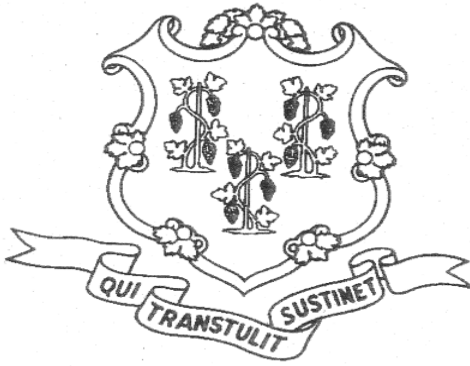


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing Center	
Address (No. & Street, City, State, Zip Code) 26 Shenipsit Lake Road, Tolland, CT 06084	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2099C	RHNS	(Specify)	Medicare Provider 07-5382
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Medicaid Provider Numbers:	CCNH 20991	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tol	2099C	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 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 ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing 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
Printed Name (Administrator) Paul Golino, Assistant Vice President, Financial Svcs			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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing Center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 26 Shenipsit Lake Road, Tolland, CT 06084				
Report Prepared By Christopher Pelletier, ECHN ElderCare Services, Inc.		Phone Number (860) 646-1222 ext. 22	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (860) 872-2999		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Re		Address (No. & Street, City, State, Zip) 26 Shenipsit Lake Road, Tolland, CT 06084		
License Numbers:	CCNH 2099C	RHNS	(Specify)	Medicare Provider No. 07-5382
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Kathy Mon		Nursing Home Administrator's License No.:	001751	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility ECHN ElderCare Services, Inc. d/b/a Woodlake at Toll	License No. 2099C	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	%**				
Professional Foundation, Inc.	71 Haynes Street, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Medical Director	13/B8a	57,000	57,000
Eastern CT Health Network	71 Haynes Street, Manchester, CT 06040	<input type="radio"/>	<input checked="" type="radio"/>		Legal, Financial, HR, and Administration (disallowed on p. 28)	16/m12	349,589	349,589
ECHN Community HealthCare Foundation, Inc.	71 Haynes Street, Manchester, CT 06040	<input type="radio"/>	<input checked="" type="radio"/>		Fundraising administration (disallowed on p. 28)	16/m4	3,452	3,452
Rockville General Hospital	31 Union Street, Vernon, CT 06066	<input checked="" type="radio"/>	<input type="radio"/>	99%	Laboratory (disallowed on p. 29)	20/5H	77,617	77,617
CorpCare Occupational Health	71 Haynes Street, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Employee physicals	15/1A9	29,254	29,254
Rockville General Hospital	31 Union Street, Vernon, CT 06066	<input checked="" type="radio"/>	<input type="radio"/>	99%	Building maintenance management	22/6f	139,548	139,548
Ambulance Service of Manchester	PO Box 300, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Ambulance Services (disallowed on p.28)	20/5d	2,548	2,548
		<input checked="" type="radio"/>	<input type="radio"/>					
		<input checked="" 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 ECHN ElderCare Services, Inc. d/b/a Woodlake	License No. 2099C	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.

ECHN is the parent company of Woodlake. Revenues and expenses of ECHN were allocated to Woodlake based on a fixed percentage. The percentage was determined based on the percentage of Woodlake revenue to the total revenues of the system. ECHN Community HealthCare Foundation, Inc. is an affiliated company which operates exclusively for charitable and educational purposes and supervises the development activities of ECHN. Revenues and expenses were allocated to Woodlake based on Woodlake's beneficial interest in the Foundation. These expenses were disallowed on

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			License No.	Report for Year Ended			Page	of
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland			2099C	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						
Pitney Bowes Credit Corporation, 27 Waterview Drive, Shelton, CT 06484-4361	<input type="radio"/>	<input checked="" type="radio"/>	Digital mail machine, postage meter	10/22/13	10/22/13 - 10/22/18	2,529	2,529	
	<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"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes	<input type="radio"/> No
Total ***							2,529	

* 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 ECHN ElderCare Services, Inc. d/b	License No. 2099C	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	Address (No. & Street, City, State, Zip Code)
1 Whittlesey & Hadley	147 Charter Oak Ave., Hartford, CT 06106
2 Saslow, Lufkin and Buggy	175 Powder Forest Drive, Simsbury, CT 06089
3	
4	

Services Provided by This Firm (*describe fully*)

1 Pension plans preparation and filings	\$ 3,530
2 Financial statement audit, IRS 990 tax return preparation	\$ 27,588
3	\$
4	\$
	Charge for Services Provided
	\$ 31,118

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Robinson & Cole	860-275-8200
2	
3	
4	
5	

Address (*No. & Street, City, State, Zip Code*)
 1 280 Trumbull Street, Hartford, CT
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Financing, debt related issues	\$ 750
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 750

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

Schedule of Resident Statistics

Name of Facility			License No.			Report for Year Ended				Page		of	
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitatio			2099C			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	130	130			130	130			130	130			
B. On last day of THIS report period	130	130			130	130			130	130			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	122	122			122	122			125	125			
B. As of midnight of THIS report period	127	127			125	125			127	127			
3. Total Number of Days Care Provided During Period													
A. Medicare	9,497	9,497			7,437	7,437			2,060	2,060			
B. Medicaid (Conn.)	26,690	26,690			19,758	19,758			6,932	6,932			
C. Medicaid (other states)													
D. Private Pay	5,575	5,575			3,957	3,957			1,618	1,618			
E. State SSI for RCH													
F. Other (Specify)	2,995	2,995			2,155	2,155			840	840			
G. Total Care Days During Period (3A thru F)	44,757	44,757			33,307	33,307			11,450	11,450			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	32	32			16	16			16	16			
B. Other Bed Reserve Days	36	36			23	23			13	13			
5. Total Resident Days (3G + 4A + 4B)	44,825	44,825			33,346	33,346			11,479	11,479			

Schedule of Resident Statistics (Cont'd)

Name of Facility ECHN ElderCare Services, Inc. d/b/a Woodlark			License No. 2099C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	22		76		29								
Per Diem Rate													
a. One bed rm.	552.99		240.59		460.00								
b. Two bed rms.					424.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								5,542	5,542				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								110	110				
C. Other								39,291	39,291				
D. Total Physical Therapy Treatments								44,943	44,943				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								419	419				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								12	12				
C. Other								2,400	2,400				
D. Total Speech Therapy Treatments								2,831	2,831				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,535	1,535				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								61	61				
C. Other								43,347	43,347				
D. Total Occupational Therapy Treatments								44,943	44,943				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland F	2099C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	164,697	1,955				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	298,951	16,860				
5. Dietary Service						
a. Head Dietitian	66,569	2,292				
b. Food Service Supervisor	139,935	4,246				
c. Dietary Workers	433,987	28,476				
6. Housekeeping Service						
a. Head Housekeeper	24,387	978				
b. Other Housekeeping Workers	251,512	18,546				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor	24,387	978				
b. Other Laundry Workers	9,458	533				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	110,582	4,025				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	197,774	3,911				
b. RN						
1. Direct Care	2,042,186	59,837				
2. Administrative**	317,669	7,930				
c. LPN						
1. Direct Care	682,388	23,037				
2. Administrative**						
d. Aides and Attendants	2,326,328	148,672				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	128,915	6,836				
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	239,504	8,198				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,459,229	337,310				

* 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
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation Center				2099C	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.

**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	
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilita				2099C	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***										
Katherine Mon	164,697				Administrator	1,955	10 / A2	none		
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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
ECHN ElderCare Services, Inc. d/b/a Woodlake at T	2099C	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						
2. Dentist	13,608	flat fee contr				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	801,885	11,500				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	57,000	456				
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	90,012	1,275				
b. Other						
10. Occupational Therapist						
a. Resident Care	545,787	8,068				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	50,680	921				
B-13 Total Fees Paid in Lieu of Salaries	1,558,972	22,220				

* 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
ECHN ElderCare Services, Inc. d/b/a Woodlake	2099C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 45,183	45,183		
2. Disability Insurance	\$ 47,918	47,918		
3. Unemployment Insurance	\$ 40,789	40,789		
4. Social Security (F.I.C.A.)	\$ 544,605	544,605		
5. Health Insurance	\$ 1,074,242	1,074,242		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,402	7,402		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 163,085	163,085		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 33,469	33,469		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 205,175	205,175		
d. Accounting and Auditing	\$ 31,118	31,118		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 750	750		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 11,103	11,103		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 49,565	49,565		
2. Cellular Phones	\$			
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	\$ 694,529	694,529		
Subtotal	\$ 2,948,933	2,948,933		

* 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	
ECHN ElderCare Services, Inc. d/b/a Woodlake at Td	2099C	9/30/2015	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,948,933	2,948,933		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	1,700	1,700		
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	1,136	1,136		
5. Education Expenses Related to Seminars and Conventions	\$	28,751	28,751		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$	2,190	2,190		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	5,723	5,723		
4. Fund-Raising***	\$	3,452	3,452		
5. Medical Records	\$	14,328	14,328		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	4,614	4,614		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	9,085	9,085		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$	1,500	1,500		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$	349,589	349,589		
13. Other (<i>Specify</i>) See Attached Schedule	\$	52,896	52,896		
C-14 Total Administrative & General Expenditures	\$	3,423,897	3,423,897		

* 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)
02-5900-72440 Nurses Week	\$ 1,500		
02-9305-75525 Employee Recognition	\$ 690		
Total Other Travel and Entertainment	\$ 2,190	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
02-9010-74155 Administration - marketing	\$ 4,672		
02-9010-74160 Administration - advertising	\$ 1,051		
Total Other Advertising	\$ 5,723	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
02-9010-73380 Dues - Leading Age	\$ 9,005		
02-9010-73380 Dues - Association of LTC Financial Managers	\$ 80		
Total Dues	\$ 9,085	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
02-9010-73410 - Donations - Visiting Nurse and Health Services	\$ 1,500		
Total Contributions	\$ 1,500	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
02-5900-74665 EES Nursing-Professional Credentialing	\$ 2,480		
02-6155-71230 EES Service Fees - CHEFA	\$ 11,238		
02-9010-71010 EES Administration General	\$ (108)		
02-9010-71049 EES Administration Bank Fees	\$ 5,206		
02-9010-71140 EES Administration Purchased Svc-National Research Corp	\$ 955		
02-9010-71140 EES Administration Purchased Svc-VoiceFriend	\$ 2,990		
02-9010-71140 EES Administration Purchased Svc-Compliance preparedness	\$ 3,000		
02-9010-71140 EES Administration Purchased Svc-Other	\$ 424		
02-9010-73480 EES Administration Maintenance Contracts-MatrixCare	\$ 15,894		
02-9010-73480 EES Administration Maintenance Contracts-Infoshred	\$ 2,427		
02-9010-73480 EES Administration Maintenance Contracts-Medicare eligibility	\$ 1,352		
02-9010-73480 EES Administration Maintenance Contracts-Emergency Prepare	\$ 350		
02-9010-74320 EES Administration License/Registration-license, food service	\$ 734		
02-9010-74320 EES Administration License/Registration-Reenrollment	\$ 553		
02-9010-76159 EES Administration Investment Management fees	\$ 3,614		
02-9010-76161 EES Administration Investment custody/bank fees	\$ 1,176		
02-9270-71018 EES Social Services Food	\$ 611		
Total Other Administrative and General	\$ 52,896	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
ECHN ElderCare Services, Inc. d/b/a Wood	2099C	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 #
ECHN, 71 Haynes Street, Manchester, CT 06040	349,589	Accounting, human resources, legal, computer network, insurance and management	16/m12
ECHN Community HealthCare Foundation, Inc., 71 Haynes Street, Manchester, CT	3,452	Fundraising services	16/m4
Rockville General Hospital, 31 Union Street, Vernon, CT 06066	139,548	Building maintenance	22/6f

*** 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
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolla		2099C	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. \$	1,643	1,643		
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. \$	411	411		
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	4,071	4,071		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	105,609	105,609		
c. Management Services**	\$				
d. Other (Specify)	\$				
3E. Total Laundry Expenditures (3a + b + c + d)	\$	111,734	111,734		
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
ECHN ElderCare Services, Inc. d/b/a Woodlake		2099C	9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel	64,800	64,800		
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	47,923	47,923		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	47,923	47,923		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from OmniCare	\$	603,526	603,526		
b.	Medicine Cabinet Drugs	\$	2,456	2,456		
c.	Medical and Therapeutic Supplies	\$	237,110	237,110		
d.	Ambulance/Limousine***	\$	2,548	2,548		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	38,479	38,479		
f.	X-rays and Related Radiological Procedures***	\$	43,872	43,872		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	77,617	77,617		
i.	Recreation	\$	30,666	30,666		
j.	Other (Specify)**** See Attached Schedule	\$	73,943	73,943		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	1,110,217	1,110,217		

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

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
02-9270-71140 Social Services - conservator fees, state marshall	\$ 308		
02-5900-71074 Nursing - Outside medical services (consolidated billing)	\$ 66,060		
02-5900-71018 Nursing - food	\$ 1,551		
02-5915-72200 Nursing Rehab - supplies	\$ 144		
02-6045-72200 Physical Therapy - supplies	\$ 5,019		
02-6056-72200 Speech Therapy - supplies	\$ 345		
02-6057-72200 Occupational Therapy - supplies	\$ 516		
Total Other Resident Care	\$ 73,943	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page of					
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation ar			2099C	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
Rockville General Hospital	31 Union Street, Rockville, CT	<input checked="" type="radio"/>	<input type="radio"/>	Affiliated Corporation	Laboratory services	77,617			20	5h
CWPM	25 Norton Place, PO Box 415, Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Waste Removal	20,371			22	6f
Rockville General Hospital	31 Union Street, Rockville, CT	<input checked="" type="radio"/>	<input type="radio"/>	Affiliated Corporation	Building maintenance services	139,548			22	6f
Creative Exteriors	1145 Hartford Turnpike, Vernon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Grounds maintenance, lawn, snow removal	47,672			22	6a
Rinaldi Linen	47 Commons Court, Waterbury CT	<input type="radio"/>	<input checked="" type="radio"/>		Laundry services	105,609			19	3b
HiPoint Heating and Cooling	71 Edwin Road, South Windsor, CT	<input type="radio"/>	<input checked="" type="radio"/>		HVAC maintenance	11,472			22	6a
ProCaire	PO Box 801, Tolland, CT 06084	<input type="radio"/>	<input checked="" type="radio"/>		Respiratory Therapy Services	50,680			13	B12
		<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
ECHN ElderCare Services, Inc. d/b/a Woodlala	2099C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 115,021	115,021				
b. Heat	\$ 46,827	46,827				
c. Light & Power	\$ 184,054	184,054				
d. Water	\$ 31,359	31,359				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 2,529	2,529				
f. Other (<i>itemize</i>)	\$ 239,916	239,916				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 619,706	619,706				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 3,344	3,344				
b. Building & Building Improvements	\$ 382,658	382,658				
c. Non-Movable Equipment	\$ 41,712	41,712				
d. Movable Equipment	\$ 53,452	53,452				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 481,166	481,166				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 22,591	22,591				
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$ 29,326	29,326				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 51,917	51,917				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 533,083	533,083				

* 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)
02-9360-73488 Plant Operations - Rockville General Hospital Mgmt Svcs	\$ 139,548		
02-9360-73488 Plant Operations - Contracted Services Other (Fire Protectio	\$ 27,650		
02-9360-71040 Waste Removal - CWPM	\$ 20,371		
02-9360-71040 Waste Removal - Other vendors	\$ 1,728		
02-9360-71050 Plant Operations Elevator Maintenance contract	\$ 7,392		
02-9360-71530 Sewer	\$ 43,227		
Total Other Repairs and Maintenance	\$ 239,916	\$ -	\$ -

ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing 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		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/1/2014	890' of fiber optic conduit, including excavation, street to building	\$ 46,417	20	\$ 1,160
Total additions for Building Improvements		\$ 46,417		\$ 1,160 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/5/2014	Electrical wiring for fireplace insert	\$ 462	7	\$ 33
12/10/2014	Fireplace insert for lobby	\$ 850	7	\$ 61
1/30/2015	Heat Pump	\$ 5,760	10	\$ 288
6/25/2015	Heat Pump	\$ 5,498	10	\$ 275
7/31/2015	Heat Pump	\$ 5,950	10	\$ 298
12/18/2014	Air handler for kitchen-downpayment	\$ 20,000	20	\$ 500
2/11/2015	Air handler for kitchen-final invoice	\$ 4,905	20	\$ 123
Total additions for Non-Movable Equipment		\$ 43,425		\$ 1,578 *
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:				
10/9/2014	Five drop-leaf 3 shelf carts	\$ 3,312	10	\$ 166
10/7/2014	Five utility carts	\$ 1,916	10	\$ 96
12/19/2014	32 dining room chairs	\$ 10,454	10	\$ 523
1/13/2015	Lobby furniture	\$ 1,333	15	\$ 44
3/31/2015	Lobby furniture-2 lounge chairs and love seat	\$ 2,448	15	\$ 82
5/1/2015	Fire safety cabinet	\$ 972	15	\$ 32
8/5/2015	Walk-in freezer	\$ 1,300	3	\$ 217
6/22/2015	Two buffet carts	\$ 6,569	10	\$ 328
2/10/2015	Digital lift scale	\$ 853	10	\$ 43
9/21/2015	4 lounge chairs for library	\$ 2,827	15	\$ 94
Total additions for Movable Equipment		\$ 31,984		\$ 1,625
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

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland R			2099C		9/30/2015			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Deferred Financing fees - Series A	2	2000	21 years	283,355	196,800	S/L, B		13,500	
2. Deferred Financing fees - Series D	5	2009	30 years	272,005	48,864	S/L, B		9,091	
3.									
B-4. Subtotal									22,591
C. Leasehold Improvements and Other									
1. Acquired prior to this report period		98/09	25/30 years	818,684	298,526	S/L, B		29,326	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									29,326
D. Total Amortization									51,917

* 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 ECHN ElderCare Services, Inc. d/b/a	License No. 2099C	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
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		12/18/91			
2. Date Structure Completed		2/18/93			
3. If NOT Original Owner, Date of Purchase		n/a			
4. Date of Initial Licensure		02/01/93			
5. Total Licensed Bed Capacity		130			
6. Square Footage		64,800			
7. Acquisition Cost					
a. Land		720,000			
b. Building		7,013,083			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed	Variable as of M			
b. Date Mortgage Obtained	02/24/00	05/14/09			
c. Interest Rate for the Cost Year	6.38%	2.18%			
d. Term of Mortgage (number of years)	21	30			
e. Amount of Principal Borrowed	9,015,000	4,667,000			
f. Principal balance outstanding as of 9/30/15	3,655,000	4,108,490			
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
ECHN ElderCare Services, Inc. d/b/a		2099C	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			\$ 13,682,000			
2. Loan Origination Date			2/00 & 5/09			
3. Interest Rate %			1.89-6.375%			
4. Term			21 & 30			
5. CHEFA Interest Expense			338,537	338,537		
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 338,537	338,537		

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
ECHN ElderCare Services, Inc. d/b		2099C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				338,537	338,537		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$ 6,494	6,494		
A. Item		Rate	Amount				
Boiler		6.10%	96,782				
Lender							
First Independence Bank							
Address of Lender							
6960 Orchard Lake Road West Bloomfield, MI 48322							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 6,494	6,494		
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 345,031	345,031		
14. Insurance							
a. Insurance on Property (buildings only)				\$			
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$			
15. Total All Expenditures (A-13 thru C-14)				\$ 15,560,339	15,560,339		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Reh				2099C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	13	B10	Occupational Therapy	\$ 545,787	545,787		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1C	Bad Debts	\$ 205,175	205,175		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L7	Gifts, flowers and coffee shops	\$ 1,500	1,500		
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 12,623	12,623		
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	M3	Unallowable Advertising *	\$ 5,723	5,723		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	M4	Fund Raising / Contributions	\$ 3,452	3,452		
21.	16	M12	Unallowable Management Fees	\$ 349,589	349,589		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 2,139	2,139		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,125,988	1,125,988		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	02-9010-71018 Food Expense for employee and board meetings	\$ -		
Total Other A&G Adjustments			\$ -	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland R				2099C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,125,988	1,125,988		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 603,526	603,526		
28.	20	5d	Ambulance/Limousine	\$ 2,548	2,548		
29.	20	5f	X-rays, etc	\$ 43,872	43,872		
30.	20	5h	Laboratory	\$ 77,617	77,617		
31.			Medical Supplies	\$			
32.	20	5 e2	Oxygen (non emergency)	\$ 38,479	38,479		
33.	20	5j	Occupational Therapy	\$ 516	516		
34.			Other - See Attached Schedule	\$ 73,119	73,119		
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	\$			
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)			\$ 1,965,665	1,965,665		

*** 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.

ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing Center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	02-5900-71018 Nursing - Food	\$ 1,551		
20	5j	02-5900-71074 Nursing - Outside medical services (consolidated billing)	\$ 66,060		
20	5j	02-6045-72200 Physical therapy supplies	\$ 5,019		
20	5j	02-6056-72200 Speech therapy supplies	\$ 345		
20	5j	02-5915-72200 Other rehab supplies	\$ 144		
		Occupational supplies are disallowed on page 29 line 33.			
Total Other Ancillary Costs			\$ 73,119	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility		License No.		Report for Year Ended		Page	of
ECHN ElderCare Services, Inc. d/b/a Wo		2099C		9/30/2015		30	37
Item				Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue							
1.	a.	Medicaid Residents (<i>CT only</i>)	\$	11,169,528	11,169,528		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(4,805,771)	(4,805,771)		
2.	a.	Medicaid (<i>All other states</i>)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (<i>all inclusive</i>)	\$	5,270,909	5,270,909		
	b.	Medicare Room and Board Contractual Allowance **	\$				
4.	a.	Private-Pay Residents and Other	\$	4,008,244	4,008,244		
	b.	Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue							
1.	a.	Prescription Drugs - Medicare	\$	480,084	480,084		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$	(480,084)	(480,084)		
	c.	Prescription Drugs - Non-Medicare	\$	166,707	166,707		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(166,624)	(166,624)		
2.	a.	Medical Supplies - Medicare	\$				
	b.	Medical Supplies - Medicare Contractual Allowance **	\$				
	c.	Medical Supplies - Non-Medicare	\$				
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3.	a.	Physical Therapy - Medicare	\$	1,219,241	1,219,241		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$	(1,042,224)	(1,042,224)		
	c.	Physical Therapy - Non-Medicare	\$	278,928	278,928		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$	(275,974)	(275,974)		
4.	a.	Speech Therapy - Medicare	\$	147,104	147,104		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$	(116,198)	(116,198)		
	c.	Speech Therapy - Non-Medicare	\$	23,109	23,109		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$	(23,109)	(23,109)		
5.	a.	Occupational Therapy - Medicare	\$	900,749	900,749		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$	(847,431)	(847,431)		
	c.	Occupational Therapy - Non-Medicare	\$	224,661	224,661		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(223,285)	(223,285)		
6.	a.	Other (<i>Specify</i>) - Medicare	\$				
	b.	Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)				\$	15,908,564	15,908,564	
IV. Other Revenue*							
1.	Meals sold to guests, employees & others			\$	2,851	2,851	
2.	Rental of rooms to non-residents			\$			
3.	Telephone			\$			
4.	Rental of Television and Cable Services			\$			
5.	Interest Income (<i>Specify</i>)			\$	3,192	3,192	
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other (<i>Specify</i>)			\$	42,666	42,666	
V. Total Other Revenue (1 thru 8)				\$	48,709	48,709	
VI. Total All Revenue (III +V)				\$	15,957,273	15,957,273	

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a W	2099C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,540,254
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,509,562
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	33,849
5. Prepaid Expenses			\$	13,938
a. Dues and Fees	4,533			
b. Maintenance contract and TV	4,109			
c. Lease payment	5,296			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	193,955
Current portion of investments under bond indenture	185,918			
Due from affiliates	8,037			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,291,558
B. Fixed Assets				
1. Land			\$	720,000
2. Land Improvements	*Historical Cost	49,441	\$	26,724
	Accum. Depreciation	22,717	Net	
3. Buildings	*Historical Cost	11,912,335	\$	5,460,546
	Accum. Depreciation	6,451,789	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	744,435	\$	401,213
	Accum. Depreciation	343,222	Net	
6. Movable Equipment	*Historical Cost	1,405,535	\$	240,080
	Accum. Depreciation	1,165,455	Net	
7. Motor Vehicles	*Historical Cost	15,625	\$	
	Accum. Depreciation	15,625	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	10,304
Construction in progress				
Adjustment to agree to f/s		10,304		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	6,858,867

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a W	2099C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	10,150,425
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 (<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>)			\$	5,592,509
Investment in the Foundation		177,536		
Investments		3,727,919		
Other assets, net		1,687,054		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	5,592,509
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	15,742,934

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a Woodl		2099C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	257,137
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	39,796
Name of Lender		Purpose	Amount	Date Due	
First Independence Bank		Capital lease-boiler	39,796	09/30/16	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	187,800
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	2,584
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	621,603
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	58,782
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,261,337
Accrued employee withholdings		15,756	Due to affiliates	17,104	
Resident day user fee payable		185,122	Deferred income	172,671	
Other accrued expenses		287,386	Estimated self-insurance	279,096	
Due to third party payers		273,006	Resident trust funds	31,196	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,429,039

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility ECHN ElderCare Services, Inc. d/b/a Wood		License No. 2099C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,429,039	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					\$ 56,986
Name of Lender	Purpose	Amount	Date Due		
First Independence Bank	Capital lease-boiler	56,986	1/31/18		
2. Mortgages Payable					\$ 7,125,740
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>)					\$ 207,197
Estimated self-insurance liabilities, net of current		207,197			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 7,389,923
C. Total All Liabilities (Lines A-13 + B-5)					\$ 9,818,962

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

Name of Facility	License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a	2099C	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 (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	5,562,060
6. Gain or Loss for Period			\$	361,912
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	5,923,972
C. Total Reserves and Net Worth			\$	5,923,972
D. Total Liabilities, Reserves, and Net Worth			\$	15,742,934

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
ECHN ElderCare Services, Inc. d/b/a Wd	2099C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	5,562,060
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	15,957,273
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	15,560,339
D. Net Income or Deficit			\$	396,934
E. Balance			\$	5,958,994
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Nonoperating income, net of expenses			(24,848)	
Unrealized gains/(losses)			17	
Temporarily Restricted contributions, income			(10,979)	
Net assets released from restrictions and other ch:			788	
F-3. Total Additions			\$	(35,022)
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	5,923,972
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility ECHN ElderCare Services, Inc. d/b/a	License No. 2099C	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)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Christopher M. Pelletier				
Address Address			Phone Number	
71 Haynes Street, Manchester, CT 06040			(860) 646-1222 ext. 2233	

Error Check

Level	Item	Reported as	
	Page 24 - Historical Cost of Leasehold Imp.	818,684.00	is inconsistent with Page 31 -
	Page 24 - Accumulated Amort. of Leasehold Imp.	327,852.00	is inconsistent with Page 31 -