEPRECIATION SCHEDULE

		Date In Service	Method	Life	Historical Cost	2019 Deprec.	2019 A/D	NBV
BUILDING IMPROVEMENTS								
<i>2018 Additions</i>								
Various Asset Additions	Building Improvements	2018	S/L		137,778	6,290	33,207	104,571
					137,778	6,290	33,207	104,571
<i>2019 Additions</i>								
Replacement of bad horn in the kitchen	Building Improvements	10/27/2018	S/L	5	871	174	174	697
Kitchen ceiling repair	Building Improvements	11/29/2018	S/L	12	1,543	129	129	1,414
Smoke alarm 10 year lithium battery, commercial passage	Building Improvements	11/20/2018	S/L	10	2,403	240	240	2,163
Jmac Bed Part and call bells	Building Improvements	11/21/2018	S/L	10	655	66	66	589
Heat repair south wing	Building Improvements	10/18/2018	S/L	5	1,009	202	202	807
Social patient Floor bed reference 42413	Building Improvements	1/1/2019	S/L	10	2,259	226	226	2,033
Camtra food trays	Building Improvements	1/2/2019	S/L	10	1,520	152	152	1,368
generator repair 2/14/19	Building Improvements	2/18/2019	S/L	5	160	32	32	128
generator repair	Building Improvements	2/18/2019	S/L	5	1,198	240	240	958
generator repair	Building Improvements	3/6/2019	S/L	5	1,434	287	287	1,147
parking lot light rewiring	Building Improvements	4/8/2019	S/L	20	3,296	165	165	3,131
VISTA IT SOLUTIONS, LLC	Building Improvements	4/3/2019	S/L	5	1,058	212	212	846
MEDLINE INDUSTRIES INC	Building Improvements	4/20/2019	S/L	5	958	192	192	766
Ceiling tiles for lobby area	Building Improvements	5/2/2019	S/L	12	1,836	153	153	1,683
building repair	Building Improvements	5/8/2019	S/L	10	1,058	106	106	952
Fire door replacemnt - life safety deficiency basement door	Building Improvements	7/30/2019	S/L	15	3,086	206	206	2,880
Front entry of the facility painting, fascia painting and triming	Building Improvements	9/8/2019	S/L	10	4,453	445	445	4,008
Dinning room, recreation room windows treatment	Building Improvements	9/26/2019	S/L	10	11,000	1,100	1,100	9,900
Rehab gym renovation including flooring, counter top and cabinetry	Building Improvements	9/30/2019	S/L	10	13,336	1,334	1,334	12,002
					53,133	5,661	5,661	47,472
TOTAL BUILDING IMPROVEMENTS								
					190,911	11,951	38,868	152,043
MOVABLE EQUIPMENT								
<i>2018 Additions</i>								
Various Asset Additions	Furniture & Fixtures	2018	S/L		372,428	17,580.00	218,001	154,427
					372,428	17,580.00	218,001	154,427
<i>2019 Additions</i>								
Fall prevention chair	Furniture & Fixtures	6/6/2019	S/L	10	1,599	160	160	1,439
Alternating pressure reducing mattress	Furniture & Fixtures	11/1/2018	S/L	5	1,600	320	320	1,280
Wheel chair scale	Furniture & Fixtures	12/7/2018	S/L	5	1,261	252	252	1,009
Blood Pressure Monitor, patient lift wheel chair	Furniture & Fixtures	12/6/2018	S/L	15	4,593	306	306	4,287
AED, automatic defibrillator	Furniture & Fixtures	12/14/2018	S/L	5	1,372	274	274	1,098
lounge furniture and dining room furniture	Furniture & Fixtures	5/19/2019	S/L	10	16,784	1,678	1,678	15,105
Hospital beds and mattresses	Furniture & Fixtures	9/26/2019	S/L	5	7,217	1,443	1,443	5,774
Bed Control parts	Furniture & Fixtures	8/28/2019	S/L	5	1,364	273	273	1,091
Bed part, junction box for electrical beds	Furniture & Fixtures	8/23/2019	S/L	5	5,097	1,019	1,019	4,078
					40,888	5,727	5,727	35,161
<i>2019 Additions</i>								
Sonic wall for internet equipment	Computers	11/9/2018	S/L	5	1,465	293	293	1,172
					1,465	293	293	1,172
TOTAL MOVABLE EQUIPMENT								
					414,781	23,600	224,021	190,760
TOTAL ASSETS PER CR SCHEDULE					605,692	35,551	262,889	342,803
TOTAL ASSETS PER TRIAL BALANCE					349,850	35,551	66,706	283,144
VARIANCE					255,842	-	196,183	(59,659)

Pg. 31 B9 F/S vs/ C/R Depreciation
Pg. 36 F1 F/S vs/ C/R Depreciation

(59,659)
(59,659)

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

Name of Facility Windsor Health and Rehabilitation Cen	License No. 2214-C	Report for Year Ended 9/30/2019	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	01/01/16				
2. Date Structure Completed	01/01/72				
3. If NOT Original Owner, Date of Purchase	01/01/16				
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	108				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
RINA PROPERTIES, LLC	581 Poquonock Ave, Windsor, CT 06095	11/01/19		360,600	

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Windsor Health and Rehabilitation Center		2214-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 Windsor Health and Rehabilitation		License No. 2214-C		Report for Year Ended 9/30/2019		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)				\$	2,630	2,630	
Misc Interest							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	2,630	2,630	
14. Insurance							
a. Insurance on Property (buildings only)				\$	25,438	25,438	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	75,167	75,167	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	100,605	100,605	
15. Total All Expenditures (A-13 thru C-14)				\$	8,743,233	8,743,233	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Windsor Health and Rehabilitation Center, LLC				2214-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	\$			
Page 13 - Professional Fees							
5.	13	8c	Resident Care Physicians **	\$ 2,218	2,218		
6.			Occupational Therapy	\$ 298,854	298,854		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 411,969	411,969		
10.			Accounting	\$			
10a.			Legal	\$ 425	425		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,831	1,831		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 4,341	4,341		
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)				\$ 719,638	719,638		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Advertising	\$ 3,607		
15	1k2	Business Tax	\$ 353		
15	1k1	State & County Taxes	\$ 381		
Total Other A&G Adjustments			\$ 4,341	\$ -	\$ -

Windsor Health and Rehabilitation Center
Cell Phone Disallowance
September 30, 2019

<u>Beds</u>	<u>No. of Phones</u>	<u>Allowable Per Month</u>	<u>Total Allowable</u>
1-100	3	\$ 30	\$ 1,080
101-200	4	\$ 30	\$ 1,440
201-300	5	\$ 30	\$ 1,800
301-400	6	\$ 30	\$ 2,160

Cell Phone Expense 3,271

Allowable Cost Per Month 120
Months in Cost Year 12
Total Allowable Cost 1,440

Disallowed on Page 28, Line 12 1,831 No disallowance in FY2019

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

Name of Facility				License No.	Report for Year Ended	Page	of
Windsor Health and Rehabilitation Center, LLC				2214-C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 719,638	719,638		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 252,729	252,729		
28.	20	5d	Ambulance/Limousine	\$ 234	234		
29.	20	5f	X-rays, etc	\$ 11,987	11,987		
30.	20	5h	Laboratory	\$ 26,857	26,857		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 18,474	18,474		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 19,347	19,347		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,049,266	1,049,266		

*** 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.

Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility		License No.		Report for Year Ended		Page	of
Windsor Health and Rehabilitation Cente		2214-C		9/30/2019		30	37
Item				Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue							
1.	a.	Medicaid Residents (CT only)	\$	10,605,368	10,605,368		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(5,513,693)	(5,513,693)		
2.	a.	Medicaid (All other states)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (all inclusive)	\$	1,244,568	1,244,568		
	b.	Medicare Room and Board Contractual Allowance **	\$	352,075	352,075		
4.	a.	Private-Pay Residents and Other	\$	2,105,786	2,105,786		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(134,663)	(134,663)		
II. Other Resident Revenue							
1.	a.	Prescription Drugs - Medicare	\$	177,653	177,653		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$				
	c.	Prescription Drugs - Non-Medicare	\$	86,035	86,035		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2.	a.	Medical Supplies - Medicare	\$				
	b.	Medical Supplies - Medicare Contractual Allowance **	\$				
	c.	Medical Supplies - Non-Medicare	\$				
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3.	a.	Physical Therapy - Medicare	\$	381,455	381,455		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$				
	c.	Physical Therapy - Non-Medicare	\$	226,209	226,209		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4.	a.	Speech Therapy - Medicare	\$	87,390	87,390		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$				
	c.	Speech Therapy - Non-Medicare	\$	60,971	60,971		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5.	a.	Occupational Therapy - Medicare	\$	449,614	449,614		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$				
	c.	Occupational Therapy - Non-Medicare	\$	220,364	220,364		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6.	a.	Other (Specify) - Medicare	\$	(801,869)	(801,869)		
	b.	Other (Specify) - Non-Medicare	\$	(623,511)	(623,511)		
III. Total Resident Revenue (Section I. thru Section II.)				\$	8,923,752	8,923,752	
IV. Other Revenue*							
1.	Meals sold to guests, employees & others			\$	(60)	(60)	
2.	Rental of rooms to non-residents			\$			
3.	Telephone			\$			
4.	Rental of Television and Cable Services			\$			
5.	Interest Income (Specify)			\$			
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other (Specify)			\$	(372)	(372)	
V. Total Other Revenue (1 thru 8)				\$	(432)	(432)	
VI. Total All Revenue (III +V)				\$	8,923,320	8,923,320	

* 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)
		0		
30 II6a	#REF!	6,941		
30 II6a	#REF!	14,602		
30 II6a	#REF!	3,223		
30 II6a	#REF!	(789,805)		
30 II6a	#REF!	(36,830)		
Total Other Resident Revenue - Medicare		\$ (801,869)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 II6b	#REF!	648		
30 II6b	#REF!	297		
30 II6b	#REF!	4,320		
30 II6b	#REF!	1,191		
30 II6b	#REF!	589		
30 II6b	#REF!	8,815		
30 II6b	#REF!	47		
30 II6b	#REF!	6,659		
30 II6b	#REF!	435		
30 II6b	#REF!	(138,666)		
30 II6b	#REF!	(181,343)		
30 II6b	#REF!	(326,503)		
Total Other Resident Revenue		\$ (623,511)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 IV8	Transportation Service	\$ (372)		
Total Other Revenue		\$ (372)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Windsor Health and Rehabilitation Cent	2214-C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,484,081
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,200,650
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(293,914)
4 Inventories			\$	29
5. Prepaid Expenses			\$	117,042
a. Prepaid Insurance	68,908			
b. Prepaid RE Taxes	46,732			
c. Prepaid PP Tax	1,402			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	72,294
Escrow - Various	63,737			
Patient Refund Acct.	15,637			
Utility Deposit	4,565			
See Schedule	(11,645)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,580,182
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>190,911</u>		\$	152,043
	Accum. Depreciation <u>38,868</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>414,781</u>		\$	190,760
	Accum. Depreciation <u>224,021</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(59,659)
F/S vs. C/R	(59,659)			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	283,144

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
31	A8	Due from Seller	\$ 2,876
31	A8	Due to Seller	\$ (14,521)
Total Other Current Assets (Itemize)			\$ (11,645)

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Windsor Health and Rehabilitation Center	2214-C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	2,863,326
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost <u>2,900,000</u>	
			Accum. Depreciation <u>362,501</u>	Net
			\$	2,537,499
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	2,537,499
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost <u>2,437</u>	
			Accum. Depreciation <u>98</u>	Net
			\$	2,339
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	

7. Other Assets (<i>itemize</i>)			\$	

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	2,339
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,403,164

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

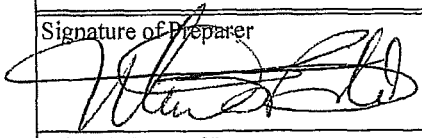
G. Balance Sheet (cont'd)

Name of Facility Windsor Health and Rehabilitation Center, I	License No. 2214-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				1,523,228
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>)				\$ 24,413
Note Payable - Alatis		24,413		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 24,413
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,547,641

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

Name of Facility	License No.	Report for Year Ended	Page	of
Windsor Health and Rehabilitation Center	2214-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			\$	2,537,499
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	2,537,499
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,041,270
6. Gain or Loss for Period			\$	276,754
	10/1/2018	thru	9/30/2019	
7. Total Net Worth			\$	1,318,024
C. Total Reserves and Net Worth			\$	3,855,523
D. Total Liabilities, Reserves, and Net Worth			\$	5,403,164

I. Preparer's/Reviewer's Certification

Name of Facility Windsor Health and Rehabilitation Center,	License No. 2214-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 Lara Alatise		Phone Number 860-688-7211		
Contact Email Address lalatise@windsorhealthrehab.com				