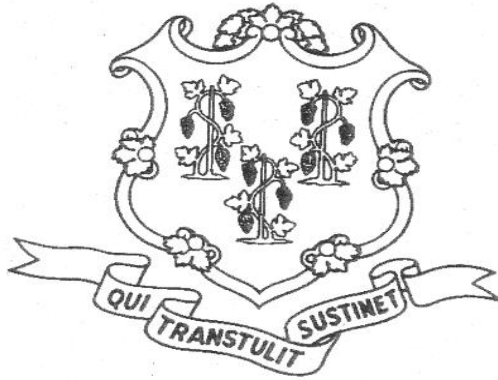


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Greenwich Woods Rehabilitation, LLC	
Address (No. & Street, City, State, Zip Code) 1165 King Street, Greenwich, CT 06831	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2403	RHNS	(Specify)	Medicare Provider 07-5309
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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

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed) Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2017	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Greenwich Woods Rehabilitation, LLC [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, 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) Benjamin Schiano			Printed Name (Owner) Moshe Bernstein		
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 Greenwich Woods Rehabilitation, LLC		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 1165 King Street, Greenwich, CT 06831				
Report Prepared By Blum Shapiro & Company, P.C.		Phone Number 203-944-2100	Date 2/15/2018	
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 203-531-1335	Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Greenwich Woods Rehabilitation, LLC		Address (<i>No. & Street, City, State, Zip</i>) 1165 King Street, Greenwich, CT 06831		
License Numbers:	CCNH 2403	RHNS (Specify)	Medicare Provider No. 07-5309	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	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 Ariel Lev		Nursing Home Administrator's License No.:	002066	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Greenwich Woods Rehabilitation, LLC		License No. 2403	Report for Year Ended 9/30/2017	Page 3	of 37
Legal Name of Partnership/LLC Greenwich Woods Rehabilitation, LLC		Business Address 1165 King Street, Greenwich, CT 06831		State(s) and/or Town(s) in Which Registered Connecticut	
Name of Partners/Members	Business Address	Title		% Owned	
GW Holdings, LLC	1165 King Street, Greenwich, CT 06831	Owner		68%	
SJJ, LLC	1165 King Street, Greenwich, CT 06831	Owner		16%	
LYM GW, LLC	1165 King Street, Greenwich, CT 06831	Owner		9%	
IK Greenwich, LLC	1165 King Street, Greenwich, CT 06831	Owner		7%	

General Information and Questionnaire Corporate Owners

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2017	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
N/A			

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
N/A			

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

General Information and Questionnaire Individual Proprietorship

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2017	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Moshe Bernstein	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	16 line m12	137,500	137,500
Mordi Blass	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	16 line m12	137,500	137,500
Sparkle Holdings LLC		<input checked="" type="radio"/>	<input type="radio"/>	33%	Housekeeping	20 line 4b	465,075	431,218
Greenwich Woods Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Rental Expense	22 line 9	1,680,000	1,680,000
Skilled Marketing Solutions		<input checked="" type="radio"/>	<input type="radio"/>	98%	Website service	16 line m11	1,188	1,188-disallowed
Moshe Bernstein	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Automobile expenses	16 line l6	12,500	12,500
Mordi Blass	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Automobile expenses	16 line l6	12,500	12,500
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2017	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	
Greenwich Woods Rehabilitation, LLC			2403	9/30/2017			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							
IKON Financial - GE Capital c/o Ricoh	<input type="radio"/>	<input checked="" type="radio"/>	3 Copiers	Auto-renewed 10/4/16	Auto-renewed	6,513	6,513		
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Pitney Bowes	Auto-renewed 1/21/17	Auto-renewed	1,860	1,860		
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***
								8,373	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Greenwich Woods Rehabilitation, I	License No. 2403	Report for Year Ended 9/30/2017	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 SY Consultant Inc	1138 E 12th Brooklyn NY 11230
2 Blum Shapiro	29 South Main Street, West Hartford, CT
3 Cornerstone Accounting Group, LLC	Post Office Box 182, Plainville, CT
4 EFPR CPA	280 Kenneth Drive Suite 100 Rochester NY 14623

Services Provided by This Firm (*describe fully*)

1 Monthly Closing	\$ 18,000
2 Cost Reports	\$ 13,600
3 Monthly Closing	\$ 2,550
4 Form 5500 preparation	\$ 9,000
Charge for Services Provided	
\$ 43,150	

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	Telephone Number
1 See attachment	
2	
3	
4	
5	

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

Services Provided by This Firm (*describe fully*)

1 See attachment	\$ 41,620
2	\$
3	\$
4	\$
5	\$
Charge for Services Provided	
\$ 41,620	

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
Greenwich Woods Rehabilitation, LLC	2403	9/30/17	7b	37

Ref	Description	Amount	Disallowed
Goldman, Gruder & Woods, LLC	General, admissions, residents	\$ 23,411	\$ 23,411
Robinson & Cole, LLP	General Legal Matters	12,295	
Mutha Cullina, LLP	General Legal Matters	4,032	
Treasurer, State of CT	Taxes	522	522
Department of Revenue Services	Business entity tax	750	750
Constable Don Romeo	Conservatorship Doc Served	138	138
American Express	National Corporate Research	472	472
		<u>\$ 41,620</u>	<u>\$ 25,293</u>

Schedule of Resident Statistics

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403		Report for Year Ended 9/30/2017				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	217	217			217	217			217	217			
B. On last day of THIS report period	217	217			217	217			217	217			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	191	191			191	191			163	163			
B. As of midnight of THIS report period	157	157			163	163			157	157			
3. Total Number of Days Care Provided During Period													
A. Medicare	12,107	12,107			9,272	9,272			2,835	2,835			
B. Medicaid (Conn.)	41,505	41,505			31,474	31,474			10,031	10,031			
C. Medicaid (other states)													
D. Private Pay	9,259	9,259			7,470	7,470			1,789	1,789			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	62,871	62,871			48,216	48,216			14,655	14,655			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	62,871	62,871			48,216	48,216			14,655	14,655			

Schedule of Resident Statistics (Cont'd)

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2017	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	33	106		18				
Per Diem Rate								
a. One bed rm.	PPS	223.30		503/513/572				
b. Two bed rms.	PPS	223.30		481/492/552				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	7,099	7,099		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,255	1,255		
2. Restorative Treatments				
C. Other				
D. Total Physical Therapy Treatments	8,354	8,354		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	397	397		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	27	27		
2. Restorative Treatments				
C. Other				
D. Total Speech Therapy Treatments	424	424		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	4,722	4,722		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	570	570		
2. Restorative Treatments				
C. Other				
D. Total Occupational Therapy Treatments	5,292	5,292		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Greenwich Woods Rehabilitation, LLC	2403	9/30/2017	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)	114,588	2,040				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	404,824	13,834				
5. Dietary Service						
a. Head Dietitian	94,470	1,764				
b. Food Service Supervisor	60,535	2,045				
c. Dietary Workers	751,938	46,719				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	48,132	2,120				
b. Other Maintenance Workers	73,984	4,668				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	254,929	16,131				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	229,664	4,461				
b. RN						
1. Direct Care	1,316,338	32,206				
2. Administrative**	578,049	9,069				
c. LPN						
1. Direct Care	2,181,179	69,703				
2. Administrative**						
d. Aides and Attendants	3,243,288	196,195				
e. Physical Therapists	89,771	2,580				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	286,529	13,742				
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	336,720	6,022				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	10,064,938	423,299				

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

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Nursing Admin. Purchased Services	\$ 1,011	Disallowed				
Nursing Admin. Purchased Services	\$ 26,967	280				
Total	\$ 27,978	280	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Greenwich Woods Rehabilitation, LLC				2403	9/30/2017			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	
Greenwich Woods Rehabilitation, LLC				2403	9/30/2017			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***										
Ariel Lev, 6/15/17-9/30/17	36,923			Non-preferential		640	A2			
John Pasheluk, 6 Maura Lane, Danbury, CT 06810 10/1/16-11/8/16	20,165			Non-preferential		360	A2			
David Segal, 22 Randolph Ave, Waterbury, CT 06710 11/8/16-6/15/17	57,500			Non-preferential		1,040	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		
Greenwich Woods Rehabilitation, LLC	2403	9/30/2017	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	32,726	779				
2. Dentist	12,400	Disallowed				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	965,030	13,659				
b. Other						
6. Social Worker	42,980	1,228				
7. Recreation Worker	9,639	67				
8. Physicians						
a. Medical Director (entire facility)	65,000	324				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	27,000	Disallowed				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff Meetings	873	4				
9. Speech Therapist						
a. Resident Care	78,478	1,053				
b. Other						
10. Occupational Therapist						
a. Resident Care	813,785	11,617				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	137,643	5,739				
d. Other						
12. Other (Specify) See Attached Schedule	27,978	280				
B-13 Total Fees Paid in Lieu of Salaries	2,213,532	34,750				

* 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 Greenwich Woods Rehabilitation, LLC		License No. 2403	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
See attachment		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
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		<input type="radio"/>	<input type="radio"/>		

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

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

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2017	Page 14a	of 37
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G/L Account #	Direct Care Consultant	Company/Individual Name	Full Explanation of Services	Total Fee Paid*	Total Hours Worked
69155.000	Dietician	Madeline Glick	Dietary Consultation	32,726	779
87110.000	Dentist	Kenneth Temple DDS	Dentistry	12,400	Disallowed
80950.000 80960.000 80980.000 80990.000	- Resident Care	Preferred Therapy Solutions	Physical Therapy	965,030	13,659
62850.000	Social Worker	Marie E. Williams	Social Work	42,980	1,228
87100.000 87105.000	Medical Director	Ryan Dadasovich	Medical Director	65,000	324
87130.000	Other Doctors (Specify):	Various Bruno DiCosmo MD	Medical Staff Meeting Rehab Director	873 27,000 <u>27,873</u>	4 Disallowed <u>4</u>
82950.000 82960.000 82980.000 82990.000	Speech Therapist	Preferred Therapy Solutions	Speech Therapy	78,478	1,053
81950.000 81960.000 81980.000 81990.000	Occupational Therapist:	Preferred Therapy Solutions	Occupation Therapy	813,785	11,617
67850.000	Nurses and Aides:	Theresa Skinner Tzippy Schiller Marilyn Burlenski E Hickey	Nursing Admin DON Nursing Admin Nursing Admin Nursing Admin	7,900 2,000 17,067 1,011 <u>27,978</u>	79 N/A 201 Disallowed <u>280</u>
63330.000	-Aides	Towne Nursing Worldwide Staffing	Aides Staffing Aides Staffing	134,570 3,073 <u>137,643</u>	5,599 140 <u>5,739</u>
61660	Recreation Workers	Various - see Pg. 14b	Recreation	<u>9,639</u>	<u>67</u>
			<i>Total</i>	<u>2,213,532</u>	<u>34,750</u>

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

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2017	Page 14b	of 37
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Entertainment	Description	Date	Amount
Bobby Liggio	Ice Cream	10/2/2016	\$150
Colbath Colors	Painting In The Pines	10/13/2016	\$130
Greenwich International	Reflections Of Art	10/17/2016	\$100
Nick The Balloonatic LLC	Balloon Artist 2 Hours	10/28/2016	\$400
Michael Rinaldi	Mileage For Regional Meeting	10/31/2016	\$70
Colbath Colors	Painting In The Pines	11/11/2016	\$130
Greenwich International	Art	11/21/2016	\$100
Vincent Galizi	Music	11/27/2016	\$150
Alison Terry	Paint Party	12/2/2016	\$600
Colbath Colors	Painting In T He Pines	12/9/2016	\$140
Linwood Peel	Residents Holiday Party	12/11/2016	\$175
Greenwich International	Reflections Of Art	12/19/2016	\$100
Michael Rinaldi	Mileage Dec	12/31/2016	\$125
Vincent Galizi	Concert	1/8/2017	\$150
Colbath Colors	Painting Class	1/12/2017	\$140
Greenwich International	Reflections On Art	1/16/2017	\$100
Irwin Finger	Musical Concert	1/22/2017	\$150
Michael Rinaldi	Jan Mileage	1/31/2017	\$182
Bobby Liggio	Entertainment	2/6/2017	\$150
Colbath Colors	Painting Class	2/10/2017	\$140
Jim Brownold	Music Sunday	2/19/2017	\$150
Greenwich International	Art	2/20/2017	\$100
Michael Rinaldi	Mileage Feb	2/28/2017	\$201
Greenwich International	Reflections Of Art	3/27/2017	\$100
Michael Rinaldi	Mileage March	3/31/2017	\$249
Bobby Liggio	Music	4/2/2017	\$150
Colbath Colors	Painting	4/14/2017	\$130
Greenwich International	Art	4/17/2017	\$100
Plaster Palace LLC	2 Pottery Classes	4/24/2017	\$400
Peter Randazzo	Singer	5/1/2017	\$150
John Goldschmid	Piano Tuning	5/9/2017	\$275
Colbath Colors	Painting	5/12/2017	\$140
Alexander H. Blackiston	Music For Nursing Home Week	5/13/2017	\$200
Rayhan Pasternak	Mothers Day Entertainment	5/14/2017	\$150
Greenwich International	Art And Bank Fee	5/15/2017	\$135
Irwin Finger	Music Nursing Home Week	5/15/2017	\$150
John Goldschmid	Piano	5/16/2017	\$150
Linwood Peel	Music Nursing Week	5/16/2017	\$175
John Turdo	Entertainment For Nursing Home Week	5/17/2017	\$150
Michael Rinaldi	May Mileage	5/31/2017	\$182
Bobby Liggio	Sunday Concert	6/4/2017	\$150
Plaster Palace LLC	Pottery Classes	6/5/2017	\$200
Colbath Colors	Painting	6/9/2017	\$140
Jim Brownold	Sunday Concert	6/18/2017	\$150
Greenwich International	Reflections Of Art	6/19/2017	\$100
Irwin Finger	March Invoice	7/1/2017	\$150
Colbath Colors	Paint Class	7/14/2017	\$140
Irwin Finger	Concert	7/16/2017	\$150
Gene Matera	Sunday Concert	7/29/2017	\$150
Colbath Colors	Painting Class	8/11/2017	\$140
Richard Piti	Sunday Concert	8/13/2017	\$150
Jim Brownold	Concert	8/20/2017	\$150
Bobby Liggio	Concert	8/27/2017	\$150
Richard Dagenais	Concert	9/6/2017	\$60
Colbath Colors	Painting Class	9/8/2017	\$140
Irwin Finger	Music	9/15/2017	\$150
Vincent Galizi	Sunday Concert	9/24/2017	\$150
Greenwich International	Reflections Of Art	9/25/2017	\$100
John Goldschmid	Concert	9/27/2017	\$100
Accr Exp	Miscellaneous	9/30/2017	\$200

Total Entertainment \$9,639

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 367,027	367,027		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 110,869	110,869		
4. Social Security (F.I.C.A.)	\$ 739,562	739,562		
5. Health Insurance	\$ 1,155,137	1,155,137		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 119,750	119,750		
8. Uniform Allowance	\$ 409	409		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 10,006	10,006		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 43,150	43,150		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 41,620	41,620		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 44,506	44,506		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 47,446	47,446		
2. Cellular Phones	\$ 3,462	3,462		
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	\$ 1,005,764	1,005,764		
Subtotal	\$ 3,688,708	3,688,708		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2017	16	37
Item	Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>	3,688,708	3,688,708		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 11,009	11,009		
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 46,733	46,733		
5. Education Expenses Related to Seminars and Conventions	\$ 22,561	22,561		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 29,065	29,065		
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 12,795	12,795		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 46,843	46,843		
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	\$ 11,104	11,104		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 14,844	14,844		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 650	650		
9. Subscriptions	\$ 24,323	24,323		
10. Contributions*** See Attached Schedule	\$ 5,000	5,000		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 122,682	122,682		
12. Administrative Management Services**	\$ 275,000	275,000		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 108,873	108,873		
<i>C-14 Total Administrative & General Expenditures</i>	\$ 4,420,190	4,420,190		

* 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	\$ 1,550		
Advertising - Business Promotions	\$ 45,293		
Total Other Advertising	\$ 46,843	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues - see page 16b	\$ 14,844		
Total Dues	\$ 14,844	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 5,000		
Total Contributions	\$ 5,000	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Background Checks	\$ 6,218		
Data Processing Fees	\$ 3,745		
Software Maintenance	\$ 64,519		
Employee Insurance	\$ 2,947		
Crime Insurance	\$ 4,796		
Facility Licenses	\$ 4,074		
Bank Charges	\$ 21,096		
Medical Records Supplies	\$ 988		
A&G Small Equipment Purchase	\$ 490		
Total Other Administrative and General	\$ 108,873	\$ -	\$ -

Detail of Dues and Subscriptions

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2017	Page 16b	of 37
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Description	Total Amount	Dues	Subscriptions	Chamber of Commerce
CAHCF	13,740	13,740		
Chamber of Commerce	650			650
Creative Forecasting	60		60	
Patient Ping, Inc.	1,000		1,000	
Servarus Corporation	2,250		2,250	
The Journal News	110		110	
The Marlin Company	3,318		3,318	
Berman News Service	7,098		7,098	
Allscripts LLC	2,771		2,771	
Messages on Hold	588		588	
Matrixcare Subscription	4,590		4,590	
Language Line Service	80		80	
PBJ	3,386	1,104	2,282	
Misc	176		176	
	<u>\$ 39,817</u>	<u>\$ 14,844</u>	<u>\$ 24,323</u>	<u>\$ 650</u>

Schedule C-1 - Management Services*

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2017	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 #
Moshe Bernstein	137,500	Management Services	16 m12
Mordi Blass	137,500	Management Services	16 m12

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2017	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 452,329	452,329		
2. Non-Food Supplies	\$ 55,315	55,315		
3. Other (Specify) _____ Dietary Chemicals/Cleaning Supplies	\$ 9,755	9,755		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,233	1,233		
c. Management Services**	\$			
d. Other (Specify) _____ Dietary Small Equipment Purchase 7,978 Nutritional Supplements 66,976	\$ 74,954	74,954		
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 593,586	593,586		
	Total	CCNH	RHNS	(Specify)
2F. Dietary Questionnaire				
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <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.				\$1,603
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				30 IV1
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 type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <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 Greenwich Woods Rehabilitation, LLC		License No. 2403	Report for Year Ended 9/30/2017	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. \$	20,508	20,508	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Chemicals/Detergents \$8,277, Supplies \$809, Equipment Rental \$20,419		\$	29,505	29,505	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	50,013	50,013	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Greenwich Woods Rehabilitation, LLC	2403	9/30/2017	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Served by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	38,986	38,986		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Served by Personnel				
	Amt. \$	465,075	465,075		
c. Management Services*		\$			
d. Other (<i>Specify</i>)		\$			
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 504,061	504,061		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medicare \$341,303, Medicaid \$23,309, Managed Care \$102,560, EverCare \$4,336	\$	471,508	471,508		
b. Medicine Cabinet Drugs	\$	26,114	26,114		
c. Medical and Therapeutic Supplies	\$	21,566	21,566		
d. Ambulance/Limousine***	\$	1,123	1,123		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	38,050	38,050		
f. X-rays and Related Radiological Procedures***	\$	27,703	27,703		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	39,520	39,520		
i. Recreation	\$	4,016	4,016		
j. Other (<i>Specify</i>)**** See Attached Schedule	\$	301,584	301,584		
5K. Total Resident Care Expenditures (5a - 5j)		\$ 931,184	931,184		

* 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)
Specialty Mattresses	\$ 13,639		
Cable TV	\$ 37,422		
Physical Therapy Equipment Rental	\$ 19,222		
Nursing Supplies	\$ 226,641		
Supplies - Social Service	\$ (248)		
Wound Care Supplies	\$ 3,683		
Respiratory Supplies	\$ 1,225		
Total Other Resident Care	\$ 301,584	\$ -	\$ -

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

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403	Report for Year Ended 9/30/2017	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Sparkle	5140 Highway 9, South Howell, NJ 07731	<input checked="" type="radio"/>	<input type="radio"/>	Owners of Greenwich also own % of Sparkle	Housekeeping Services	465,075			20	4b
Finochio Brothers Sanitation	49 Liberty Place, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	22,560			22	6f
Matrixcare	Bin #32 PO Box 1414, Minneapolis, MN 55480	<input type="radio"/>	<input checked="" type="radio"/>		Healthcare system/payables/GL	35,499			16	m11
Saucier Mechanical	148 North Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Repair / Maintenance	72,405			22	6a
Shamrock Land Management	Road, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maint & Landscaping	29,969			22	6f
Iris Cafaro	50 Hoinski Way, Ansonia, CT 06401	<input type="radio"/>	<input checked="" type="radio"/>		AR/Billing Consultant	22,770			16	m11
A. Santino	42 Robin Hill Lane, Hamden, CT 06518	<input type="radio"/>	<input checked="" type="radio"/>		Information Technology	27,751			16	m11
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2017		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 122,372	122,372			
b. Heat	\$ 126,415	126,415			
c. Light & Power	\$ 176,448	176,448			
d. Water	\$ 257,250	257,250			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 8,373	8,373			
f. Other (<i>itemize</i>)	\$ 167,060	167,060			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 857,918	857,918			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 655	655			
b. Building & Building Improvements	\$ 30,600	30,600			
c. Non-Movable Equipment	\$ 8,233	8,233			
d. Movable Equipment	\$ 34,462	34,462			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 73,950	73,950			
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	\$ 1,648,354	1,648,354			
10. Property Taxes					
a. Real estate taxes paid by owner	\$ 125,190	125,190			
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$ 4,060	4,060			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,851,554	1,851,554			

* 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)
Trash Removal	\$ 25,140		
Service Contracts	\$ 46,350		
Maintenance Supplies	\$ 58,288		
Grounds Maintenance	\$ 31,402		
Plant Small Equipment Purchase	\$ 313		
Minor Decorating	\$ 931		
Plant Equipment Rental	\$ 3,288		
Grounds Landscaping	\$ 584		
Laundry Small Equipment Purchase	\$ 764		
Total Other Repairs and Maintenance	\$ 167,060	\$ -	\$ -

Depreciation Schedule

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403		Report for Year Ended 9/30/2017			Page 23	of 37		
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements											
1. Acquired prior to this report period	5,814		5,814	568	SL	Various	388				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	16,000		16,000				267				
A-4. Subtotal								655			
B. Building and Building Improvements											
1. Acquired prior to this report period	55,826		55,826	4,863	SL	Various	7,650				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	391,512		391,512		SL	Various	22,950				
B-4. Subtotal								30,600			
C. Non-Movable Equipment											
1. Acquired prior to this report period	164,657		164,657	8,618	SL	Various	8,233				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
C-4. Subtotal								8,233			
	Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year							
D. Movable Equipment											
1. Motor Vehicles (Specify name, model and year of each vehicle)											
a.											
b.											
c.											
d.											
2. Movable Equipment											
a. Acquired prior to this report period											
b. Disposals (attach schedule)											
c. Acquired during this report period (attach schedule)											
D-3. Subtotal											
E. Total Depreciation											

Greenwich Woods Rehabilitation, LLC
9/30/2017

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
6/30/2017	Crack & Pavement Sealing	\$ 16,000	15	\$ 267
Total additions for Land Improvements		\$ 16,000		\$ 267 *
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:				
10/1/2016	Remodeling/room renovations carpeting, design	\$ 315,266	15	\$ 21,018
10/31/2016	Room remodeling	\$ 3,964	15	\$ 265
3/31/2017	Sprinklers	\$ 34,032	15	\$ 1,134
5/31/2017	Catch Basin	\$ 4,950	15	\$ 165
6/30/2017	Remodeling	\$ 3,078	15	\$ 51
6/30/2017	Gutters Installation	\$ 17,400	15	\$ 290
8/31/2017	Hot Water Pump	\$ 3,253	10	\$ 27
9/30/2017	Sewer Tank	\$ 9,569	15	\$ -
Total additions for Building Improvements		\$ 391,512		\$ 22,950 *
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:				
10/1/2016	Beds	\$ 5,909	5	\$ 1,182
10/31/2016	Furniture for Lobby/units	\$ 9,016	15	\$ 601
11/1/2016	Beds	\$ 11,315	5	\$ 2,074
11/30/2016	Furniture and design services	\$ 2,540	15	\$ 155
12/31/2016	Computers	\$ 6,900	5	\$ 1,035
12/31/2016	Furniture	\$ 1,863	7	\$ 200
12/31/2016	Computers	\$ 2,660	5	\$ 399
1/31/2017	Spot Monitor	\$ 5,990	5	\$ 799
1/31/2017	Beds	\$ 1,055	5	\$ 141
1/31/2017	Smartlinx Software	\$ 2,018	5	\$ 269
2/28/2017	Smartlinx Software	\$ 1,053	5	\$ 123
2/28/2017	Beds	\$ 5,494	5	\$ 641
3/4/2017	Phone System	\$ 8,774	10	\$ 512
4/30/2017	Computers	\$ 16,796	5	\$ 1,400
6/30/2017	Furniture	\$ 45,521	10	\$ 1,138
6/30/2017	Monitor - Temp	\$ 4,945	5	\$ 247
8/31/2017	Security - Computer Camera	\$ 8,545	5	\$ 142
8/31/2017	Furniture	\$ 8,000	5	\$ 133
8/31/2017	Freezer Door	\$ 4,900	5	\$ 82
9/30/2017	Computers	\$ 11,150	5	\$ -
Total additions for Movable Equipment		\$ 164,444		\$ 11,273 *
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 Greenwich Woods Rehabilitation, LLC			License No. 2403		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2017	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					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	02/01/15				
4. Date of Initial Licensure	02/01/15				
5. Total Licensed Bed Capacity	217				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
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			
b. Date Mortgage Obtained		02/01/15			
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)		4			
e. Amount of Principal Borrowed		13,000,000			
f. Principal balance outstanding as of 9/30/2017		13,000,000			
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 Greenwich Woods Rehabilitation, LL		License No. 2403	Report for Year Ended 9/30/2017	Page 26	of 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
Greenwich Woods Rehabilitation, I		2403		9/30/2017		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)				\$	7,220	7,220	
Interest Expense - related party notes							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	7,220	7,220	
14. Insurance							
a. Insurance on Property (buildings only)				\$	39,851	39,851	
b. Insurance on Automobiles				\$	2,586	2,586	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	14,707	14,707	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	78,888	78,888	
Liability							
14d. Total Insurance Expenditures (14a + b + c)				\$	136,032	136,032	
15. Total All Expenditures (A-13 thru C-14)				\$	21,630,228	21,630,228	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC				2403	9/30/2017	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	\$ 16,836	16,836		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10	Occupational Therapy	\$ 813,785	813,785		
7.			Other - See attached Schedule	\$ 51,964	51,964		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1d/e	Accounting & Legal	\$ 25,293	25,293		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 2,022	2,022		
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	16	Automobile Expense (e.g. personal use)	\$ 28,024	28,024		
18.	16	m2/m	Unallowable Advertising *	\$ 46,843	46,843		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 5,000	5,000		
21.	16	m12	Unallowable Management Fees	\$ 275,000	275,000		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 54,867	54,867		
Page 18 - Dietary Expenditures							
24.	30	IV 1	Meals to employees, guests and others who are not residents	\$ 1,603	1,603		
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)				\$ 1,321,237	1,321,237		

* 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	a12m	Social Workers - Marketing Duties	\$ 16,836		
Total Other Salaries Adjustment			\$ 16,836	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b12	Nursing Admin. Purchased Services	\$ 1,011		
13	8e	Doctor - Rehab Director	\$ 27,000		
13	b8a	Medical Director over allowable	\$ 11,553		
13	b2	Dentist	\$ 12,400		
Total Other Fees Adjustments			\$ 51,964	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8a	Chamber of Commerce Dues	\$ 650		
16	12	Employee Relations	\$ 11,009		
16	m13	Crime Insurance	\$ 4,796		
20	4b	Housekeeping Purchased Services - Disallow related party markup	\$ 33,857		
		Benefits on Disallowed Salaries above	\$ 3,367		
16	m11	Marketing - related party	\$ 1,188		
Total Other A&G Adjustments			\$ 54,867	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC				2403	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,321,237	1,321,237		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 471,508	471,508		
28.	20	5d	Ambulance/Limousine	\$ 1,123	1,123		
29.	20	5f	X-rays, etc	\$ 27,703	27,703		
30.	20	5h	Laboratory	\$ 39,520	39,520		
31.	20	5c	Medical Supplies	\$ 21,566	21,566		
32.	20	5e2	Oxygen (non emergency)	\$ 38,050	38,050		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 41,984	41,984		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (26,752)	(26,752)		
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	\$ 931	931		
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	\$ 66,504	66,504		
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)				\$ 2,003,374	2,003,374		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Greenwich Woods Rehabilitation, LLC
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Specialty Mattresses	\$ 13,639		
20	5j	Physical Therapy Equipment Rental	\$ 19,222		
20	5j	Nursing Supplies	\$ 9,123		
Total Other Ancillary Costs			\$ 41,984	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		To include movable depreciation expense at prior owner basis which were purchased by new owner	\$ (26,752)		
Total Excess Movable Equipment Depreciation			\$ (26,752)	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6f	Minor Decorating	\$ 931		
Total Other Property Adjustments			\$ 931	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12c-d	Interest Expense	\$ 7,220		
20	5j	Cable TV	\$ 37,422		
30	IV 8	Collection fees	\$ 1,384		
30	IV 8	Misc. Income	\$ 20,478		
Total Other Adjustments			\$ 66,504	\$ -	\$ -

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
Greenwich Woods Rehabilitation, LLC	2403	9/30/2017		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 20,940,648	20,940,648			
b. Medicaid Room and Board Contractual Allowance **	\$ (11,309,018)	(11,309,018)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 6,515,367	6,515,367			
b. Medicare Room and Board Contractual Allowance **	\$ 1,537,602	1,537,602			
4. a. Private-Pay Residents and Other	\$ 4,053,290	4,053,290			
b. Private-Pay Room and Board Contractual Allowance **	\$ (812,107)	(812,107)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 308,343	308,343			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (308,343)	(308,343)			
c. Prescription Drugs - Non-Medicare	\$ 111,280	111,280			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (108,884)	(108,884)			
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	\$ 1,514,516	1,514,516			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,340,234)	(1,340,234)			
c. Physical Therapy - Non-Medicare	\$ 370,861	370,861			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (367,082)	(367,082)			
4. a. Speech Therapy - Medicare	\$ 122,668	122,668			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (104,380)	(104,380)			
c. Speech Therapy - Non-Medicare	\$ 38,968	38,968			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (37,189)	(37,189)			
5. a. Occupational Therapy - Medicare	\$ 1,333,216	1,333,216			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,212,001)	(1,212,001)			
c. Occupational Therapy - Non-Medicare	\$ 324,415	324,415			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (312,170)	(312,170)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 2,694	2,694			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 21,262,460	21,262,460			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 1,603	1,603			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 20	20			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 21,872	21,872			
V. Total Other Revenue (1 thru 8)	\$ 23,495	23,495			
VI. Total All Revenue (III + V)	\$ 21,285,955	21,285,955			

* 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)
30 / 6a	Oxygen Medicare A	\$ 19,580		
30 / 6a	X-Ray Medicare A	\$ 7,741		
30 / 6a	LAB Medicare A	\$ 26,612		
30 / 6a	Equipment Rental Medicare A	\$ 776		
30 / 6a	IV Therapy Medicare A	\$ 30,176		
30 / 6a	Less: Contractual Adjustment	\$ (84,885)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 / 6b	Oxygen Semi Private	\$ 111		
30 / 6b	Oxygen Medicaid Certified	\$ 10,002		
30 / 6b	Oxygen EverCare	\$ 75		
30 / 6b	Equipment Rental EverCare	\$ 37		
30 / 6b	X-Ray EverCare	\$ 130		
30 / 6b	LAB EverCare	\$ 1,000		
30 / 6b	Oxygen Managed Care	\$ 5,665		
30 / 6b	Equipment Rental Managed Care	\$ 855		
30 / 6b	IV Therapy Managed Care	\$ 2,295		
30 / 6b	X-Ray Managed Care	\$ 2,392		
30 / 6b	LAB Managed Care	\$ 7,651		
30 / 6b	Equipment Rental Medicare Part B	\$ 2,459		
30 / 6b	Less: Contractual Adjustment	\$ (29,978)		
Total Other Resident Revenue		\$ 2,694	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 / IV5	Interest Income	20	\$ 20		
Total Interest Income			\$ 20	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 / IV8	Collection Fees	\$ 1,384		
30 / IV8	Misc. Income	\$ 20,488		
Total Other Revenue		\$ 21,872	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	327,774
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,411,283
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	147,901
a. Prepaid Expense	3,599			
b. Prepaid Insurance	142,096			
c. Prepaid Taxes	2,206			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	117,716
Patient funds held in trust	63,969			
Due from TransCon	53,747			
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,004,674
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	21,814	\$	20,591
	Accum. Depreciation	1,223		Net
3. Buildings	*Historical Cost	447,338	\$	411,875
	Accum. Depreciation	35,463		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	164,657	\$	147,806
	Accum. Depreciation	16,851		Net
6. Movable Equipment	*Historical Cost	326,607	\$	270,111
	Accum. Depreciation	56,496		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	850,383

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 4,855,057	
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>)				
\$ 172,988				
Deposits		172,988		
\$ 172,988				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 172,988				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 5,028,045				

* 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
Greenwich Woods Rehabilitation, LLC		2403	9/30/2017	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,772,812
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>)				\$	906,884
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	8,586
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>)				\$	1,117,320
Accrued Operating Expenses		163,162	Due to Greenwich Wood	619,709	
Resident Trust		63,969			
Accrued Provider User Fee		236,769			
Insurance Accrual		33,711			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,805,602

* 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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount
Total Brought Forward:				3,805,602
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>)				\$

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,805,602

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

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2017	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			\$	1,082,963
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	483,753
6. Gain or Loss for Period			\$	(344,273)
	10/1/2016	thru	9/30/2017	
7. Total Net Worth			\$	1,222,443
C. Total Reserves and Net Worth			\$	1,222,443
D. Total Liabilities, Reserves, and Net Worth			\$	5,028,045

H. Changes in Total Net Worth

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2017	Page 36	of 37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	1,082,963		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	21,285,955		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	21,630,228		
D. Net Income or Deficit			\$	(344,273)		
E. Balance			\$	738,690		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Equity Contributions	500,000					
2. Other (<i>itemize</i>)						
F-3. Total Additions					\$	500,000
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	16,247		
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount			
Distribution			16,247			
2. Other Withdrawings (<i>Specify</i>)			\$			
Purpose		Amount				
3. Total Deductions			\$	16,247		
H. Balance at End of Period		09/30/17	\$	1,222,443		

I. Preparer's/Reviewer's Certification

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2017	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>2/9/18</i>
Printed Name of Preparer Blum Shapiro & Company, P.C.				
Address 2 Enterprise Drive, Suite 302, Shelton CT, 06484			Phone Number 203-944-2100	