Page - Lic. Type - Rate Yr	Error Message
3-CCH	Physician Hourly Limit Cost Year Variable is 0, hourly limits cannot be checked
3-CCH	Dietician Hourly Limit Cost Year Variable is 0, hourly limits cannot be checked
4-CCH	Physician Hourly Limit Cost Year Variable is 0, hourly limits cannot be checked
4-CCH	Dietician Hourly Limit Cost Year Variable is 0, hourly limits cannot be checked
4-CCH	OT fees do not agree to OT fee adjustment
5-CCH	Bad Debt (265,671) does not match value on page 13 (0)
11-CCH	(2), Total Expenses does not foot
16-CCH	(2,901), Television Revenue is greater than reported on page 13
17	Administrator's salary needs to be entered
DRD	Bed Capacity not entered in the DRD
18	Annual Report Fair Rent (pg. 23, 24) Additions total (138,052) does not match Real Property Additions on pg. 18 of Rate Comp. (0)
20	(2), Sum of Ttl Liab., Res., & Net W. does not match Annual Report Total Assets
12-CCH-2017	Other Fair Rent Expense Adjustments Prior Year (-167) exist and current year does not.
RC-Nurs Fac-CCH	No Self Pay rates entered

State of Connecticut

15-24

Annual Report of Long-Term Care Facility

Cost Year 2015

RECEIVED
DEC 31 2015
DEPT. OF SOCIAL SERVICES
OFFICE OF CON AND RATE SETTINGS

Name of Facility (as licensed) Willows Care and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 225 Amity Road, Woodbridge, CT 06525	
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2202-C			07-5331

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	220559		

For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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Annual Report of Long-Term Care Facility
CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	1	37

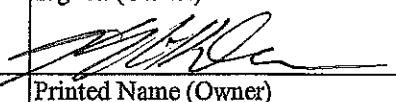
Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 Willows Care and Rehabilitation Center [facility name], for the cost report period beginning October 1, 2014 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
				11/13/2015
Printed Name (Administrator) Peter Mongillo			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare	
Subscribed and Sworn to before me:	State of PA	Date 11/13/15	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
OLUSEGUN A. OMOLAJA, Notary Public
Upper Darby Twp., Delaware County
My Commission Expires May 28, 2017

(Notary Seal)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	1	37

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Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Peter Mongillo			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1A Rev. 6/95

State of Connecticut
Department of Social Services
25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Willows Care and Rehabilitation Center	Period Covered:		From 10/1/2014	To 9/30/2015
Address of Facility 225 Amity Road, Woodbridge, CT 06525				
Report Prepared By Thomas Farnan	Phone Number 978-247-5029		Date 12/21/2015	

Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	$	399,449	399,449		
2. Laundry wages paid	$				
3. Housekeeping wages paid	$				
4. Nursing wages paid	$	3,417,192	3,417,192		
5. All other wages paid	$	572,662	572,662		
6. ***Total Wages Paid***	$	4,389,304	4,389,304		
7. Total salaries paid	$	198,933	198,933		
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report)	$	4,588,237	4,588,237		

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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-2 Rev. 10/2005

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-387-0076	9/30/2015	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Willows Care and Rehabilitation Center	225 Amity Road, Woodbridge, CT 06525

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	2202-C			07-5331

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ◉ LLC ○ Partnership ○ Profit Corp. ○ Non-Profit Corp. ○ Government ○ 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? ○ Yes ◉ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:	
Peter Mongillo		1401/1860

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3 Rev. 10/2005

General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered

Name of Partners/Members	Business Address	Title	% Owned
Harborside Health I Corporatio	101 Sun Ave. NE, Albuquerque, NM 87109		1
Harborside Healthcare Limited	101 Sun Ave. NE, Albuquerque, NM 87109		99

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3A Rev. 10/2005

General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
Willows Care and Rehabilitation Center	101 East State Street, Kennett Square, PA 19348	PA

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
N/A			
Names of Stockholders Owning at Least 10% of Shares			
N/A			

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	4	37

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	%**				
Genesis Health Ventures	101 East State Street, Kennett Square, PA 19348	⊙	○		Home Office	Pg 16/m12	438,099	438,099
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	⊙	○	63%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	1,293,118	1,293,118
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	⊙	○	55%	Staffing Pool	Pg 10/A12	479	479
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	⊙	○	85%	Case Management	Pg 13/B8, Pg 10/A12	39,660	39,660
Career Staffing	101 East State Street, Kennett Square, PA 19348	⊙	○		Staffing Pool	Pg 13/B11 a,b,c		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	⊙	○	43%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	50,283	50,283
Genesis Healthcare Corp.	101 East State Street, Kennett Square, PA 19348	⊙	○		Insurance	Pg 27/14	115,812	115,812
Genesis Healthcare Corp.	101 East State Street, Kennett Square, PA 19348	⊙	○		Capital Interest	Page 17, page 26-12A	44,716	44,716
		○	○					

* Use additional sheets if necessary.

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-5 Rev. 9/2002

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	5	37

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (*See listing page 13*)
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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-6 Rev. 9/2002

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
Willows Care and Rehabilitation Center	2202-C	9/30/2015	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					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ○ No **Total** ***

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-7 Rev. 6/95

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation C	2202-C	9/30/2015	7	37

The records of this facility for the period covered by this report were maintained on the following basis:

⊙ Accrual ○ Cash ○ Modified Cash

Is the accounting basis for this period the same as for the previous period? ⊙ Yes ○ No — If "No," explain.

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 KPMG Peat Marwick	1600 Market Street, Philadelphia, PA 19103
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	Year end financial audit	$
2		$
3		$
4		$
		Charge for Services Provided $

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	Telephone Number
1 Goldman Gruder & Woods LLC	(203) 899-8900
2	
3	
4	
5	

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

1 200 Connecticut Ave, Norwalk, CT 06854
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	Review collection issue	$
2		$
3		$
4		$
5		$
		Charge for Services Provided $

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

⊙ Yes ○ No Legal Fees pg. 15 1-e

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	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	90	90			90	90			90	90		
B. On last day of THIS report period	90	90			90	90			90	90		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	84	84			84	84			78	78		
B. As of midnight of THIS report period	79	79			78	78			79	79		
3. Total Number of Days Care Provided During Period												
A. Medicare	9,224	9,224			7,087	7,087			2,137	2,137		
B. Medicaid (Conn.)	16,274	16,274			12,351	12,351			3,923	3,923		
C. Medicaid (other states)												
D. Private Pay	1,513	1,513			1,275	1,275			238	238		
E. State SSI for RCH												
F. Other (Specify)	3,495	3,495			2,364	2,364			1,131	1,131		
G. Total Care Days During Period (3A thru F)	30,506	30,506			23,077	23,077			7,429	7,429		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	40	40			40	40						
B. Other Bed Reserve Days	14	14			10	10			4	4		
5. ***Total Resident Days*** **(3G + 4A + 4B)**	30,560	30,560			23,127	23,127			7,433	7,433		

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

Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	9	37

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
				Lost			Gained						
	CCNH (1)	RHNS (2)	(Specify) (3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

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-IID
No. of Residents	25	43		11				
Per Diem Rate								
a. One bed rm.				520.00				
b. Two bed rms.	578.83	239.84		495.92				
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	2,060	2,060		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	470	470		
C. Other	28,367	28,367		
D. ***Total Physical Therapy Treatments***	30,897	30,897		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	290	290		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	49	49		
C. Other	1,705	1,705		
D. ***Total Speech Therapy Treatments***	2,044	2,044		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	1,474	1,474		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	240	240		
C. Other	28,580	28,580		
D. ***Total Occupational Therapy Treatments***	30,294	30,294		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes O No

Item	Total Cost and Hours					
	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)	97,549	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	164,769	8,139				
5. Dietary Service						
a. Head Dietitian	26,477	860				
b. Food Service Supervisor	60,838	2,244				
c. Dietary Workers	312,134	17,224				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	64,733	2,109				
b. Other Maintenance Workers	30,121	1,722				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
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	101,384	1,775				
b. RN						
1. Direct Care	1,180,777	32,923				
2. Administrative**	87,534	2,136				
c. LPN						
1. Direct Care	715,335	24,645				
2. Administrative**						
d. Aides and Attendants	1,378,552	72,993				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	123,185	5,231				
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	189,855	7,810				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	54,994	2,893				
A-13. Total Salary Expenditures	4,588,237	184,789				

* 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 $	CCNH Hours	RHNS $	RHNS Hours	(Specify) $	(Specify) Hours
Ward Clerks	0	0	0			0	0
Coordinator-Staffing Centers	0	15470	863			0	0
Central Supply	0	12941	744			0	0
Medical Records	0	26582	1286			0	0
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
Total		54994	2893	$ -		$ -	

Schedule of Other Fees (Page 13)

Service		CCNH $	CCNH Hours	RHNS $	RHNS Hours	(Specify) $	(Specify) Hours
1020620010	Consulting Fees	148.85	n/a				
1020620010	Consulting Fees	409.70	n/a				
3010620020	Purchased Services	1,272.04	n/a				
3010620020	Purchased Services	(1,272.00)	n/a				
3155620020	Purchased Services	(20.16)	n/a				
3155620020	Purchased Services	5,730.72	n/a				
1020620010	Consulting Fees	(7.21)	-				
0							
0							
0							
Total		6262	0	$ -		$ -	

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-11 Rev. 10/2005

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
Willows Care and Rehabilitation Center	2202-C	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)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	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)							
Section III - Administrators* **										
Peter Mongillo	97,549				Management of Center	2,086	2			
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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	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	489	13				
2. Dentist	10,206	70				
3. Pharmacist	6,972	142				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	1,156,255	15,839				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	71,105	376				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	34,396	441				
b. Other						
10. Occupational Therapist						
a. Resident Care	105,347	1,443				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	511	8				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	6,262					
B-13 Total Fees Paid in Lieu of Salaries	1,391,542	18,333				

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-14 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Genesis Eldercare Hospitality Services, 101 East State Street, Kennett Square, PA 19348	Dietary Services	⊙	○	Common Ownership
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	⊙	○	Common Ownership
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	⊙	○	Common Ownership
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	⊙	○	Common Ownership
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	⊙	○	Common Ownership
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
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		○	○	
		○	○	

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	258,815	258,815		
2. Disability Insurance	$				
3. Unemployment Insurance	$	82,538	82,538		
4. Social Security (F.I.C.A.)	$	337,826	337,826		
5. Health Insurance	$	186,507	186,507		
6. Life Insurance (employees only)					
(not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory)	$				
(not-owners and not-operators)					
8. Uniform Allowance	$				
9. Other (*Specify*)	$	319,725	319,725		
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	265,671	265,671		
d. Accounting and Auditing	$				
e. Legal (*Services should be fully described on Page 7*)	$				
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	29,806	29,806		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	36,631	36,631		
2. Cellular Phones	$	2,004	2,004		
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22*)					
1. Income*	$				
2. Other (*Specify*)	$	1,971	1,971		
See Attached Schedule					
3. Resident Day User Fee	$	410,983	410,983		
Subtotal	$	1,932,477	1,932,477		

* 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

Willows Care and Rehabilitation Center
9/30/2015

Schedule of Other Employee Benefits

Description		CCNH	RHNS	(Specify)
3030520020	Union Health & Welfare	50,315.00	0	
3225520020	Union Health & Welfare	261,406.00	0	
5035520020	Union Health & Welfare	8,004.00	0	
0	0	-	0	
0	0	-	0	
0	0	-	0	
0	0	-	0	
0	0	-	0	
0	0	-	0	
0	0	-	0	
0	0	-	0	
Total		$ 319,725	$ -	$ -

Schedule of Other Taxes

Description		CCNH	RHNS	(Specify)
1020640110	Sales Tax	469.00	0	0
1020640110	Sales Tax	1,502.00	0	0
1020640110	Sales Tax	-	0	0
0	0	-		
Total		$ 1,971	$ -	$ -

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		1,932,477	1,932,477		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$				
3. Gifts to Staff and Residents	$				
4. Employee Travel	$	791	791		
5. Education Expenses Related to Seminars and Conventions	$	438	438		
6. Automobile Expense (*not purchase or depreciation*)	$				
7. Other (*Specify*) See Attached Schedule	$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$				
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)*** See Attached Schedule	$	11,428	11,428		
4. Fund-Raising***	$				
5. Medical Records	$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$	3,437	3,437		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	7,992	7,992		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions	$	956	956		
10. Contributions*** See Attached Schedule	$	1,246	1,246		
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual*)	$	1,552	1,552		
12. Administrative Management Services**	$	513,916	513,916		
13. Other (*Specify*) See Attached Schedule	$	1,176,910	1,176,910		
C-14 Total Administrative & General Expenditures	$	3,651,144	3,651,144		

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

Schedule of Other Advertising

Description		CCNH	RHNS	(Specify)
1020630020	Advertising	1579.95	0	0
1020630020	Advertising	384.88	0	0
1020630020	Advertising	1015.57	0	0
1020630330	Marketing Expense	3775.02	0	0
1020630330	Marketing Expense	25.57	0	0
1020630330	Marketing Expense	481.06	0	0
1020630331	Marketing Exp- Corpo	802.73	0	0
1020630331	Marketing Exp- Corpo	3363.31	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
Total Other Advertising		$ 11,428	$ -	$ -

Schedule of Dues

Description		CCNH	RHNS	(Specify)
1020630310	License Fees	7992	0	0
1020630310	0	0	0	0
1020630310	0	0	0	0
1020630310	0	0	0	0
1020630310	0	0	0	0
1020630310	0	0	0	0
1020630310	0	0	0	0
1020630310	0	0	0	0
1020630310	0	0	0	0
1020630310	0	0	0	0
			0	0
			0	0
			0	0
Total Dues		$ 7,992	$ -	$ -

Schedule of Contributions

Description		CCNH	RHNS	(Specify)
1020630130	Contributions	1246	0	0
1020630135	Political Contribution	0	0	0
0	0	0	0	0
Total Contributions		$ 1,246	$ -	$ -

Schedule of Other Administrative and General

Description		CCNH	RHNS	(Specify)
1020630060	Bank Service Charges	6771.76	0	0
1020630120	Collection Fees	80	self-disallowed	0
1020630120	Collection Fees	22.97	self-disallowed	0
1020630120	Collection Fees	66.38	self-disallowed	0
1020630140	Education Expense	64.02	0	0
1020630140	Education Expense	38.89	0	0
1020630180	Employee Physicals	9369.86	0	0
1020630200	Employee Relations	4230	0	0
1020630200	Employee Relations	212.09	0	0
1020630380	Printing	12.26	0	0
1020630380	Printing	20.56	0	0
1020630380	Printing	154.48	0	0
1020630610	Training Expense	63.33	0	0
1020630610	Training Expense	84.03	0	0
1020630610	Training Expense	652.2	0	0
1020630640	Uniforms	421.68	0	0
1020640080	Fines & Penalties	450	self-disallowed	0
1020640090	Miscellaneous	689.01	0	0
1020640090	Miscellaneous	0.77	0	0
1020660990	Accrued Expense Esti	-887.99	self-disallowed	0
5095720020	Cap Stk/Franchise Ta	1150.8	0	0
5095720090	Landlord Operating Ta	2400	0	0
7010800030	Non-recurring Charges	1147392.15	0	0
1020630200	Employee Relations	50	0	0
1020630120	Collection Fees	4300.86	self-disallowed	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
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Total Other Administrative and General		$ 1,176,910	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Willows Care and Rehabilitation Center	License No. 2202-C	Report for Year Ended 9/30/2015	Page 17 of 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 #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	438,099	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	44,716	Capital Interest	pg 26 12-A-1

*** 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.**

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-18 Rev. 9/2002

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
Willows Care and Rehabilitation Center	2202-C	9/30/2015	18	37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	146,239	146,239		
2. Non-Food Supplies	$	18,988	18,988		
3. Other (*Specify*)_____	$	(580)	(580)		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Management Services**	$				
d. Other (*Specify*)_____	$				
2E. ***Total Dietary Expenditures*** (2a + b + c + d)	$	164,647	164,647		

		Total	CCNH	RHNS	(Specify)
2F.	Dietary Questionnaire				
G.	Resident Meals: Total no. of meals served per day:*				

H.	Is cost of employee meals included in 2E?	○ Yes	⊙ No	
I.	Did you receive revenue from employees?	○ Yes	⊙ No	If yes, specify amt.
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	○ Yes	⊙ No	If yes, specify cost.
L.	Is any revenue collected from these people?	○ Yes	⊙ No	If yes, specify amt.
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	○ Yes	⊙ No	If yes, specify cost.
O.	Is any revenue collected from employees?	○ Yes	⊙ No	If yes, specify amt.
P.	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.
** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-19 Rev. 9/2002

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

Name of Facility Willows Care and Rehabilitation Center	License No. 2202-C	Report for Year Ended 9/30/2015		Page 19 | of 37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry a. In-House Processing* Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** Amt. $	4,689	4,689		
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. $	8,045	8,045		
b. Purchased Services *(by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)* $	150,701	150,701		
c. Management Services** $				
d. Other (*Specify*) $				
3E. ***Total Laundry Expenditures*** (3a + b + c + d) $	163,435	163,435		

3F.	Laundry Questionnaire			
G.	Is cost of employee laundry included in 3E?	○ Yes	⊙ No	If yes, specify cost.
H.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
K.	Did you receive revenue from these people?	○ Yes	⊙ 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-20 Rev. 9/2002

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
Willows Care and Rehabilitation Center	2202-C	9/30/2015	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	18,549	18,549		
b. Purchased Services (*by contract other than through Management Services*)	Sq. Ft. Serviced by Personnel					
(*Complete Schedule C-2 att. Page 21*)	Amt.	$	225,328	225,328		
c. Management Services*		$				
d. Other (*Specify*)		$				
4E. ***Total Housekeeping Expenditures*** (4a + b + c + d)		$	243,877	243,877		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$	473,024	473,024		
b. Medicine Cabinet Drugs		$	17,749	17,749		
c. Medical and Therapeutic Supplies		$	133,380	133,380		
d. Ambulance/Limousine***		$	14,314	14,314		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	29,002	29,002		
f. X-rays and Related Radiological Procedures***		$	41,423	41,423		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	47,407	47,407		
i. Recreation		$	24,810	24,810		
j. Other (Specify)**** See Attached Schedule		$	71,938	71,938		
5K. ***Total Resident Care Expenditures*** (5a - 5j)		$	853,047	853,047		

* 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.

Willows Care and Rehabilitation Center
9/30/2015

Attachment Page 20

Schedule of Other Resident Care

Description		CCNH	RHNS	(Specify)
3060610160	Incontinency	34142.66	0	0
3060610161	Incontinency - Rebates	-2046.75	0	0
3080630030	Advertising-Help Wan	662.54	0	0
3080630140	Education Expense	2192.19	0	0
3080630140	Education Expense	151.08	0	0
3080630140	Education Expense	590.37	0	0
3080630310	Licenses & Certificatio	385	0	0
3120630530	Supplies	1027.71	0	0
3155630530	Supplies	-490.25	0	0
3155630530	Supplies	10248.8	0	0
3090630535	Office Supplies	322.06	0	0
3165630535	Office Supplies	28.21	0	0
3120660080	Rental Expense	859.51	0	0
3155660080	Rental Expense	789.39	0	0
3155660080	Rental Expense	7055.87	0	0
3010610300	Consolidated Billing	16019.87	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
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Total Other Resident Care		$ 71,938	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-21 Rev. 10/2001

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

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	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
Healthcare Services Group	Drive, Bensalem, PA 19020	⊙	○	Vendor Contracted	Laundry Purchased Services	150,701			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	⊙	○	Vendor Contracted	Housekeeping Purchased Services	225,121			20	4b
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							

* 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).

State of Connecticut
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 Willows Care and Rehabilitation Center	License No. 2202-C	Report for Year Ended 9/30/2015			Page 22 of 37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	202,388	202,388		
b. Heat	$	90,756	90,756		
c. Light & Power	$	157,085	157,085		
d. Water	$	38,944	38,944		
e. Equipment Lease (*Provide detail on page 6*)	$				
f. Other (*itemize*)	$				
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	489,173	489,173		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$	(2,197)	(2,197)		
b. Building & Building Improvements	$	(116,684)	(116,684)		
c. Non-Movable Equipment	$	21,144	21,144		
d. Movable Equipment	$	27,597	27,597		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	(70,139)	(70,139)		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$				
c. Leasehold Improvements	$				
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$				
9. Rental payments on leased real property less real estate taxes included in item 10b	$	1,238,121	1,238,121		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	234,788	234,788		
c. Personal property taxes	$				
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	1,402,770	1,402,770		

* 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)
Total Other Repairs and Maintenance	$ -	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2006

Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	23	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	13,984		13,984	2,197	S/L	Various	(0)	
2. Disposals (attach schedule)	(13,984)		(13,984)				(2,197)	
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								(2,197)
B. **Building and Building Improvements**								
1. Acquired prior to this report period	800,250		800,250	118,422	S/L	Various	0	
2. Disposals (attach schedule)	(800,250)		(800,250)				(118,422)	
3. Acquired during this report period (attach schedule)	138,052		138,052				1,738	
B-4. Subtotal								(116,684)
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	191,317		191,317	37,233	S/L	Various	21,144	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								21,144

	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.									S/L	Various		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					169,863		169,863	49,258	S/L	Various	27,107	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					21,262		21,262				491	
D-3. Subtotal												27,597
E. *Total Depreciation*												(70,140)

Willows Care and Rehabilitation Center
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Total additions for Land Improvements		0		0	*
Deletions:					
41851	Exterior Signage	$ (3,410)	10	$ (57)	
41455	Exterior signage	$ (3,667)	10	$ (458)	
41486	Pavers and installation	$ (2,866)	10	$ (334)	
41547	Asphalt repairs and striping	$ (4,041)	3	$ (1,347)	
Total deletions for Land Improvements		$ (13,984)		$ (2,197)	**

***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:					
2/28/2015	Video monitoring system	3,392.57	10.00	197.90	
7/31/2015	Ames backflow	6,710.69	20.00	55.92	
7/31/2015	Permit for backflow	339.98	20.00	2.83	
7/31/2015	Flooring adhesive cove base	64,391.75	10.00	1,073.20	
8/31/2015	KABA Light-Duty Electronic P	432.56	20.00	1.80	
8/31/2015	Carpet and cove base	2,873.85	10.00	23.95	
8/31/2015	Vinyl plank flooring	45,928.13	10.00	382.73	
9/30/2015	Vinyl plank flooring and cove b	13,982.64	10.00	-	
Total additions for Building Improvements		$ 138,052		$ 1,738	*

Deletions:				
1/31/2013	ASCO transfer switch	(23,586.81)	20.00	(1,965.57)
3/31/2013	Major repairs to generator	(7,732.26)	20.00	(579.92)
4/30/2013	Installed inspectors test connec	(900.41)	20.00	(63.78)
4/30/2013	Small fire panel installed chime	(2,013.21)	20.00	(142.61)
4/30/2013	6 in butterfly valve	(1,753.46)	20.00	(124.20)
6/30/2013	Chime strobes	(1,271.95)	20.00	(79.50)
10/31/2013	Electrical work for automatic d	(3,610.58)	20.00	(165.49)
12/31/2013	New shower pan	(6,952.40)	20.00	(260.72)
12/31/2013	Replacement of WSHP	(5,104.80)	20.00	(191.43)
12/31/2013	Command Aire WSHP	(4,838.93)	20.00	(181.46)
12/31/2013	Sprinkler branch line piping	(14,174.39)	20.00	(531.54)
12/31/2013	Sprinkler branch line piping	(23,281.61)	20.00	(873.06)
1/31/2014	INSTALL NEW BALL VALV	(2,150.57)	20.00	(71.69)
6/30/2014	Accelerator on dry sprinkler sy	(1,678.20)	20.00	(20.98)
12/1/2012	Sun Valuation - PPE Building	(582,190.00)	11.00	(97,031.66)
6/30/2013	Gutters PVC trim work paint	(14,548.68)	15.00	(1,212.39)
10/31/2013	Sealing walls fire stopping	(16,822.09)	15.00	(1,028.01)
10/31/2013	Furnish and install auto door e	(8,431.60)	15.00	(515.27)
5/31/2014	Watts backflow	(939.77)	15.00	(20.89)
5/31/2014	Tarket plank flooring	(2,362.70)	10.00	(78.76)
12/31/2012	CLA120165SECONDFRAC	(75,906.00)	10.00	(13,283.55)
Total deletions for Building Improvements		$ (800,250)		$ (118,422) **

***Ties to Page 23, Line B3**

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

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				

Total additions for Non-Movable Equipment		$ -		$ -
Deletions:				
Total deletions for Non-Movable Equipment		$ -		$ -

**

***Ties to Page 23, Line C3**

****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2014	Tracer EX2 wheelchair	250.00	10.00	22.92
10/31/2014	Tracer EX2 wheelchair and foo	127.96	10.00	11.73
11/30/2014	Tracer EX2 Wheelchair, Stock,	104.31	10.00	8.69
11/30/2014	Tracer EX2 Wheelchair, Stock,	104.31	10.00	8.69
11/30/2014	Tracer EX2 wheelchair and foo	127.96	10.00	10.66
12/31/2014	1.6 cu ft medical grade refrigera	527.55	10.00	39.57
12/31/2014	(2) 1.6 cu ft medical grade refri	1,055.08	10.00	79.13
5/31/2015	Tracer EX2 Wheelchair/legrests	163.76	10.00	5.46
6/30/2015	Tracer EX2 Wheelchair, Stock,	355.85	10.00	8.90
6/30/2015	Touch-free Counter Ice Maker	3,332.99	10.00	83.32
11/30/2014	Logan Office Chair	163.89	10.00	13.66
11/30/2014	Logan Office Chair	163.89	10.00	13.66
12/31/2014	1 HP laserjet pro	445.15	3.00	111.29
5/31/2015	Mobile Iron licenses deployed 5	15.90	3.00	1.77
5/31/2015	Cabling for fax line	375.00	7.00	17.86
8/31/2015	Overbed night tables	474.48	10.00	3.95
8/31/2015	Attendant Bladder Scanner Prol	1,716.41	7.00	20.43
8/31/2015	48i Round Table, Espresso Fini	1,083.82	10.00	9.03
8/31/2015	Martin Collection, Chair	2,378.94	10.00	19.82
9/30/2015	4 overbed tables	379.58	10.00	-
9/30/2015	1 HP M425DN & tag	448.72	3.00	-

Total additions for Movable Equipment		$ 21,262		$ 491	*
Deletions:					
Total deletions for Movable Equipment		$ -		$ -	**

***Ties to Page 23, Line D2c**

****Ties to Page 23, Line D2b**

Schedule of Leasehold Improvements Acquired during this report period

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

***Ties to Page 24, Line C3**

****Ties to Page 24, Line C2**

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	24	37

Item	Date of Acquisition: Month	Date of Acquisition: Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1.									
2.									
3.									
B-4. Subtotal									
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. ***Total Amortization***									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-25 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Cente	2202-C	9/30/2015	25	37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* ○ Yes ⊙ No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	
3. If **NOT** Original Owner, Date of Purchase	
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	90
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
SABRA, 101 Sun Ave. NE, Albuquerque, NM 87109	Facility Lease	11/15/10 - 6/30	127 months	1,238,121

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

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

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

Name of Facility	License No.	Report for Year Ended	Page of
Willows Care and Rehabilitation Cente	2202-C	9/30/2015	26 | 37

Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	$	44,716	44,716		
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)	$	44,716	44,716		

(Carry Subtotals forward to next page)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-27 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Willows Care and Rehabilitation Ce	2202-C	9/30/2015	27 | 37

Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				44,716	44,716		
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*)			$				
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D)			$	44,716	44,716		
14. Insurance							
a. Insurance on Property (buildings only)			$	4,591	4,591		
b. Insurance on Automobiles			$				
c. Insurance other than Property (as specified above)							
1. Umbrella (*Blanket Coverage*)			$	111,221	111,221		
2. Fire and Extended Coverage			$				
3. Other (*Specify*)			$				
14d. ***Total Insurance Expenditures (14a + b + c)***			$	115,812	115,812		
15. ***Total All Expenditures (A-13 thru C-14)***			$	13,108,398	13,108,398		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-28 Rev. 9/2002

D. Adjustments to Statement of Expenditures

Name of Facility Willows Care and Rehabilitation Center				License No. 2202-C	Report for Year Ended 9/30/2015		Page 28 of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs $				
2.			Salaries not related to Resident Care $				
3.			Occupational Therapy $				
4.			Other - See attached Schedule $	16,962	16,962		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians ** $				
6.		B-10	Occupational Therapy $				
7.			Other - See attached Schedule $	1,301,709	1,301,709		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits $				
9.	15	1-c	Bad Debts $	265,671	265,671		
10.			Accounting & Legal $				
11.			Telephone $				
12.			Cellular Telephone $				
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	m-2 &	Unallowable Advertising * $	11,428	11,428		
19.			Income Tax / Corporate Business Tax $				
20.			Fund Raising / Contributions $	1,246	1,246		
21.			Unallowable Management Fees $	558,632	558,632		
22.			Barber and Beauty $				
23.			Other - See attached Schedule $	1,150,524	1,150,524		
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) $	3,306,172	3,306,172		

* 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	2	Administrator's salary disallowed	0	16962	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
Total Other Salaries Adjustment				$ 16,962	$ -	$ -

Schedule of Fees Adjustments

Page Ref	Line Ref		Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	123352.28	0	0
13	5	Rehabilitation Services	3195620020	1032902.52	0	0
13	9	Speech Therapist	3170620020	34396.38	0	0
13	10	Occupational Therapist	3105620020	105346.89	0	0
13	12	Other	3010620020	0.04	0	0
13	12	Other	3015620020	0	0	0
13	12	Respiratory Purchased Servies	3155620020	5710.56	0	0
					0	0
					0	0
					0	0
					0	0
					0	0
Total Other Fees Adjustments				$ 1,301,709	$ -	$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref		Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	1020630120	4470.21	0	0
16	m-8a	Chamber of Commerce	1020630310	0	0	0
16	m-13	Estimated Accrual	1020660990	-887.99	0	0
16	m-13	Fines & Penalties	1020640080	-450	0	0
16	m-13	Non-recurring Charges	7010800030	1147392.15	0	0
16	m12	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
Total Other A&G Adjustments				$ 1,150,524	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-29 Rev. 10/2006

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

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	29	37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	$	3,306,172	3,306,172		
Page 20 - Resident Care Supplies***								
27.	20	5-a-2	Prescription Drugs	$	473,024	473,024		
28.	20	5-d	Ambulance/Limousine	$	14,314	14,314		
29.	20	5-f	X-rays, etc	$	41,423	41,423		
30.	20	5-h	Laboratory	$	47,407	47,407		
31.			Medical Supplies	$				
32.	20	5-e-2	Oxygen (non emergency)	$	29,002	29,002		
33.			Occupational Therapy	$				
34.			Other - See Attached Schedule	$	44,813	44,813		
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.			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	$	87,200	87,200		
Not For Profit Providers Only								
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	$				
51.	***Total Amount of Decrease (Items 1 - 50)***			$	4,043,356	4,043,356		

*** 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.

Attachment Page 29

Willows Care and Rehabilitation Center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	16019.87	3010610300	0
20	5-j	Respiratory Supplies	9758.55	3155630530	0
20	5-j	Respiratory Rental	7845.26	3155660080	0
20	5-i	Cable TV	11189.69	3005660130	allow $3600
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
Total Other Ancillary Costs			$ 44,813	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
Total Excess Movable Equipment Depreciation			$ -	$ -	$ -

Schedule of Other Property Adjustments

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

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14 c1	General liability Insurance Adjust	87199.84655	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
Total Other Adjustments			$ 87,200	$ -	$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
Total Unallowable Building Interest			$ -	$ -	$ -

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

F. Statement of Revenue

Name of Facility / License No.	Report for Year Ended	Page of
Willows Care and Rehabilitation Center 2202-C	9/30/2015	30 | 37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	7,882,151	7,882,151		
b. Medicaid Room and Board Contractual Allowance **	$	(3,979,176)	(3,979,176)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	5,228,350	5,228,350		
b. Medicare Room and Board Contractual Allowance **	$	(1,857,429)	(1,857,429)		
4. a. Private-Pay Residents and Other	$	2,764,114	2,764,114		
b. Private-Pay Room and Board Contractual Allowance **	$	(1,105,344)	(1,105,344)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	377,636	377,636		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(134,159)	(134,159)		
c. Prescription Drugs - Non-Medicare	$	146,270	146,270		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(58,392)	(58,392)		
2. a. Medical Supplies - Medicare	$	477	477		
b. Medical Supplies - Medicare Contractual Allowance **	$	(170)	(170)		
c. Medical Supplies - Non-Medicare	$	91	91		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$	(40)	(40)		
3. a. Physical Therapy - Medicare	$	1,249,963	1,249,963		
b. Physical Therapy - Medicare Contractual Allowance **	$	(444,063)	(444,063)		
c. Physical Therapy - Non-Medicare	$	356,742	356,742		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(145,380)	(145,380)		
4. a. Speech Therapy - Medicare	$	201,288	201,288		
b. Speech Therapy - Medicare Contractual Allowance **	$	(71,510)	(71,510)		
c. Speech Therapy - Non-Medicare	$	44,949	44,949		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(18,587)	(18,587)		
5. a. Occupational Therapy - Medicare	$	1,324,541	1,324,541		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(470,558)	(470,558)		
c. Occupational Therapy - Non-Medicare	$	357,013	357,013		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(144,267)	(144,267)		
6. a. Other *(Specify)* - Medicare	$	45,941	45,941		
b. Other *(Specify)* - Non-Medicare	$	17,342	17,342		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	11,567,793	11,567,793		
IV. Other Revenue *					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$	2,901	2,901		
5. Interest Income *(Specify)*	$	508	508		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	4,455	4,455		
*V. **Total Other Revenue*** (1 thru 8)	$	7,864	7,864		
*VI. **Total All Revenue*** (III +V)	$	11,575,657	11,575,657		

* *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)
II-6-a	Medicare Part A	X-Ray	28,079.11	-	0
II-6-a	Medicare Part A	Radiology Service	-	-	0
II-6-a	Medicare Part A	Outpatient Therapy Program	-	-	0
II-6-a	Medicare Part A	Laboratory	29,825.20	-	0
II-6-a	Medicare Part A	Respiratory Therapy & Supplie	9,985.53	-	0
II-6-a	Medicare Part A	Nursing Treatment Supplies	-	-	0
II-6-a	Medicare Part A	Audiology	-	-	0
II-6-a	Medicare Part A	Incontinency	-	-	0
II-6-a	Medicare Part A	Oxygen & Supplies	615.00	-	0
II-6-a	Medicare Part A	Physician Visit	-	-	0
II-6-a	Medicare Part A	Ambulance	-	-	0
II-6-a	Medicare Part A	Flu Shot	2,750.00	-	0
II-6-a	Contractuals-Medicare	X-Ray	(9,975.41)	-	0
II-6-a	Contractuals-Medicare	Radiology Service	-	-	0
II-6-a	Contractuals-Medicare	Outpatient Therapy Program	-	-	0
II-6-a	Contractuals-Medicare	Laboratory	(10,595.73)	-	0
II-6-a	Contractuals-Medicare	Respiratory Therapy & Supplie	(3,547.47)	-	0
II-6-a	Contractuals-Medicare	Nursing Treatment Supplies	-	-	0
II-6-a	Contractuals-Medicare	Audiology	-	-	0
II-6-a	Contractuals-Medicare	Incontinency	-	-	0
II-6-a	Contractuals-Medicare	Oxygen & Supplies	(218.49)	-	0
II-6-a	Contractuals-Medicare	Physician Visit	-	-	0
II-6-a	Contractuals-Medicare	Ambulance	-	-	0
II-6-a	Contractuals-Medicare	Flu Shot	(976.97)	-	0
Total Other Resident Revenue Medicare			$ 45,941	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	-	-	-
II-6-b	Medicaid	Radiology Service	-	-	-
II-6-b	Medicaid	Outpatient Therapy Program	-	-	-
II-6-b	Medicaid	Laboratory	280.95	-	-
II-6-b	Medicaid	Respiratory Therapy & Supplie	1,295.40	-	-
II-6-b	Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Medicaid	Audiology	-	-	-
II-6-b	Medicaid	Incontinency	-	-	-
II-6-b	Medicaid	Oxygen & Supplies	1,230.00	-	-
II-6-b	Medicaid	Physician Visit	-	-	-
II-6-b	Medicaid	Ambulance	-	-	-
II-6-b	Medicaid	Flu Shot	-	-	-
II-6-b	Contractuals Medicaid	X-Ray	-	-	-
II-6-b	Contractuals Medicaid	Radiology Service	-	-	-
II-6-b	Contractuals Medicaid	Outpatient Therapy Program	-	-	-
II-6-b	Contractuals Medicaid	Laboratory	(141.83)	-	-
II-6-b	Contractuals Medicaid	Respiratory Therapy & Supplie	(653.96)	-	-
II-6-b	Contractuals Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals Medicaid	Audiology	-	-	-
II-6-b	Contractuals Medicaid	Incontinency	-	-	-

II-6-b	Contractuals Medicaid	Oxygen & Supplies	(620.95)	-	-
II-6-b	Contractuals Medicaid	Physician Visit	-	-	-
II-6-b	Contractuals Medicaid	Ambulance	-	-	-
II-6-b	Contractuals Medicaid	Flu Shot	-	-	-
II-6-b	Private and Other	X-Ray	13,404.45	-	-
II-6-b	Private and Other	Radiology Service	-	-	-
II-6-b	Private and Other	Outpatient Therapy Program	-	-	-
II-6-b	Private and Other	Laboratory	11,362.60	-	-
II-6-b	Private and Other	Respiratory Therapy & Supplies	1,776.69	-	-
II-6-b	Private and Other	Nursing Treatment Supplies	-	-	-
II-6-b	Private and Other	Audiology	-	-	-
II-6-b	Private and Other	Incontinency	-	-	-
II-6-b	Private and Other	Oxygen & Supplies	-	-	-
II-6-b	Private and Other	Physician Visit	-	-	-
II-6-b	Private and Other	Ambulance	-	-	-
II-6-b	Private and Other	Flu Shot	39.16	-	-
II-6-b	Private and Other	Capitation Contracts	-	-	-
II-6-b	Contractuals-Non-Medicaid	X-Ray	(5,360.32)	-	-
II-6-b	Contractuals-Non-Medicaid	Radiology Service	-	-	-
II-6-b	Contractuals-Non-Medicaid	Outpatient Therapy Program	-	-	-
II-6-b	Contractuals-Non-Medicaid	Laboratory	(4,543.80)	-	-
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplies	(710.48)	-	-
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid	Audiology	-	-	-
II-6-b	Contractuals-Non-Medicaid	Incontinency	-	-	-
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid	Physician Visit	-	-	-
II-6-b	Contractuals-Non-Medicaid	Ambulance	-	-	-
II-6-b	Contractuals-Non-Medicaid	Flu Shot	(15.66)	-	-
			-		
Total Other Resident Revenue			$ 17,342	$ -	$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 30 line 1	430055	Interest On Overdue Accounts	507.88	0	0
0	0	0	-	0	0
0	0	0	-	0	0
Total Interest Income			$ 508	$ -	$ -

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	(Specify)
Pg 30 line 1	DONATION FOR FACILT	430060	2,174.43	-	-
Pg 30 line 1	MEDICAL RECORDS	0	2,280.85	-	-
Pg 30 line 1	0	0	-	-	-
Pg 30 line 1	0	0	-	-	-
Pg 30 line 1	0	0	-	-	-
Pg 30 line 1	0	0	-	-	-
Total Other Revenue			$ 4,455	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 5,190
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 1,316,856
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$ 13,241
4 Inventories				$ 39,348
5. Prepaid Expenses				$ 62,260
a. Prepaid Expenses				
b. Prepaid Property Tax		56,854		
c. Prepaid Personal Property Tax				
d. Prepaid Personal Property Tax		5,406		
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 1,436,895
B. Fixed Assets				
1. Land				$
2. Land Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
3. Buildings	*Historical Cost	138,052		$ 136,314
	Accum. Depreciation	1,738	Net	
4. Leasehold Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	191,317		$ 132,940
	Accum. Depreciation	58,377	Net	
6. Movable Equipment	*Historical Cost	191,125		$ 114,270
	Accum. Depreciation	76,855	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 383,524

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

(Carry Total forward to next page)

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	32	37

Account				Amount
			Total Brought Forward:	$ 1,820,419
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				$
2. Land Improvements	*Historical Cost			
	Accum. Depreciation		Net	$
3. Buildings	*Historical Cost			
	Accum. Depreciation		Net	$
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation		Net	$
7. Minor Equipment-Not Depreciable				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$
D. Investment and Other Assets				
1. Deferred Deposits				$
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$ (3,526,927)
I/C Due to/Due From Owned			(3,526,927)	
I/C Due to/Due From Multicare				
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ (3,526,927)
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ (1,706,508)

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	33	37

Account	Amount
Liabilities	
A. Current Liabilities	
1. Trade Accounts Payable	$ 434,597
2. Notes Payable (*itemize*)	$
3. Loans Payable for Equipment (*Current portion*) (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

4. Accrued Payroll(*Exclusive of Owners and/or Stockholders only*)	$ 325,135
5. Accrued Payroll (*Owners and/or Stockholders only*)	$
6. Accrued Payroll Taxes Payable	$
7. Medicare Final Settlement Payable	$
8. Medicare Current Financing Payable	$
9. Mortgage Payable (*Current Portion*)	$
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)	$
11. Accrued Income Taxes*	$
12. Other Current Liabilities (*itemize*)	$ 458,339

Accrued Provider/Bed Tax	98,878	Accr Sales and Use Tax	11,640
A/R Credit Gross Up Liability	138,599	Deferred Revenue	18,185
Accr Exp Water and Sewer	19,350	Accr Exp Suspense	(289)
Accr Exp Other	171,976	Accr Sales and Use Tax	-

A-13. ***Total Current Liabilities*** (Lines A1 thru 12)	$ 1,218,071

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

(Carry Total forward to next page)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	34	37

Account				Amount
			Total Brought Forward:	1,218,071
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (*Itemize*)				$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				$
3. Loans from Owners or Related Parties (*Itemize*)				$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (*Itemize*)				$ 198,438
LT Debt-Financing Obligation	198,438			
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)				$ 198,438
C. ***Total All Liabilities*** (Lines A-13 + B-5)				$ 1,416,509

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-35 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Cente	2202-C	9/30/2015	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 *(Equity)*	$
	4. Reserve for leasehold real properties on which fair rental value is based	$
	5. Reserve for funds set aside as donor restricted	$
	6. Total Reserves	$
B.	**Net Worth**	
	1. Owner's Capital	$
	2. Capital Stock	$
	3. Paid-in Surplus	$
	4. Treasury Stock	$
	5. Cumulated Earnings	$ (1,590,278)
	6. Gain or Loss for Period 10/1/2014 thru 9/30/2015	$ (1,532,741)
	7. Total Net Worth	$ (3,123,019)
C.	***Total Reserves and Net Worth***	$ (3,123,019)
D.	***Total Liabilities, Reserves, and Net Worth***	$ (1,706,510)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-36 Rev. 6/95

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	36	37

Account				Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2014			$ (1,590,278)
B.	Total Revenue (*From Statement of Revenue Page 30*)			$ 11,575,657
C.	Total Expenditures (*From Statement of Expenditures Page 27*)			$ 13,108,398
D.	Net Income or Deficit			$ (1,532,741)
E.	Balance			$ (3,123,019)
F.	Additions			
	1. Additional Capital Contributed (*itemize*)			
	2. Other (*itemize*)			
F-3.	Total Additions			$
G.	Deductions			
	1. Drawings of Owners/Operators/Partners (*Specify*)			$
	Name and Address (*No., City, State, Zip*)	Title	Amount	
	2. Other Withdrawings (*Specify*)			$
	Purpose		Amount	
	3. Total Deductions			$
H.	***Balance at End of Period*** 09/30/15			$ (3,123,019)

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

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Willows Care and Rehabilitation Center	2202-C	9/30/2015	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed
Thomas J. Farnan	Sr. Director of Reimbursement	12/28/2015

Printed Name of Preparer

Thomas Farnan Title -Sr. Director of Reimbursement

Addres Address	Phone Number
200 Brickstone Square, Andover, MA 01810	978-247-5029