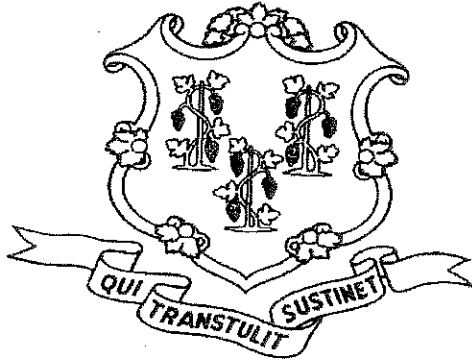


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Wilton Meadows Health Care Center	
Address (No. & Street, City, State, Zip Code) 439 Danbury Road, Wilton, CT 06897	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2032C	RHNS	(Specify)	Medicare Provider 07-5317
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Medicaid Provider Numbers:	CCNH	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) Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2016	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Wilton Meadows Health Care Center, for the cost report period beginning October 1, 2015 and ending September 30, 2016, 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) <i>Mary L. Tobin</i>		Date 1/26/17	Signed (Owner)		Date
Printed Name (Administrator) Mary Tobin <i>Mary L. Tobin</i>			Printed Name (Owner)		
Subscribed and Sworn to before me: <i>Janet Ruzza</i>	State of <i>CT</i>	Date 1/26/17	Signed (Notary Public) <i>Janet Ruzza</i>		Comm. Expires 1 / 1
Address of Notary Public 439 Danbury Road, Wilton, CT 06897					JANET RUZZA MY COMMISSION EXPIRES JULY 31, 2021

(Notary Seal)

General Information

Name of Facility (as licensed) Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2016	Page 1	of 37
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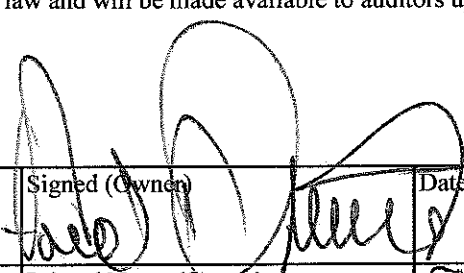
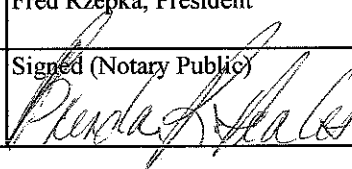
Administrator's/Owner's Certification

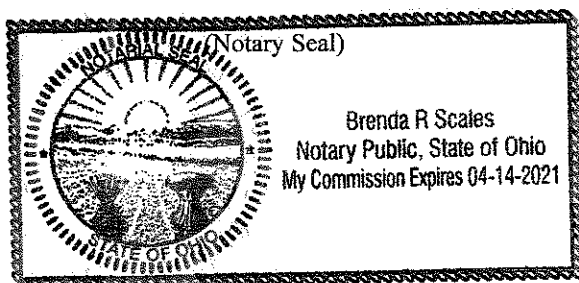
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Wilton Meadows Health Care Center, for the cost report period beginning October 1, 2015 and ending September 30, 2016, 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.

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Signed (Administrator)		Date	Signed (Owner)		Date
					01-26-17
Printed Name (Administrator)			Printed Name (Owner)		
			Fred Rzepka, President		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
				/ /	
Address of Notary Public					
25250 Rockside Road, Cleveland, OH 44146					



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 Wilton Meadows Health Care Center		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 439 Danbury Road, Wilton, CT 06897				
Report Prepared By Blum Shapiro & Company, P.C.		Phone Number 860-561-4000	Date 2/10/2017	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-834-0199		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Wilton Meadows Health Care Center		Address (No. & Street, City, State, Zip) 439 Danbury Road, Wilton, CT 06897		
License Numbers:	CCNH 2032C	RHNS	(Specify)	Medicare Provider No. 07-5317
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 checked="" type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Mary Tobin		Nursing Home Administrator's License No.:	001877	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2016	Page 3	of 37
Legal Name of Partnership/LLC Wilton Meadows Limited Partnership		Business Address 439 Danbury Road, Wilton, CT 06897		State(s) and/or Town(s) in Which Registered Delaware	
Name of Partners/Members	Business Address	Title		% Owned	
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	Limited partner		70.12%	
Wilton Meadows Health Care	25250 Rockside Road, Bedford Heights, OH 44146	General partner		2.08%	
Fred Rzepka	3330 Warrensville Center Road #808, Shaker Heights, OH 44122	Limited partner		16.3%	
Peter Rzepka	3330 Warrensville Center Road #804, Shaker Heights, OH 44122	Limited partner		11.5%	

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2016	3B	37

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

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2016	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input type="radio"/> No							
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? <input type="radio"/> Yes <input type="radio"/> No							
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.							
If "Yes," provide the following information:							
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**			
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>		See Attached	269,328	269,328
Hamden Healthcare	1270 Sherman Lane, Hamden, CT 06514	<input type="radio"/>	<input checked="" type="radio"/>		See attached	(31,799)	(31,799)
TBI Profit Sharing Plan	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>		pg 15 line 1a7	34,936	34,936
Greens at Cannondale	435 Danbury Road, Wilton, CT	<input type="radio"/>	<input checked="" type="radio"/>		See attached	(58,789)	(58,789)
Candlewood Valley	30 Park Lane East, New Milford, CT 06776	<input type="radio"/>	<input checked="" type="radio"/>		See attached	(31,223)	(31,223)
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>		pg 30 line IV 5	165,957	165,957
Greens at Greenwich	King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		See attached	(18,056)	(18,056)
Danbury Commons		<input type="radio"/>	<input checked="" type="radio"/>		See attached	(943)	(943)
Wilton Meadows Home Office	439 Danbury Road, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		See attached	10,659	10,659

* Use additional sheets if necessary.

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

**General Information and Questionnaire
 Related Parties***

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 09/30/2016	Page 4b	of 37
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Description	A/C #	Amount	Subtotals		
TransCon Builders, Inc.					
Telephone	75500	1,375		15	1h1
Travel	75510	14,381		16	L4
TransCon Auto - Ohio	75511	1,024		16	L4
TransCon Auto - CT	75512	2,252		16	L4
Travel - Meals	75520	1,376		16	L4
Management Fees	75530	121,239		16	m12
Wages Director of Operations	75100	18,525		10	A1
DO PRT	75200	915		15	1a4
DO Benefits	75300	371		15	1a5
Wages Controller	75110	15,261		10	A11a
Controller PRT	75210	1,245		15	1a4
Controller Benefits	75310	1,300		15	1a5
Wages-Finance Other	75115	75,017		10	A4
Finance Other PRT	75215	5,623		15	1a4
Finance Other Benefits	75315	7,598		15	1a5
Wages Assistant Controller	75120	1,441		10	A4
Assistant Controller PRT	75220	97		15	1a4
Assistant Controller Benefits	75320	290		15	1a5
		<u>269,328</u>	269,328		
Interest Income on Intercompany Loans	59513	<u>165,957</u>	165,957	30	IV 5
Hamden Healthcare					
Administration Svc from WM To HH		(15,185)			
Quality Assurance/MDS to Hamden from WM		<u>(16,614)</u>	(31,799)	13	b12
Greens at Cannondale					
Maintenance Services from WM To GC		(42,108)		22	6f
Administration Svc from WM To GC		<u>(16,681)</u>	(58,789)		
Greens at Greenwich					
Maintenance Services from WM To GG		(12,402)		22	6f
Administration Svc from WM To GG		<u>(5,654)</u>	(18,056)		
Candlewood					
Administration Svc from WM		(23,610)			
Quality Assurance/MDS to Candlewood from WM		<u>(7,613)</u>	(31,223)	13	b12
Danbury Commons					
Administration Svc from WM To DC		<u>(943)</u>	(943)		
Wilton Meadows (Home Office)					
Accounting Services	73440	11,868		15	1ad
Dietary Allocation to Greens at Cannondale		<u>(1,209)</u>	10,659	13	
TBI Profit Sharing Plan					
401K Plan - Other Participants					
Hamden					
Greens at Greenwich					
Greens at Cannondale					
Greenwich Woods					
Candlewood					
Owners Management Co					
TransCon					
Danbury Commons					
		<u>34,936</u>	34,936	15	1a7

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.	Report for Year Ended	Page	of	
Wilton Meadows Health Care Center		2032C	9/30/2016	6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No				
Ricoh	<input type="radio"/>	<input checked="" type="radio"/>	10/23/14	5 years	8,987	8,987
	<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"/>				
	<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"/> Yes	<input checked="" type="radio"/> No	Total ***	8,987

Is a Mileage Log Book Maintained for All Leased Vehicles ?

* 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.

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

**General Information and Questionnaire
Accounting Basis**

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 See attached 2 3 4	Address (No. & Street, City, State, Zip Code)
--	---

Services Provided by This Firm (*describe fully*)

1 See attached	\$ 36,005
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 36,005

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

- Yes No pg 15 line 1d

Legal Services Information

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

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

1	
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1 See attached	\$ 59,781
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 59,781

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

- Yes No Pg 15 line 1e

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	09/30/2016	7a	37

Ref	InterfaceName	Amount	Vendor Total
Blum, Shapiro & Co., P.C.	Calls/Meetings Re Wage Enhancements Issues - Split	600	
Blum, Shapiro & Co., P.C.	9/30/15 Accrual Reversal	(16,665)	
Blum, Shapiro & Co., P.C.	Final Bill Re 9/30/15 Finance Statements	8,282	
Blum, Shapiro & Co., P.C.	Final Billing C/R Period Ending 9/30/15	8,535	
Blum, Shapiro & Co., P.C.	Accrual for Cost Report Prep period ended 9/30/16	8,300	
Blum, Shapiro & Co., P.C.	Accrual for Wage Enhancement Benefit period ended 9/30/16	1,000	
Blum, Shapiro & Co., P.C.	Accrual for 9/30/16 Financial Statements Review	8,400	<u>18,452</u>
Howard, Wershale & Co.	Prep 9/30/15 Medicare Cost Report	4,985	
Howard, Wershale & Co.	9/30/15 Accrual Reversal	(5,200)	
Howard, Wershale & Co.	Accrual for Cost Report Prep period ended 9/30/16	5,000	<u>4,785</u>
RSM US LLP	Prep Of 2015 Income Tax Returns	800	
RSM US LLP	9/30/15 Accrual Reversal	(700)	
RSM US LLP	Accrual for 2016 Income Tax Return Prep	800	<u>900</u>
Wilton Meadows	Oct 2015 Bookkeeping Services	955	
Wilton Meadows	Nov 2015 Bookkeeping Services	793	
Wilton Meadows	Dec 2015 Bookkeeping Services	885	
Wilton Meadows	Jan 2016 Bookkeeping Services	759	
Wilton Meadows	Feb 2016 Bookkeeping Services	865	
Wilton Meadows	Bookeeping Services March 2016	825	
Wilton Meadows	Bookkeeping April 2016	613	
Wilton Meadows	Bookkeeping - May 2016	447	
Wilton Meadows	Bookkeeping - June 2016	562	
Wilton Meadows	Bookkeeping - July 2016	1,801	
Wilton Meadows	Bookkeeping - August 2016	1,666	
Wilton Meadows	Bookkeeping - Sept 2016	1,697	<u>11,868</u>
Total Accounting Expense			<u>36,005</u>

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2016	7b	37

Ref	Interface Name	Transaction Date	Amount	Disallow
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2015	690	690
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2015	100	100
Goldman Gruder & Woods, LLC	Legal Services Re General Matters	12/1/2015	150	150
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2015	2,190	2,190
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2015	50	50
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2015	25	25
Goldman Gruder & Woods, LLC	Legal Services Re General Matters	12/1/2015	430	430
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2015	225	225
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2015	500	500
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2015	428	428
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2015	760	760
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/24/2015	1,268	1,268
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/24/2015	100	100
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/24/2015	210	210
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/26/2016	446	446
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/26/2016	118	118
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/26/2016	89	89
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/26/2016	1,146	1,146
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/26/2016	200	200
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2016	215	215
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2016	120	120
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2016	240	240
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2016	3,453	3,453
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	2,150	2,150
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	1,823	1,823
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	2,208	2,208
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	1,748	1,748
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	1,067	1,067
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	120	120
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	784	784
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	1,440	1,440
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	552	552
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	2,016	2,016
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	90	90
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	600	600
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	30	30
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	123	123
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	150	150
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	905	905
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	90	90
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	330	330
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	330	330
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/25/2016	150	150
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/25/2016	750	750
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/25/2016	520	520
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2016	3,023	3,023
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2016	1,560	1,560
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2016	180	180
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2016	210	210
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2016	450	450
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/23/2016	5,460	5,460
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/23/2016	30	30
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/23/2016	30	30
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/23/2016	330	330
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/23/2016	30	30
Treasurer, State Of Connecticut	Appointment Of Conservator	4/26/2016	225	225
Treasurer, State Of Connecticut	Appointment Of Conservator Of The Person/Voluntary	7/1/2016	225	225
Wilton Meadows Petty Cash	Petty Cash Reimb Feb 2016	2/29/2016	450	450
Wilton Meadows Petty Cash	Petty Cash Reimb August 2016	9/1/2016	275	275
Baker & Hostetler, LLP	Prof Services Thru 5/31/16 Re: General Matters	7/1/2016	770	
Fred Bondi	Serve Papers	3/20/2016	50	50
Murtha Cullina LLP	Prof Services Thru 10/31/15 Re General Matters	11/11/2015	3,525	
Murtha Cullina LLP	Prof Services Thru 11/30/15	12/10/2015	783	
Murtha Cullina LLP	Prof Services Thru 12/31/15 Re: Gen Matters	1/15/2016	2,340	
Murtha Cullina LLP	Prof Services Thru 1/31/16 Re	2/9/2016	882	
Murtha Cullina LLP	Prof Services Thru 1/31/16 Re Gen Matters	2/9/2016	135	
Murtha Cullina LLP	Prof Services Thru 2/29/16	3/15/2016	825	
Murtha Cullina LLP	Prof Services Thru 4/30/16	5/17/2016	168	
Murtha Cullina LLP	Prof Services Thru 6/30/16 Re	7/19/2016	3,360	
Murtha Cullina LLP	Prof Serv Thru 8/31/16 Re: Gen Matters	9/15/2016	450	
Winget, Spadafora & Schwartzberg, LLP	Prof Services Thru 8/31/16 Re(vs) WM	9/30/2016	2,889	
			59,781	43,654
			Total Legal Expense	Total Disallowed

Schedule of Resident Statistics

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2016				Period 7/1 Thru 9/30						
		Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period		148	148			148		148	148			148
B. On last day of THIS report period		148	148			148		148	148			148
2. Number of Residents												
A. As of midnight of PREVIOUS report period		137				137		137				136
B. As of midnight of THIS report period		138				136		136				138
3. Total Number of Days Care Provided During Period												
A. Medicare		7,129	7,129			5,347		5,347				1,782
B. Medicaid (Conn.)		32,072	32,072			23,806		23,806				8,266
C. Medicaid (other states)												
D. Private Pay		5,217	5,217			4,005		4,005				1,212
E. State SSI for RCH												
F. Other (Specify) Hospice/Managed Care/Evercare		5,081	5,081			3,651		3,651				1,430
G. Total Care Days During Period (3A thru F)		49,499	49,499			36,809		36,809				12,690
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days		8	8			1		1				7
B. Other Bed Reserve Days		93	93			93		93				
5. Total Resident Days (3G + 4A + 4B)		49,600	49,600			36,903		36,903				12,697

Schedule of Resident Statistics (Cont'd)

Name of Facility Wilton Meadows Health Care Center			License No. 2032C			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
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	20		91		27								
Per Diem Rate													
a. One bed rm.	PPS		219.15		540.00								
b. Two bed rms.	N/A		N/A		N/A								
c. Three or more bed rms.	PPS		219.15		511.00								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,412	2,412				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								430	430				
2. Restorative Treatments													
C. Other								23,242	23,242				
D. Total Physical Therapy Treatments								26,084	26,084				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								467	467				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								88	88				
2. Restorative Treatments													
C. Other								1,452	1,452				
D. Total Speech Therapy Treatments								2,007	2,007				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,275	2,275				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								409	409				
2. Restorative Treatments													
C. Other								22,838	22,838				
D. Total Occupational Therapy Treatments								25,522	25,522				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Wilton Meadows Health Care Center	2032C	9/30/2016	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)	121,531	2,194				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	445,196	15,166				
5. Dietary Service						
a. Head Dietitian	66,757	1,687				
b. Food Service Supervisor	52,940	2,371				
c. Dietary Workers	575,948	32,830				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	68,513	1,622				
b. Other Maintenance Workers	73,666	4,086				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	210,330	12,264				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	15,261	412				
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	220,553	4,151				
b. RN						
1. Direct Care	1,233,598	32,822				
2. Administrative**	490,114	12,429				
c. LPN						
1. Direct Care	1,337,975	43,930				
2. Administrative**	35,541	2,260				
d. Aides and Attendants	2,590,194	156,150				
e. Physical Therapists	46,905	2,092				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	289,355	14,834				
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	212,885	8,207				
n. Marketing	8,334	289				
o. Other (Specify) See Attached Schedule	167,495	8,310				
<i>A-13. Total Salary Expenditures</i>	8,263,091	358,106				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
 ** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
 *** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Other Nursing Admin	\$ 167,495	8,310				
Total	\$ 167,495	8,310	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Quality Assurance	\$ 11,379	153				
Other Purchased Services - Med A - See page 13a	\$ 36,346	Disallowed				
Total	\$ 47,725	153	\$ -	-	\$ -	-

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		
Wilton Meadows Health Care Center		2032C		9/30/2016		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.

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**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	
Wilton Meadows Health Care Center		2032C		9/30/2016			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***									
Mary Tobin, 40 Dean Road, New Milford, CT 06776	121,531		Non-preferential	Administrator	2,194	A2			
Section IV - Assistant Administrators									

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

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

*** If more than one Administrator is reported, include dates of employment for each.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Wilton Meadows Health Care Center	2032C	9/30/2016	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	16,073	19				
3. Pharmacist	10,673	192				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	466,830	6,628				
b. Other						
6. Social Worker						
7. Recreation Worker	10,065	62				
8. Physicians						
a. Medical Director (entire facility)	46,800	557				
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) Psychiatrist	12,200	Disallowed				
9. Speech Therapist						
a. Resident Care	101,660	1,045				
b. Other						
10. Occupational Therapist						
a. Resident Care	478,116	6,496				
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	47,725	153				
B-13 Total Fees Paid in Lieu of Salaries	1,190,142	15,152				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2016	Page 14a	of 37
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A/C #	Category	Consultant	Total Paid	Total Hours
87110	Dentist	Healthdrive Dental	<u>16,073</u>	<u>19</u>
85050	Pharmacist	Value Health Care Services	<u>10,673</u>	<u>192</u> Two 8 hr. visits per month
80950 80980 80990	Physical Therapy	Preferred Therapy	<u>466,830</u>	<u>6,628</u>
81660	Entertainment	Various	<u>10,065</u>	<u>62</u> 81 Performances @ 45 min per
87100	Medical Director	Alan Radin, MD	<u>46,800</u>	<u>557</u>
87115	Psychiatrist	Geriatric & Adult Psychiatry LLC	<u>12,200</u>	Disallow
82950 82980 82990	Speech Therapy	Preferred Therapy	<u>101,660</u>	<u>1,045</u>
81950 81980 81990	Occupational Therapy	Preferred Therapy	<u>478,118</u>	<u>6,496</u>
67850	Purchased Services	Value Health Care Service	13,418	Disallow
		Technical Gas Products, Inc.	173	Disallow - Med A
		Preferred Therapy Solutions	22,305	Disallow - Med A
		US Laboratories	450	Disallow - Med A
			<u>36,346</u>	
		Quality Assurance - Rossi-Stahl	11,379	153 Quality Review/MDS
			<u>47,725</u>	<u>153</u>
		<i>Total Fees in Lieu of Salaries</i>	1,190,142	15,152

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2016	Page 14b	of 37
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Entertainer Name	Description	Amount
Alfred Leone	Entertainment 1/13/16	150
Alfred Leone	Entertainment 4/6/16	150
Alfred Leone	Entertainment 7/27/16	150
Bennett A. Mazzoia	Entertainment 10/23/15	75
Billy Michael	Entertainment 12/30/15	100
Billy Michael	Entertainment 2/10/16	100
Billy Michael	Entertainment 6/29/16	100
Billy Michael	Entertainment 9/7/16	100
Cameron Sulphin	Entertainment 5/16/15	75
Darby Cartun	Reflection On Art 9/16, 9/30/15	100
Darby Cartun	Reflection On Art 10/14, 10/28/15	100
Darby Cartun	Reflection On Art 8/5, 8/12/15	100
Darby Cartun	Reflection On Art 11/11, 11/25/15	100
Darby Cartun	Reflection On Art 12/2, 12/23/15	100
Darby Cartun	Reflections On Art 1/6, 1/20/16	100
Darby Cartun	Reflection On Art 2/3, 2/24/16	100
Darby Cartun	Reflection On Art 3/9/16	50
Darby Cartun	Reflections On Art 4/6, 4/20/16	100
Darby Cartun	Lecture 5/18/16 - Reflection On Art	50
Darby Cartun	Reflections On Art 6/1, 6/15/16	100
Darby Cartun	Reflections On Art 7/8, 7/20/16	100
Darby Cartun	Reflection On Art 8/10, 8/24/16	100
Darby Cartun	Reflections On Art 9/14, 9/28/16	100
David Devonshuk	Entertainment 5/13/16	200
Forecast Music	Entertainment 11/20/15	100
Gary Kahn	Entertainment 10/7/15	125
Gary Kahn	Entertainment 8/12/15	100
Gary Kahn	Entertainment 12/9/15	100
Gary Kahn	Entertainment 2/5/16	85
Gary Kahn	Entertainment 3/30/16	85
Gary Kahn	Entertainment 5/14/16	85
Gary Kahn	Entertainment 6/22/16	85
Gary Kahn	Entertainment 8/3/16	85
Gary Kahn	Entertainment 9/11/16	85
Jane Marino	Entertainment 11/18/15	125
Jane Marino	Entertainment 7/30/16	125
Jean Claude Louisgene	Entertainment 2/24/16	100
Jean Claude Louisgene	Entertainment 5/25/16	100
Jean Claude Louisgene	Caribbean Steel Drum Party 8/10/16	100
John B. Gould	Entertainment 11/11/15	150
John B. Gould	Entertainment 1/20/16	150
John B. Gould	Entertainment 3/2/16	150
John B. Gould	Entertainment 6/1/16	150
John B. Gould	Entertainment 8/31/16	150
Kayte Devlin	Entertainment 10/28/15	125
Kayte Devlin	Entertainment 3/9/16	125
Kayte Devlin	Entertainment 6/15/16	125
Kayte Devlin	Entertainment 9/14/16	125
Larry Batter	Entertainment 10/14/15	145
Larry Batter	Entertainment 12/2/15	145
Larry Batter	Entertainment 1/27/16	145
Larry Batter	Entertainment 4/13/16	145
Larry Batter	Entertainment 7/13/16	145
Louis P. Mytych	Entertainment 12/16/15	125
Louis P. Mytych	Entertainment 2/3/16	125
Louis P. Mytych	Entertainment 5/18/16	125
Louis P. Mytych	Entertainment 8/17/16	125
Magic Moments	Magic Show 5/10/16	250
Nancy Wildman	Entertainment 10/21/15	115
Nancy Wildman	Entertainment 2/17/16	115
Nancy Wildman	Entertainment 4/20/16	115
Peter Randazzo	Entertainment 4/11/16	150
PNC Bank	4690-B300-2306-1077	9
Ray Williams	Entertainment For Father's Day	200
Robert A. Rissolo	Entertainment 8/24/16	125
S & S Worldwide, Inc.	Misc Recreation Supplies	82
Salvador Salgado	Entertainment 12/23/15	135
Salvador Salgado	Entertainment 5/4/16	135
Salvador Salgado	Entertainment 7/20/16	135
Shalynn M. Sedgwick	Entertainment 1/7/15	150
Shalynn M. Sedgwick	Entertainment 2/13/16	125
Shalynn M. Sedgwick	Entertainment 8/13/16	150
The Gray Foundation	Entertainment St.Patrick's Day 3/19/16	125
Thomas Sansone	Entertainment 11/4/15	150
Thomas Sansone	Entertainment 1/6/16	150
Thomas Sansone	Entertainment 3/23/16	150
Thomas Sansone	Entertainment 5/11/16	150
Thomas Sansone	Entertainment 7/6/16	150
Thomas Sansone	Entertainment 9/21/16	150
Tom Nelson	Mother's Day Entertainment 5/8/16	200
Willie Nininger	Entertainment 6/8/16	130
Willie Nininger	Entertainment 9/28/16	130
Willie Nininger, Inc.	Entertainment 3/16/16	130

Total Entertainment 10,065

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 309,020	309,020		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 169,074	169,074		
4. Social Security (F.I.C.A.)	\$ 630,767	630,767		
5. Health Insurance	\$ 811,532	811,532		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 34,936	34,936		
8. Uniform Allowance	\$ 396	396		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 3,892	3,892		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 36,005	36,005		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 59,781	59,781		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 29,751	29,751		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 77,742	77,742		
2. Cellular Phones	\$ 5,686	5,686		
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	\$ 748,312	748,312		
Subtotal	\$ 2,916,894	2,916,894		

* 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
Wilton Meadows Health Care Center	2032C	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,916,894	2,916,894		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 2,683	2,683			
2. Holiday Parties for Staff	\$ 82	82			
3. Gifts to Staff and Residents	\$ 6,518	6,518			
4. Employee Travel	\$ 23,403	23,403			
5. Education Expenses Related to Seminars and Conventions	\$ 9,075	9,075			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 8,886	8,886			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 4,679	4,679			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 1,224	1,224			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 49,374	49,374			
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	\$ 9,621	9,621			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 11,331	11,331			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 321	321			
9. Subscriptions	\$ 3,759	3,759			
10. Contributions*** See Attached Schedule	\$ 275	275			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 121,239	121,239			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 242,552	242,552			
C-14 Total Administrative & General Expenditures	\$ 3,411,916	3,411,916			

* Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Promotions	\$ 12,557		
Business Promotions	\$ 36,817		
Total Other Advertising	\$ 49,374	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues - See page 16b	\$ 11,331		
Total Dues	\$ 11,331	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 275		
Total Contributions	\$ 275	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Background Checks	\$ 1,892		
Consulting Fees	\$ 4,948		
Recruiting Expense	\$ 14,397		
Data Processing Fees	\$ 22,852		
Software Maintenance	\$ 32,480		
Professional Liability & Employee Dishonesty/Crime Insurance	\$ 59,651		
Facility Licenses	\$ 2,699		
Employee Licenses	\$ 3,050		
Bank Charges	\$ 9,941		
Late Charges	\$ 739		
Miscellaneous Administrative Expenses	\$ 90		
Medical Records Supplies	\$ 12,947		
Penalties	\$ 1,495		
Purchased Services - Temporary Help	\$ 75,371		
Total Other Administrative and General	\$ 242,552	\$ -	\$ -

Detail of Dues and Subscriptions

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2016	Page 16b	of 37
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Ref	Amount	Dues	Subscriptions	Chamber of Commerce	InterfaceName
AANAC Membership	119	119			Membership/Conf., Emily Quade, RN, BSN
ACHCA Membership	6	6			Membership Renewal ID#26513
Allscripts	615		615		Qtrly subscription
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	29				Annual Dues Mutual Aid Program
CAHCF	836	10,072			Monthly Membership Dues
CuraSpan Health Group, Inc.	1,520		1,520		Renewal Annual Subs 5/1/16-4/30/17
Costco	(50)				Costco Membership Fees
Wilton Meadows Petty Cash	55	5			Costco Membership Fees
Fairfield County ICNC	48	48			Membership Dues
Hersam Acorn	35		35		2 Yr Subscription To Wilton Bulletin
HRdirect	29		29		Poster Guard 1 Year
NCCDP	100	100			CDP Renewal Fee
Kiwanis Club Of Wilton	160				10/8/15 - 1/8/16
Kiwanis Club Of Wilton	160				2nd Qtr Jan Thru March 2016
Kiwanis Club Of Wilton	160				3rd Qtr Dues April - June 2016
Kiwanis Club Of Wilton	160	640			4th Qtr Dues July - Sept 2016
PNC Bank	36				Ohio CPA license renewal
PNC Bank	80				Assoc. for long-term care financial managers
PNC Bank	50	166			BJ's Membership Dues
Society For Human Resource Mgmt	175	175			Membership - Maira Loglisci
The Hour	1,560		1,560		Subscription
Wilton Chamber Of Commerce	263				Membership Renewal June 2015-July 2016
Wilton Chamber Of Commerce	58			321	Membership Renewal June 2016-July 2017
	15,411	11,331	3,769	321	

Schedule C-1 - Management Services*

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2016	Page of 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 #
TransCon Builders, Inc.	121,239	See page 4	Page 16 Line M12

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2016	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 399,615	399,615		
2. Non-Food Supplies	\$ 48,620	48,620		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,812	1,812		
c. Management Services**	\$ _____			
d. Other (Specify) _____ Chemicals/Cleaning Supplies	\$ 5,252	5,252		
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 455,299	455,299		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify cost.
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt. \$1,104
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				30 IV1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify cost.
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> 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.

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

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2016	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. \$	13,874	13,874	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Gas for Dryers \$11,109; Chemicals/Detergents \$8,134; Supplies \$359		\$	19,602	19,602	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	33,476	33,476	
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
Wilton Meadows Health Care Center		2032C	9/30/2016		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	27,596	27,596		
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. \$	358,613	358,613		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	386,209	386,209		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	366,284	366,284		
	Medicare \$268,318, Medicaid \$3,409, Medicare OTC \$868, Managed Care \$74,717, River Care \$7,123, Facility \$11,837					
b.	Medicine Cabinet Drugs	\$	15,142	15,142		
c.	Medical and Therapeutic Supplies	\$	17,804	17,804		
d.	Ambulance/Limousine***	\$	2,608	2,608		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	20,996	20,996		
f.	X-rays and Related Radiological Procedures***	\$	17,077	17,077		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory****	\$	32,805	32,805		
i.	Recreation	\$	7,349	7,349		
j.	Other (Specify)**** See Attached Schedule	\$	393,791	393,791		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	873,856	873,856		

* 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)
Medical Equipment Rental	\$ 15,206		
Basic Mattresses	\$ 4,197		
Specialty Mattresses	\$ 3,468		
Cable TV	\$ 14,905		
Equipment Rental	\$ 16,602		
Supplies	\$ 6,598		
Nursing Supplies	\$ 140,857		
Glucose Testing Supplies	\$ 7,653		
Incontinent Care	\$ 58,893		
Gloves	\$ 22,705		
Wound Care Supplies	\$ 32,068		
Nutritional Suppliments	\$ 35,587		
Syringes	\$ 1,290		
Tube Feeding - Medicare	\$ 21,923		
Medical Supplies - Medicare	\$ 11,745		
Medical Supplies - Evercare	\$ 94		
Total Other Resident Care	\$ 393,791	\$ -	\$ -

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

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2016	Page of 21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	Total Cost/Page Ref.***		
		Yes	No			CCNH	RHNS (Specify)
Stericycle	80 Industrial Park Road, Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>	Trash Removal	41,220	22	6f
Winters Brothers Waste Systems of CT	304 White Street, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>	Trash Removal	27,996	22	6f
SMS Cleaning & Housekeeping		<input type="radio"/>	<input checked="" type="radio"/>	Housekeeping	353,135	20 / 22	4b / 6
Shamrock Land Management		<input type="radio"/>	<input checked="" type="radio"/>	Grounds Maintenance, Snow Plow, Landscaping	35,985	22	6f
Daniels Equipment	445 Priscilla Lane, Auburn, NH 03032	<input type="radio"/>	<input checked="" type="radio"/>	Ozone Rental	15,314	22	6f
		<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"/>				
		<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
Wilton Meadows Health Care Center	2032C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 64,963	64,963				
b. Heat	\$ 50,229	50,229				
c. Light & Power	\$ 138,784	138,784				
d. Water	\$ 48,212	48,212				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 8,987	8,987				
f. Other (<i>itemize</i>)	\$ 239,224	239,224				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 550,399	550,399				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 2,140	2,140				
b. Building & Building Improvements	\$ 226,019	226,019				
c. Non-Movable Equipment	\$ 11,798	11,798				
d. Movable Equipment	\$ 56,025	56,025				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 295,982	295,982				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
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	\$ 198,215	198,215				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 11,519	11,519				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 505,716	505,716				

* 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)
Small Equipment Purchase	\$ 6,283		
Equipment Rental	\$ 19,778		
Trash Removal	\$ 76,816		
Service Contracts	\$ 52,045		
Supplies	\$ 44,671		
Grounds Maintenance	\$ 30,603		
Grounds Landscaping	\$ 7,720		
Purchased Services	\$ 100		
Minor Decorating	\$ 1,208		
Total Other Repairs and Maintenance	\$ 239,224	\$ -	\$ -

Wilton Meadows Health Care Center
9/30/2016

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:				
1/16	Brick Replacment on Front of Planter	\$ 4,000	39	\$ 74
1/16	Boiler Pump #1 rebuild & reinstall	\$ 2,999	10	\$ 225
Total additions for Building Improvements		\$ 6,999		\$ 299 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/15	Convection Oven (pmts 2-4 of 4)	\$ 8,887	7	\$ 2,902
11/15	Wireless radios	\$ 2,836	5	\$ 1,248
12/15	SmartLinx Schedule Optimizer and Time & Attendance system	\$ 7,264	5	\$ 1,453
12/15	SuzyQ cart system	\$ 6,551	7	\$ 2,139
4/16	UniMac Clothes Washer	\$ 15,107	7	\$ 1,439
5/16	Maximove Scale Kits	\$ 3,722	5	\$ 465
6/16	SARA 3000 Standing and Raising Aid With Scale	\$ 5,215	5	\$ 596
6/16	Ice maker/Water dispenser	\$ 3,526	7	\$ 287
8/16	MiVoice Digital Phone System, 37 Mitel 8528 Telephones, 15 Mitel 8568	\$ 38,765	5	\$ 3,101
9/16	Schedule Optimizer and Time & Attendance system	\$ 6,695	5	\$ 335
Total additions for Movable Equipment		\$ 98,568		\$ 13,965 *
Deletions:				
4/16	UniMac Clothes Washer	\$ (11,406)	7	\$ -
7/16	Avaya Phone System	\$ (33,920)	5	\$ -
Total deletions for Movable Equipment		\$ (45,326)		\$ - **

*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

Fixed Asset Rollforward

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2016	23b	37

	Land Improvements	Building & Improvements	Non-movable Equipment	Movable Equipment	Motor Vehicles
2015 Book Value per CR	209,287	11,231,508	174,222	1,026,130	42,955
2016 Additions	-	6,999	-	98,568	-
2016 Disposals	-	-	-	(45,326)	(22,557)
2016 Book Value CR	209,287	11,238,507	174,222	1,079,372	20,398
2016 Book Value CR					\$ 12,721,786
Balance per books-page 31	213,166	11,238,806	174,826	1,087,962	20,398
Prior year variance	(3,879)	(299)	(604)	(8,590)	-
2015 Accumulated Depreciation	203,303	9,580,260	118,888	902,105	14,653
2016 Depreciation	2,140	226,019	11,798	52,158	3,867
2016 Disposals	-	-	-	(45,326)	(3,460)
2016 Accumulated Depreciation	205,443	9,806,279	130,686	908,937	15,060
Balance per books-page 31	205,443	9,806,279	130,715	922,587	15,060
Prior year variance	-	-	(29)	(13,650)	(0)
					\$ 11,080,084

Amortization Schedule*

Name of Facility Wilton Meadows Health Care Center	Date of Acquisition		Length of Amortization	License No. 2032C	Report for Year Ended 9/30/2016	Basis for Computing Amortization**	Rate %	Amortization for This Year	of 37
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
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.

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2016	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes

No

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

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

Description	Total			
1. Date Land Purchased	03/01/88			
2. Date Structure Completed	03/01/88			
3. If NOT Original Owner, Date of Purchase	N/A			
4. Date of Initial Licensure	03/01/88			
5. Total Licensed Bed Capacity	148			
6. Square Footage	75,000			
7. Acquisition Cost				
a. Land	69,000			
b. Building	5,740,000			

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 9/30/2016				
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
Wilton Meadows Health Care Center		2032C	9/30/2016		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Wilton Meadows Health Care Cent		2032C		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	7,665	7,665	
See attached							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	7,665	7,665	
14. Insurance							
a. Insurance on Property (buildings only)				\$	16,808	16,808	
b. Insurance on Automobiles				\$	5,500	5,500	
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)				\$	22,308	22,308	
15. Total All Expenditures (A-13 thru C-14)				\$	15,700,077	15,700,077	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2016	27a	37

Other Interest Expense *(Include Amount and Description)*

Interest Expense \$ 7,413

Interest - Car Loan \$ 252

Total Other Interest Expense \$ 7,665

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center				2032C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 29,843	29,843		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10	Occupational Therapy	\$ 478,116	478,116		
7.			Other - See attached Schedule	\$ 64,619	64,619		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 43,654	43,654		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 4,246	4,246		
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.	16	L4	Automobile Expense (e.g. personal use)	\$ 1,250	1,250		
18.	16	m2/m	Unallowable Advertising *	\$ 50,598	50,598		
19.			Income Tax / Corporate Business Tax	\$			
20.	30	IV8	Fund Raising / Contributions	\$ 275	275		
21.	16	m12	Unallowable Management Fees	\$ 121,239	121,239		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 40,802	40,802		
Page 18 - Dietary Expenditures							
24.	30	iv1	Meals to employees, guests and others who are not residents	\$ 1,104	1,104		
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)				\$ 835,746	835,746		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	a12n	Marketing	\$ 8,334		
10	a2	Administrator Salary over Allowable Amount	\$ 21,509		
Total Other Salaries Adjustment			\$ 29,843	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b2	Dentist	\$ 16,073		
13	b12	Purchased Services-Med A Services	\$ 36,346		
13	b8c	Psychiatrist	\$ 12,200		
Total Other Fees Adjustments			\$ 64,619	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L3	Employee Relations	\$ 2,240		
16	m13	Late Fees	\$ 739		
16	m13	Bank Charges	\$ 9,941		
16	m13	Penalties	\$ 1,495		
16	m13	Miscellaneous Administrative Expenses	\$ 90		
16	m8a	Chamber of Commerce Dues	\$ 321		
16	m13	Crime Insurance Policy	\$ 1,867		
16	m8a	Newspapers	\$ 3,759		
15	1a	Benefits and Taxes on Disallowed Marketing & Recruiting Salary Noted Above	\$ 1,667		
15	1a	Benefits on Disallowed Administrator Salary Noted Above	\$ 4,302		
16	L4	Condo Rent	\$ 14,381		
Total Other A&G Adjustments			\$ 40,802	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center				2032C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 835,746	835,746		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 366,284	366,284		
28.	20	5d	Ambulance/Limousine	\$ 2,608	2,608		
29.	20	5f	X-rays, etc	\$ 17,077	17,077		
30.	20	5h	Laboratory	\$ 32,805	32,805		
31.	20	5c	Medical Supplies	\$ 17,804	17,804		
32.	20	5e2	Oxygen (non emergency)	\$ 20,996	20,996		
33.	20	20j	Occupational Therapy	\$ 6,318	6,318		
34.			Other - See Attached Schedule	\$ 79,113	79,113		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 10,531	10,531		
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	\$ 15,618	15,618		
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	\$ 38,085	38,085		
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)				\$ 1,442,985	1,442,985		

*** 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.

Wilton Meadows Health Care Center
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5c	Nursing Supplies	\$ 10,075		
20	5j	Medical Supplies - Medicare	\$ 11,745		
20	5j	Medical Equipment Rental	\$ 15,206		
20	5j	PT Equipment Rental	\$ 16,602		
20	5j	Tube Feeding - Medicare	\$ 21,923		
20	5j	Specialty Mattresses	\$ 3,468		
20	5j	Medical Supplies - Evercare	\$ 94		
Total Other Ancillary Costs			\$ 79,113	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	d2	Excess Movable Equipment Depreciation	\$ 9,587		
23	d2	Disallowed Vehicle Depreciation	\$ 944		
Total Excess Movable Equipment Depreciation			\$ 10,531	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Cable TV	\$ 14,905		
22	6f	TV for Resident Rooms	\$ 489		
27	14b	Insurance on Disallowed Vehicles	\$ 224		
Total Other Property Adjustments			\$ 15,618	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest Expense	\$ 7,665		
18	2a	Meals on Wheels Disallowance	\$ 12,617		
		Outpatient Treatment	\$ 345		
30	IV 8	Other Misc. Income	\$ 17,186		
30	IV 8	Equipment Rental Income	\$ 272		
Total Other Adjustments			\$ 38,085	\$ -	\$ -

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
Wilton Meadows Health Care Center	2032C	9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 16,582,421	16,582,421				
b. Medicaid Room and Board Contractual Allowance **	\$ (9,372,813)	(9,372,813)				
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 3,551,736	3,551,736				
b. Medicare Room and Board Contractual Allowance **	\$ 1,094,830	1,094,830				
4. a. Private-Pay Residents and Other	\$ 4,363,571	4,363,571				
b. Private-Pay Room and Board Contractual Allowance **	\$ (597,396)	(597,396)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 274,819	274,819				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (274,853)	(274,853)				
c. Prescription Drugs - Non-Medicare	\$ 96,122	96,122				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (88,172)	(88,172)				
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	\$ 864,234	864,234				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (810,554)	(810,554)				
c. Physical Therapy - Non-Medicare	\$ 279,139	279,139				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (235,608)	(235,608)				
4. a. Speech Therapy - Medicare	\$ 169,158	169,158				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (134,782)	(134,782)				
c. Speech Therapy - Non-Medicare	\$ 66,500	66,500				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (57,730)	(57,730)				
5. a. Occupational Therapy - Medicare	\$ 945,744	945,744				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (884,128)	(884,128)				
c. Occupational Therapy - Non-Medicare	\$ 260,620	260,620				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (242,365)	(242,365)				
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$ 4,465	4,465				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,854,958	15,854,958				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 1,104	1,104				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 166,371	166,371				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 17,458	17,458				
V. Total Other Revenue (1 thru 8)	\$ 184,933	184,933				
VI. Total All Revenue (III + V)	\$ 16,039,891	16,039,891				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray	\$ 9,307		
	Lab	\$ 22,972		
	Oxygen	\$ 7,037		
	Contractual Adjustment - X-Ray and Lab	\$ (32,279)		
	Contractual Adjustment - Oxygen	\$ (7,037)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray	\$ 3,010		
	Lab	\$ 14,070		
	Oxygen	\$ 13,707		
	Contractual Adjustment - X-Ray and Lab	\$ (13,603)		
	Contractual Adjustment - Oxygen	\$ (12,719)		
Total Other Resident Revenue		\$ 4,465	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 414		
	Interest Income - Intercompany		\$ 165,957		
Total Interest Income			\$ 166,371	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Miscellaneous Income	\$ 17,186		
	Equipment Rental	\$ 272		
Total Other Revenue		\$ 17,458	\$ -	\$ -

F. Statement of Revenue

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2016	Page 30b	of 37
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A/C 59511	Operating Interest	Savings Interest	Security Dep Interest	Medicare/Blue Cross/ABC	Misc.	Total	General Ledger	Difference
Asset	Cash	Cash	Cash	A/R				
Location on Balance Sheet	Cash	Cash	Cash	Resident A/R				
Oct-15		225		0		225	225	-
Nov-15		(172)	-			(172)	(172)	-
Dec-15		245	-			245	245	-
Jan-16		170		0		170	170	-
Feb-16		32		0		32	32	-
Mar-16		116	-			116	116	-
Apr-16		(248)		0		(248)	(248)	-
May-16		43	-			43	43	-
Jun-16		44		0		44	44	-
Jul-16		(45)		0		(45)	(45)	-
Aug-16		21		0		21	21	-
Sep-16		(16)		0		(16)	(16)	-
Totals	-	414	0	-	-	414	414	-

The associate expense relates to Other Interest Expense on Page 27, Line 12D

A/C # 59513

Interest Income - Intercompany Loans

Asset	L/R TransCon	L/R Candlewood	L/R Greenwich Woods	L/R Hamden	Total	General Ledger	Difference
Location on Balance Sheet	Loans to Owr	Loans to Owne	Loans to Owners	Loans to Owners or Related Parties			
Oct-15	13,617				13,617	13,617	-
Nov-15	14,280				14,280	14,280	-
Dec-15	12,802				12,802	12,802	-
Jan-16	13,849				13,849	13,849	-
Feb-16	12,957				12,957	12,957	-
Mar-16	14,839				14,839	14,839	-
Apr-16	13,995				13,995	13,995	-
May-16	14,541				14,541	14,541	-
Jun-16	14,112				14,112	14,112	-
Jul-16	14,098				14,098	14,098	-
Aug-16	13,636				13,636	13,636	-
Sep-16	13,231				13,231	13,231	-
Totals	165,957	-	-	-	165,957	165,957	-
				Total Interest	166,371	166,371	

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	302,580
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,132,542
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	109,554
4. Inventories			\$	
5. Prepaid Expenses			\$	194,775
a. Prepaid Expenses	110,767			
b. Prepaid Insurance	84,008			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	3,739,451
B. Fixed Assets				
1. Land			\$	542,222
2. Land Improvements	*Historical Cost	213,166	\$	7,723
	Accum. Depreciation	205,443		Net
3. Buildings	*Historical Cost	11,238,806	\$	1,432,527
	Accum. Depreciation	9,806,279		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	174,826	\$	44,111
	Accum. Depreciation	130,715		Net
6. Movable Equipment	*Historical Cost	1,087,962	\$	165,375
	Accum. Depreciation	922,587		Net
7. Motor Vehicles	*Historical Cost	20,398	\$	5,338
	Accum. Depreciation	15,060		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,197,296

* 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
Wilton Meadows Health Care Center	2032C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	5,936,747
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>)			\$	5,127,191
Name and Address		Amount	Loan Date	
See attached		5,127,191	Various	
7. Other Assets (<i>itemize</i>)			\$	3,535
Deposits			3,535	

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	5,130,726
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	11,067,473

* 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 Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2016	Page 32a	of 37
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6. Loans to Owners or Related Parties (*itemize*)

Name	Amount	Loan Date
Candlewood New Milford, LLC	15,343	Various
Hamden Health Care, LP	15,461	Various
Wilton Retirement Housing, LLC	124	Various
Greenwich Retirement Housing, LLC	4,959	Various
TransCon Builders, Inc.	<u>5,091,304</u>	Various
Total	\$ 5,127,191	Pg. 32 D6

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center		2032C	9/30/2016	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	998,086
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	623,395
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	45,978
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	881,416
Current Portion Capital Lease/Notes		54,863	Provider User Fee	188,528	
Property, Real Estate & Sales Taxes		106,591	Deferred Income	16,740	
Accrued 401k Employer Liability		21,984			
Operating Expenses		492,710			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,548,875

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

(Carry Total forward to next page)

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,548,875	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					\$
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)					\$
Long Term Portion of Capital Leases		30,276			30,276
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 30,276
C. Total All Liabilities (Lines A-13 + B-5)					\$ 2,579,151

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2016	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			\$	8,148,508
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	339,814
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	8,488,322
C. Total Reserves and Net Worth			\$	8,488,322
D. Total Liabilities, Reserves, and Net Worth			\$	11,067,473

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H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center		2032C	9/30/2016	36	37
Account				Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015				\$	8,422,124
B. Total Revenue (From Statement of Revenue Page 30)				\$	16,039,891
C. Total Expenditures (From Statement of Expenditures Page 27)				\$	15,700,077
D. Net Income or Deficit				\$	339,814
E. Balance				\$	8,761,938
F. Additions					
1. Additional Capital Contributed (<i>itemize</i>)					
2. Other (<i>itemize</i>)					
F-3. Total Additions				\$	
G. Deductions					
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount		
2. Other Withdrawings (<i>Specify</i>)				\$	
Purpose		Amount			
3. Total Deductions				\$	
H. Balance at End of Period				\$	8,761,938
					09/30/16

I. Preparer's/Reviewer's Certification

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2016	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 <i>Blum, Shapiro & Company, P.C.</i>		Title <i>P.C.</i>		Date Signed <i>2/6/17</i>
Printed Name of Preparer Blum Shapiro & Company, P.C.				
Address Address 29 South Main Street, Suite 400, West Hartford, CT 06127			Phone Number 860-561-4000	