

### General Information

Name of Facility (as licensed) Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2015	Page 1	of 37
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#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Greenwich Woods Rehabilitation, LLC, for the cost report period beginning February 1, 2015 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) John Pashuluk			Printed Name (Owner)		
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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Greenwich Woods Rehabilitation, LLC	Period Covered:	From 2/1/2015	To 9/30/2015	
Address of Facility 1165 King Street, Greenwich, CT 06831				
Report Prepared By Blum Shapiro & Company, P.C.	Phone Number 860-561-4000	Date 2/8/2016		
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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 203-531-1335		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Greenwich Woods Rehabilitation, LLC		Address (No. & Street, City, State, Zip) 1165 King Street, Greenwich, CT 06831		
License Numbers:	CCNH 2403	RHNS (Specify)	Medicare Provider No. 07-5309	
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 2/1/2015	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input checked="" type="radio"/> Yes <input type="radio"/> No         If "Yes," explain fully.				
The Facility was purchased from TransCon Builders, LLC on February 1, 2015.				
<b>Administrator</b>				
Name of Administrator John Pashuluk		Nursing Home Administrator's License No.:	001980	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire  
 Partners/Members**

Name of Facility Greenwich Woods Rehabilitation, LLC		License No. 2403	Report for Year Ended 9/30/2015	Page 3	of 37
Legal Name of Partnership/LLC Greenwich Woods Rehabilitation, LLC		Business Address 1165 King Street, Greenwich, CT 06831		State(s) and/or Town(s) in Which Registered Connecticut	
Name of Partners/Members	Business Address	Title	% Owned		
Mordi Blass	1165 King Street, Greenwich, CT 06831	Owner	34%		
Moshe Bernstein	1165 King Street, Greenwich, CT 06831	Owner	34%		
SJJJ, LLC	1165 King Street, Greenwich, CT 06831	Owner	16%		
LYM GW, LLC	1165 King Street, Greenwich, CT 06831	Owner	9%		
IK Greenwich, LLC	1165 King Street, Greenwich, CT 06831	Owner	7%		



### General Information and Questionnaire Individual Proprietorship

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2015	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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2015	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	%**				
Moshe Bernstein	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	16 line m12	87,500	87,500
Mordi Blass	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	16 line m12	87,500	87,500
Greenwich Woods Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Rental Expense	22 line 9	1,120,000	1,120,000
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

\* Use additional sheets if necessary.

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

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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



### General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403	Report for Year Ended 9/30/2015			Page 6	of 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						
IKON Financial - GE Capital c/o Ricoh	<input type="radio"/>	<input checked="" type="radio"/>	3 Copiers	02/01/15	Expires 10/4/2016	16,944	11,298	
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Pitney Bowes	02/01/15	Expires 1/20/2017	3,516	2,344	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
							<b>Total ***</b>	13,642

\* 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 Greenwich Woods Rehabilitation, I	License No. 2403	Report for Year Ended 9/30/2015	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 Cornerstone Accounting Group, LLC 2 Blum Shapiro 3 4	Address (No. & Street, City, State, Zip Code) Post Office Box 182, Plainville, CT 29 South Main Street, West Hartford, CT
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Services Provided by This Firm (*describe fully*)

1 Monthly Closing	\$ 16,988
2 Consulting	\$ 600
3	\$
4	\$
<b>Charge for Services Provided</b>	
\$ 17,588	

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    |pg 15 line 1d

**Legal Services Information**

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

Address (*No. & Street, City, State, Zip Code*)  
 1  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 See attached	\$ 38,800
2	\$
3	\$
4	\$
5	\$
<b>Charge for Services Provided</b>	
\$ 38,800	

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Pg 15 line 1e

### Schedule of Resident Statistics

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403		Report for Year Ended 9/30/2015				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	217	217			217	217			217	217		
B. On last day of THIS report period	217	217			217	217			217	217		
2. Number of Residents												
A. As of midnight of PREVIOUS report period									178	178		
B. As of midnight of THIS report period	174	174			178	178			174	174		
3. Total Number of Days Care Provided During Period												
A. Medicare	11,051	11,051			7,111	7,111			3,940	3,940		
B. Medicaid (Conn.)	28,540	28,540			17,648	17,648			10,892	10,892		
C. Medicaid (other states)												
D. Private Pay	2,938	2,938			1,763	1,763			1,175	1,175		
E. State SSI for RCH												
F. Other (Specify) Commercial Insurance	816	816			491	491			325	325		
G. Total Care Days During Period (3A thru F)	43,345	43,345			27,013	27,013			16,332	16,332		
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. <b>Total Resident Days (3G + 4A + 4B)</b>	43,345	43,345			27,013	27,013			16,332	16,332		

**Schedule of Resident Statistics (Cont'd)**

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?       Yes       No  
 If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	39	115		20				
Per Diem Rate								
a. One bed rm.	PPS	217.66		503/552/572				
b. Two bed rms.	PPS	217.66		481/492/552				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,830	1,830		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	24,508	24,508		
D. <b>Total Physical Therapy Treatments</b>	26,338	26,338		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	82	82		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	834	834		
D. <b>Total Speech Therapy Treatments</b>	916	916		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	851	851		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	22,075	22,075		
D. <b>Total Occupational Therapy Treatments</b>	22,926	22,926		

### Report of Expenditures - Salaries & Wages

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	86,429	1,383				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	249,253	9,227				
5. Dietary Service						
a. Head Dietitian	42,218	1,126				
b. Food Service Supervisor	43,672	1,393				
c. Dietary Workers	520,411	32,240				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	34,489	1,532				
b. Other Maintenance Workers	42,788	2,702				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	170,352	10,682				
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	90,986	2,066				
b. RN						
1. Direct Care	868,371	22,296				
2. Administrative**	487,233	14,813				
c. LPN						
1. Direct Care	1,329,656	40,641				
2. Administrative**	112,384	2,794				
d. Aides and Attendants	2,147,900	131,075				
e. Physical Therapists	41,148	1,208				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	201,885	10,049				
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	127,636	4,259				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,596,811	289,487				

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

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

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



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

Name of Facility				License No.	Report for Year Ended				Page	of
Greenwich Woods Rehabilitation, LLC				2403	9/30/2015				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)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										

\* 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	
Greenwich Woods Rehabilitation, LLC				2403	9/30/2015			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)							
<b>Section III - Administrators***</b>										
John Pashuluk	86,429			Non-preferential		1,383	A2			
<b>Section IV - Assistant Administrators</b>										

\*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		
Greenwich Woods Rehabilitation, LLC	2403	9/30/2015	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	22,848	544				
2. Dentist	11,069					
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	602,471	10,567				
b. Other						
6. Social Worker	7,928	227				
7. Recreation Worker	13,429	223				
8. Physicians						
a. Medical Director (entire facility)	43,333	187				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff Meetings	386	7				
9. Speech Therapist						
a. Resident Care	62,710	1,384				
b. Other						
10. Occupational Therapist						
a. Resident Care	525,001	10,728				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	10,887	573				
d. Other						
12. Other (Specify) See Attached Schedule	61,340	246				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,361,402</b>	<b>24,686</b>				

\* 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.



**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 403,989	403,989			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 81,588	81,588			
4. Social Security (F.I.C.A.)	\$ 496,173	496,173			
5. Health Insurance	\$ 571,952	571,952			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 73,139	73,139			
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 3,226	3,226			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 17,588	17,588			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 38,800	38,800			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 21,615	21,615			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 63,134	63,134			
2. Cellular Phones	\$ 4,272	4,272			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 678,315	678,315			
<b>Subtotal</b>	\$ 2,453,791	2,453,791			

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended	Page	of	
Greenwich Woods Rehabilitation, LLC	2403	9/30/2015	16	37	
Item		Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>		2,453,791	2,453,791		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	3,742	3,742		
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	23,270	23,270		
5. Education Expenses Related to Seminars and Conventions	\$	2,889	2,889		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$	2,261	2,261		
7. Other ( <i>Specify</i> )	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	2,224	2,224		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )***	\$	31,274	31,274		
See Attached Schedule					
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	\$	5,889	5,889		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$	5,225	5,225		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	650	650		
9. Subscriptions	\$	11,637	11,637		
10. Contributions***	\$	1,610	1,610		
See Attached Schedule					
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$	53,029	53,029		
12. Administrative Management Services**	\$	175,000	175,000		
13. Other ( <i>Specify</i> )	\$	52,501	52,501		
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$</b>	<b>2,824,992</b>	<b>2,824,992</b>		

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising - Promotions	1,750		
Advertising - Business Promotions	29,524		
<b>Total Other Advertising</b>	\$ 31,274	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
Dues - see page 16b	5,225		
<b>Total Dues</b>	\$ 5,225	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Contributions	1,610		
<b>Total Contributions</b>	\$ 1,610	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Employee Background Checks	5,164		
Data Processing Fees	337		
Software Maintenance	20,646		
Crime and Employee Insurance	7,304		
Facility Licenses	1,970		
Bank Charges	11,215		
Late Charges	158		
Medical Records Supplies	2,816		
A&G Small Equipment Purchase	2,891		
<b>Total Other Administrative and General</b>	\$ 52,501	\$ -	\$ -

**Schedule C-1 - Management Services\***

Name of Facility	License No.	Report for Year Ended	Page of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2015	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 #
Moshe Bernstein	87,500	Management Services	16 m12
Mordi Blass	87,500	Management Services	16 m12

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





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

Name of Facility		License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC		2403	9/30/2015	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	2,769	2,769	
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. Management Services**		\$			
d. Other (Specify) Chemicals/Detergents, Supplies, Equipment Rental		\$	17,367	17,367	
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	20,136	20,136	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
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 laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue 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)			

\* 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 3E.

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

\*\*\* 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
Greenwich Woods Rehabilitation, LLC		2403	9/30/2015		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. \$	35,159	35,159		
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. \$	316,623	316,623		
c.	Management Services*		\$			
d.	Other ( <i>Specify</i> )		\$			
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)		\$ 351,782	351,782		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from		\$ 412,495	412,495		
	Medicare \$275,213, Medicaid \$1,349, Managed Care \$129,428, EverCare \$6,505					
b.	Medicine Cabinet Drugs		\$ 24,573	24,573		
c.	Medical and Therapeutic Supplies		\$ 207,259	207,259		
d.	Ambulance/Limousine***		\$ 6,770	6,770		
e.	Oxygen					
	1. For Emergency Use		\$			
	2. Other***		\$ 26,945	26,945		
f.	X-rays and Related Radiological Procedures***		\$ 22,613	22,613		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$			
h.	Laboratory***		\$ 44,508	44,508		
i.	Recreation		\$ 3,138	3,138		
j.	Other (Specify)**** See Attached Schedule		\$ 70,596	70,596		
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)		\$ 818,897	818,897		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Specialty Mattresses	27,589		
Nursing Software Subscriptions	404		
Cable TV	25,458		
Physical Therapy Equipment Rental	12,175		
Incontinent Care	48		
Tube Feeding - Medicare	2,077		
Physical Therapy Small Equipment Purchase	2,845		
<b>Total Other Resident Care</b>	<b>\$ 70,596</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403	Report for Year Ended 9/30/2015			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
Sanitary Maintenance		<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	316,623			20	4b
Finnoccio Brothers Sanitation		<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	17,035			22	6f
Daniels Equipment		<input type="radio"/>	<input checked="" type="radio"/>		Laundry Equipment Rental	13,613			22	6f
Saucier Mechanical		<input type="radio"/>	<input checked="" type="radio"/>		Repair / Maintenance	34,645			22	6a
Shamrock Land Management		<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maint & Landscaping	22,378			22	6f
ConQuest Consulting		<input type="radio"/>	<input checked="" type="radio"/>		Software Consulting	11,400			16	m11
Iris Cafaro		<input type="radio"/>	<input checked="" type="radio"/>		AR/Billing Consultant	10,665			16	m11
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input 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
Greenwich Woods Rehabilitation, LLC	2403	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 66,803	66,803				
b. Heat	\$ 71,364	71,364				
c. Light & Power	\$ 140,632	140,632				
d. Water	\$ 92,939	92,939				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 13,642	13,642				
f. Other ( <i>itemize</i> )	\$ 98,532	98,532				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 483,912	483,912				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 181	181				
b. Building & Building Improvements	\$ 747	747				
c. Non-Movable Equipment	\$ 1,671	1,671				
d. Movable Equipment	\$ 5,238	5,238				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 7,837	7,837				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,120,000	1,120,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 74,665	74,665				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 63	63				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 1,202,565	1,202,565				

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Trash Removal	18,397		
Service Contracts	34,197		
Maintenance Supplies	12,703		
Grounds Maintenance	29,084		
Plant Small Equipment Purchase	757		
Minor Decorating	1,270		
Plant Equipment Rental	2,124		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 98,532</b>	<b>\$ -</b>	<b>\$ -</b>

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Greenwich Woods Rehabilitation, LLC  
9/30/2015

**Schedule of Land Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
7/31/2015	Concrete sidewalk removal/replacement	\$ 10,814	15	\$ 181
<b>Total additions for Land Improvements</b>		\$ 10,814		\$ 181 *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
4/20/2015	Air Conditioner Repair	1,998	10	100
4/28/2015	Painted Murial Entrance to Willow	2,978	5	298
6/30/2015	ADL Bathroom Refurbishment	1,473	10	49
6/30/2015	ADL Room	9,000	10	300
<b>Total additions for Building Improvements</b>		\$ 15,449		\$ 747 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
3/30/2015	Install New Exhaust Fan	5,024	20	147
3/30/2015	Duct Piping	3,223	20	94
4/30/2015	Oil Tanks Replacement Project	45,874	20	1,146
9/30/2015	Oil Tanks Replacement Project	68,052	20	284
<b>Total additions for Non-Movable Equipment</b>		\$ 122,173		\$ 1,671 *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
2/1/2015	MDI Software	\$ 11,984	3	\$ 2,663
3/18/2015	5 Electric Beds with head/foot	\$ 5,312	12	\$ 258
3/31/2015	Computer network/internet System	\$ 12,010	5	\$ 1,401
4/15/2015	Commerical Microwave Ovens	\$ 2,049	5	\$ 205
6/30/2015	Undercounter Ice Machine	\$ 2,087	10	\$ 70
7/31/2015	Telephone system upgrade	\$ 22,094	10	\$ 552
8/31/2015	3 Elec Beds/Rails/Head board	\$ 3,388	12	\$ 47
9/30/2015	5 Elec Beds/Rails/Head board	\$ 5,981	12	\$ 42
<b>Total additions for Movable Equipment</b>		\$ 64,905		\$ 5,238 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403		Report for Year Ended 9/30/2015			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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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

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

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2015	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase	02/01/15				
4. Date of Initial Licensure	02/01/15				
5. Total Licensed Bed Capacity	217				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed				
b. Date Mortgage Obtained	02/01/15				
c. Interest Rate for the Cost Year	7.5%				
d. Term of Mortgage (number of years)	4				
e. Amount of Principal Borrowed	13,000,000				
f. Principal balance outstanding as of 9/30/2015	13,000,000				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
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					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
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
Greenwich Woods Rehabilitation, LI		2403	9/30/2015			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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$				

*(Carry Subtotals forward to next page )*

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

Name of Facility Greenwich Woods Rehabilitation,		License No. 2403		Report for Year Ended 9/30/2015		Page of 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)				\$	10,171	10,171	
Interest Expense - notes							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	10,171	10,171	
14. Insurance							
a. Insurance on Property (buildings only)				\$	26,507	26,507	
b. Insurance on Automobiles				\$	1,552	1,552	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	10,885	10,885	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	49,851	49,851	
Liability							
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$	88,795	88,795	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$	14,148,334	14,148,334	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC				2403	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 8,300	8,300		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	b10	Occupational Therapy	\$ 525,001	525,001		
7.			Other - See attached Schedule	\$ 39,016	39,016		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1d/e	Accounting & Legal	\$ 288	288		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 3,552	3,552		
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/m	Unallowable Advertising *	\$ 31,274	31,274		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 1,610	1,610		
21.	16	m12	Unallowable Management Fees	\$ 175,000	175,000		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 6,210	6,210		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 790,251	790,251		

\* 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	a12n	Administrators Wages - Marketing duties	\$ 2,209		
10	a12n	Social Works/Case Management Wages - Marketing duties	\$ 6,091		
<b>Total Other Salaries Adjustment</b>			\$ 8,300	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b12	Nursing Admin. Purchased Services - Preferred Therapy	12,316		
13	b12	Other Medical Consultants - Respiratory	336		
13	b12	Other Medical Consultants - Pulmonary	18,000		
13	b8a	Medical Director over allowable salary	8,364		
<b>Total Other Fees Adjustments</b>			\$ 39,016	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16		Benefits on Salary noted above	\$ 1,660		
16	m13	Late Fees	\$ 158		
16	m8a	Chamber of Commerce Dues	\$ 650		
16	12	Employee Relations	\$ 3,742		
<b>Total Other A&amp;G Adjustments</b>			\$ 6,210	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC				2403	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 790,251	790,251		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 412,495	412,495		
28.	20	5d	Ambulance/Limousine	\$ 6,770	6,770		
29.	20	5f	X-rays, etc	\$ 22,613	22,613		
30.	20	5h	Laboratory	\$ 44,508	44,508		
31.	20	5j	Medical Supplies	\$ 70,791	70,791		
32.	20	5e2	Oxygen (non emergency)	\$ 26,945	26,945		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 44,686	44,686		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (36,931)	(36,931)		
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	\$ 1,270	1,270		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 94,837	94,837		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 1,478,235	1,478,235		

\*\*\* 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.



Greenwich Woods Rehabilitation, LLC  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Tube Feeding	\$ 2,077		
20	5j	Specialty Mattresses	\$ 27,589		
20	5j	Physical Therapy Equipment Rental	\$ 12,175		
20	5j	PT Small Equipment Purchase	\$ 2,845		
<b>Total Other Ancillary Costs</b>			\$ 44,686	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		To include moveable depreciation expense at prior owner basis which were purchased by new owner.	\$ (36,931)		
<b>Total Excess Movable Equipment Depreciation</b>			\$ (36,931)	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6f	Minor Decorating	\$ 1,270		
<b>Total Other Property Adjustments</b>			\$ 1,270	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12c-d	Interest Expense	\$ 10,171		
20	5j	Cable TV	\$ 19,068		
30	IV 8	Collection fees	\$ 65,598		
<b>Total Other Adjustments</b>			<b>\$ 94,837</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Unallowable Building Interest

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

### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2015		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 13,848,847	13,848,847			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,693,620)	(7,693,620)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 4,608,276	4,608,276			
b. Medicare Room and Board Contractual Allowance **	\$ 925,527	925,527			
4. a. Private-Pay Residents and Other	\$ 3,315,431	3,315,431			
b. Private-Pay Room and Board Contractual Allowance **	\$ (702,548)	(702,548)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 258,626	258,626			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (258,626)	(258,626)			
c. Prescription Drugs - Non-Medicare	\$ 133,607	133,607			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (130,704)	(130,704)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 256	256			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (255)	(255)			
3. a. Physical Therapy - Medicare	\$ 917,543	917,543			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (871,900)	(871,900)			
c. Physical Therapy - Non-Medicare	\$ 324,575	324,575			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (317,462)	(317,462)			
4. a. Speech Therapy - Medicare	\$ 73,534	73,534			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (69,789)	(69,789)			
c. Speech Therapy - Non-Medicare	\$ 48,575	48,575			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (45,644)	(45,644)			
5. a. Occupational Therapy - Medicare	\$ 845,409	845,409			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (822,241)	(822,241)			
c. Occupational Therapy - Non-Medicare	\$ 213,164	213,164			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (209,709)	(209,709)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 3,244	3,244			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,394,116	14,394,116			
<b>IV. Other Revenue*</b>					
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> )	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 65,598	65,598			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 65,598	65,598			
<b>VI. Total All Revenue</b> (III +V)	\$ 14,459,714	14,459,714			

\* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

\*\* Facility should report all contractual allowances and/or payer discounts.

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray	\$ 13,539		
	Lab	\$ 30,027		
	Oxygen	\$ 12,431		
	IV Therapy	\$ 298		
	Contractual Allowance - Medicare	\$ (56,295)		
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray	\$ 5,167		
	Lab	\$ 11,625		
	IV Therapy	\$ 546		
	Oxygen	\$ 14,657		
	Contractual Adjustment EverCare Ancillary	\$ (31,151)		
	Managed Care Dividend	\$ 2,400		
<b>Total Other Resident Revenue</b>		\$ 3,244	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
<b>Total Interest Income</b>			\$ -	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	Collection Fees	\$ 65,598		
<b>Total Other Revenue</b>		\$ 65,598	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,148,907
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,730,794
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	12,666
4. Inventories			\$	
5. Prepaid Expenses			\$	279,788
a. Prepaid Expense	20,626			
b. Prepaid Insurance	230,686			
c. Prepaid Taxes	28,476			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	70,628
Patient funds held in trust	70,628			
A-9. <b>Total Current Assets</b> (Lines A1 thru 8)			\$	4,242,783
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	10,814	\$	10,633
	Accum. Depreciation	181	Net	
3. Buildings	*Historical Cost	15,449	\$	14,702
	Accum. Depreciation	747	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	122,173	\$	120,502
	Accum. Depreciation	1,671	Net	
6. Movable Equipment	*Historical Cost	64,905	\$	59,667
	Accum. Depreciation	5,238	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	2,500
Construction in Progress	2,500			
B-10. <b>Total Fixed Assets</b> (Lines B1 thru 9)			\$	208,004

\* 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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2015	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 4,450,787	
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 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
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> )			\$ 11,265	
Deposits		11,265		
_____				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$ 11,265	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 4,462,052	

\* 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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2015	Page 34	of 37
Account			Amount	
Total Brought Forward:			4,077,183	
<b>Liabilities (cont'd)</b>				
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> )				\$
Notes Payable - noncurrent portion		73,489	73,489	
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 73,489
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 4,150,672



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

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	311,380
	2/1/2015	thru 9/30/2015		
7. Total Net Worth			\$	311,380
<b>C. Total Reserves and Net Worth</b>			\$	311,380
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,462,052

### H. Changes in Total Net Worth

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2015	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	14,459,714
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	14,148,334
D. Net Income or Deficit			\$	311,380
E. Balance			\$	311,380
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	311,380
				09/30/15

### I. Preparer's/Reviewer's Certification

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2015	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)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Blum Shapiro & Company, P.C.				
Address Address			Phone Number	
29 South Main Street, Suite 400, West Hartford, CT 06127			860-561-4000	