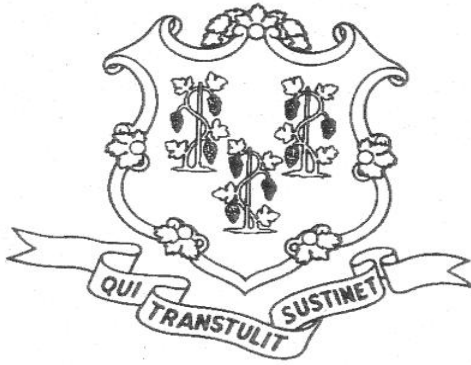


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Windsor Health and Rehabilitation Center, LLC	
Address (No. & Street, City, State, Zip Code) 581 Poquonock Ave, Windsor, CT 06095	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2214-C	RHNS	(Specify)	Medicare Provider 07-5011
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Medicaid Provider Numbers:	CCNH 05-9589	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) Windsor Health and Rehabilitation Center, LLC	License No. 2214-C	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 Windsor Health and Rehabilitation Center, 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) Lara Alatise			Printed Name (Owner) Lara Alatise		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Windsor Health and Rehabilitation Center, LLC	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 581 Poquonock Ave, Windsor, CT 06095				
Report Prepared By CJLC LLC	Phone Number 860-610-9009	Date 3/14/2018		
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-688-7211		Report for Year Ended 9/30/2017		Page 2	of 37
Name of Facility (as shown on license) Windsor Health and Rehabilitation Center, LLC			Address (No. & Street, City, State, Zip) 581 Poquonock Ave, Windsor, CT 06095		
License Numbers:	CCNH 2214-C	RHNS	(Specify)	Medicare Provider No. 07-5011	
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 1/1/2016	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.					
<b>Administrator</b>					
Name of Administrator Lara Alatisé			Nursing Home Administrator's License No.:	1669	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name N/A			License No.:		









**General Information and Questionnaire**  
**Related Parties\***

Name of Facility Windsor Health and Rehabilitation Center, LLC	License No. 2214-C	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	%**				
Mutis Alatise		<input type="radio"/>	<input checked="" type="radio"/>		Clerk	10/A4	39,360	39,360
Lara Alatise		<input type="radio"/>	<input checked="" type="radio"/>		Administrator	10/A2	126,442	126,442
Damilola Alatise		<input type="radio"/>	<input checked="" type="radio"/>		Business Office	10/A4	23,840	23,840
PROSPERITY HOLDINGS I, LLC		<input type="radio"/>	<input checked="" type="radio"/>		Rent Building	22/9	296,100	296,100
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Windsor Health and Rehabilitation Center, LLC	License No. 2214-C	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
Windsor Health and Rehabilitation Center, LLC			2214-C	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						
Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/01/15	60 months	319	319	
	<input type="radio"/>	<input checked="" 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"/>						
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>
							319	

\* 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 Windsor Health and Rehabilitation	License No. 2214-C	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 1 CJLC LLC 2 3 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin Street, East Hartford, CT 06108
--	---

Services Provided by This Firm (*describe fully*)

1 Medicaid and Medicare Cost Report	\$ 6,000
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 6,000

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

- Yes     No    Pg 15/1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Labor Relations Solutions, LLC 2 Goldman, Gruder & Woods, LLC 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 Labor Management Matters	\$ 511
2 Collection Matters	\$ 2,139
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 2,650

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

- Yes     No    Pg 15/1e

**Schedule of Resident Statistics**

Name of Facility Windsor Health and Rehabilitation Center, LLC			License No. 2214-C		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	108	108			108	108			108	108			
B. On last day of THIS report period	108	108			108	108			108	108			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	87	87			87	87			86	86			
B. As of midnight of THIS report period	84	84			86	86			84	84			
3. Total Number of Days Care Provided During Period													
A. Medicare	2,853	2,853			1,980	1,980			873	873			
B. Medicaid (Conn.)	23,611	23,611			17,299	17,299			6,312	6,312			
C. Medicaid (other states)													
D. Private Pay	1,634	1,634			1,302	1,302			332	332			
E. State SSI for RCH													
F. Other (Specify) Managed	1,707	1,707			1,378	1,378			329	329			
G. Total Care Days During Period (3A thru F)	29,805	29,805			21,959	21,959			7,846	7,846			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	249	249			205	205			44	44			
B. Other Bed Reserve Days	1	1			1	1							
5. <b>Total Resident Days (3G + 4A + 4B)</b>	30,055	30,055			22,165	22,165			7,890	7,890			

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

Name of Facility Windsor Health and Rehabilitation Center, LLC			License No. 2214-C			Report for Year Ended 9/30/2017			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-IID				
No. of Residents	84												
Per Diem Rate													
a. One bed rm.					456.00								
b. Two bed rms.					424.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									768	768			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									241	241			
2. Restorative Treatments													
C. Other									3,181	3,181			
D. <b>Total Physical Therapy Treatments</b>									4,190	4,190			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									772	772			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									339	339			
2. Restorative Treatments													
C. Other									1,871	1,871			
D. <b>Total Speech Therapy Treatments</b>									2,982	2,982			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,251	1,251			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									265	265			
2. Restorative Treatments													
C. Other									4,872	4,872			
D. <b>Total Occupational Therapy Treatments</b>									6,388	6,388			

### Report of Expenditures - Salaries & Wages

Name of Facility Windsor Health and Rehabilitation Center, LLC	License No. 2214-C	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	126,442	2,064				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	176,744	9,629				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	355,989	30,638				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	180,749	19,835				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	85,920	3,460				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	86,995	8,576				
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						
b. RN						
1. Direct Care	450,281	14,672				
2. Administrative**	367,918	7,567				
c. LPN						
1. Direct Care	654,609	20,156				
2. Administrative**						
d. Aides and Attendants	1,217,136	111,950				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	65,019	4,164				
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	54,654	1,816				
n. Marketing						
o. Other (Specify) See Attached Schedule	336	26				
<i>A-13. Total Salary Expenditures</i>	3,822,792	234,553				

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

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

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





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

Name of Facility				License No.	Report for Year Ended			Page	of	
Windsor Health and Rehabilitation Center, LLC				2214-C	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)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
Mutis Alatise	39,360				Clerk	2,040	A4			
Damilola Alatise	23,840				Business Office	1,192	A4			

\* 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	
Windsor Health and Rehabilitation Center, LLC				2214-C	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)							
<b>Section III - Administrators***</b>										
Lara Alatise	126,442				Administrator	2,064	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Windsor Health and Rehabilitation Center, LLC	2214-C	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	14,030	Contract				
3. Pharmacist	4,280	Contract				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	181,606	Contract				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	30,950	Contract				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	550	Contract				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	93,525	Contract				
b. Other						
10. Occupational Therapist						
a. Resident Care	244,491	Contract				
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						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>569,431</b>					

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

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

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



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

Name of Facility	License No.	Report for Year Ended		Page	of
Windsor Health and Rehabilitation Center, LLC	2214-C	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 227,320	227,320			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 70,712	70,712			
4. Social Security (F.I.C.A.)	\$ 292,424	292,424			
5. Health Insurance	\$ 554,228	554,228			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$ 85	85			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 124,233	124,233			
d. Accounting and Auditing	\$ 6,000	6,000			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 2,650	2,650			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 16,468	16,468			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 22,559	22,559			
2. Cellular Phones	\$ 2,050	2,050			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 250	250			
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	\$ 542,232	542,232			
<b>Subtotal</b>	\$ 1,861,210	1,861,210			

\* 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
Windsor Health and Rehabilitation Center, LLC	2214-C	9/30/2017	16	37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>	1,861,210	1,861,210		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 689	689		
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 1,376	1,376		
5. Education Expenses Related to Seminars and Conventions	\$ 100	100		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$			
7. Other ( <i>Specify</i> )	\$			
See Attached Schedule				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 1,148	1,148		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )***	\$ 4,982	4,982		
See Attached Schedule				
4. Fund-Raising***	\$			
5. Medical Records	\$ 332	332		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 2,504	2,504		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$			
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions***	\$			
See Attached Schedule				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$			
12. Administrative Management Services**	\$			
13. Other ( <i>Specify</i> )	\$ 199,553	199,553		
See Attached Schedule				
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,071,894	2,071,894		

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

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Admin/Gen Advertising/Mrktng	\$ 4,982		
<b>Total Other Advertising</b>	\$ 4,982	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
<b>Total Dues</b>	\$ -	\$ -	\$ -

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Administration/General Other	\$ 10		
Administration 401k Admin Fees	\$ 1,335		
Admin/Gen Employment Expense	\$ 2,618		
Admin/Gen Employee Expense	\$ 3,362		
Admin/General Accounting Fees	\$ 82,244		
Admin/General Data Processing	\$ 65,772		
Admin/General Professional Srv	\$ 6,698		
Admin/General Bank Fees	\$ 21,904		
Admin/Gen Meetings & Seminars	\$ 724		
Business Meals	\$ 28		
Admin/General Licenses	\$ 843		
Admin/General Penalties	\$ 15,659		
Administration/General Misc.	\$ (1,646)		
Misc. Expenses	\$ 4		
<b>Total Other Administrative and General</b>	\$ 199,553	\$ -	\$ -



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

Name of Facility Windsor Health and Rehabilitation Center	License No. 2214-C	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 #
N/A			

\* 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 Windsor Health and Rehabilitation Center, LLC	License No. 2214-C	Report for Year Ended 9/30/2017	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 175,670	175,670		
2. Non-Food Supplies	\$ 27,812	27,812		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**	\$			
d. Other (Specify) _____	\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 203,482</b>	<b>203,482</b>		
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 type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" 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		License No.	Report for Year Ended	Page	of
Windsor Health and Rehabilitation Center, LLC		2214-C	9/30/2017	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	4,063	4,063	
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)		\$	23,134	23,134	
c. Management Services**		\$			
d. Other (Specify) Supplies		\$	2,842	2,842	
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	<b>30,039</b>	<b>30,039</b>	
<b>3F. Laundry Questionnaire</b>					
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	
Windsor Health and Rehabilitation Center, LLC	2214-C	9/30/2017	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. \$	22,954	22,954		
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. \$	28,031	28,031		
c. Management Services*	\$				
d. Other ( <i>Specify</i> )	\$				
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	50,985	50,985		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	210,703	210,703		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	107,575	107,575		
d. Ambulance/Limousine***	\$	5,682	5,682		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	6,864	6,864		
f. X-rays and Related Radiological Procedures***	\$	11,174	11,174		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	18,997	18,997		
i. Recreation	\$	4,091	4,091		
j. Other (Specify)**** See Attached Schedule	\$	59,468	59,468		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	424,553	424,553		

\* 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.



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

Name of Facility Windsor Health and Rehabilitation Center, LLC			License No. 2214-C		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
HEALTHCARE SERVICES GROUP, INC.	3220 Tiffimsm Drive, Suite 300, Bensalem, PA	<input type="radio"/>	<input type="radio"/>		Laundry Services	23,134			19	3b
HEALTHCARE SERVICES GROUP, INC.	3220 Tiffimsm Drive, Suite 300, Bensalem, PA	<input type="radio"/>	<input type="radio"/>		Houskeeping Services	28,031			20	4b
USA HAULING & RECYCLING INC.		<input type="radio"/>	<input type="radio"/>		Trash Removal	43,289			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"/>							

\* 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
Windsor Health and Rehabilitation Center, LL	2214-C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 65,450	65,450				
b. Heat	\$ 39,898	39,898				
c. Light & Power	\$ 79,125	79,125				
d. Water	\$ 23,013	23,013				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 319	319				
f. Other ( <i>itemize</i> )	\$ 97,311	97,311				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 305,116	305,116				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 96,667	96,667				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 73,210	73,210				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 169,877	169,877				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$ 1,170	1,170				
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 11,059	11,059				
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 12,229	12,229				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 296,100	296,100				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 55,163	55,163				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 10,932	10,932				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 544,302	544,302				

\* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.









## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
6/24/2017	Bladder scanner	\$ 9,690	5	\$ 1,938
5/23/2017	Overhead tables	\$ 5,357	10	\$ 536
7/6/2017	Overhead tables	\$ (1,688)	10	\$ (169)
10/6/2016	Recliner	\$ 575	5	\$ 115
<b>Total additions for Movable Equipment</b>		\$ 13,934		\$ 2,420 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
12/22/2016	Flooring, vinyl	\$ 10,174	10	\$ 1,017
10/16/2017	Asphalt driveway	\$ 37,961	8	\$ 4,745
9/20/2017	Renovations	\$ 7,700	10	\$ 770
<b>Total additions for Leasehold Improvement</b>		\$ 55,834		\$ 6,532 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Annual Report of Long-Term Care Facility**

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Windsor Health and Rehabilitation Center, LLC			2214-C		9/30/2017			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1. Organization Expense	1	16	5	5,850	878	SL	20	1,170	
2.									
3.									
A-4. Subtotal									1,170
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period				67,903	3,395	SL	15	4,527	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				55,834				6,532	
C-4. Subtotal									11,059
<b>D. Total Amortization</b>									12,229

\* 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 Windsor Health and Rehabilitation Ce	License No. 2214-C	Report for Year Ended 9/30/2017	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	1/1/2016				
2. Date Structure Completed	1/1/1972				
3. If <b>NOT</b> Original Owner, Date of Purchase	1/1/2016				
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	108				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building	2,900,000				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
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 _____					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Windsor Health and Rehabilitation Cd	2214-C	9/30/2017	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)	\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility Windsor Health and Rehabilitation		License No. 2214-C		Report for Year Ended 9/30/2017		Page 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) \$				35,219	35,219		
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D) \$				35,219	35,219		
14. Insurance							
a. Insurance on Property (buildings only) \$				95,416	95,416		
b. Insurance on Automobiles \$				110	110		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage) \$							
2. Fire and Extended Coverage \$							
3. Other (Specify) \$							
14d. <b>Total Insurance Expenditures</b> (14a + b + c) \$				95,526	95,526		
15. <b>Total All Expenditures</b> (A-13 thru C-14) \$				8,153,338	8,153,338		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Windsor Health and Rehabilitation Center, LLC				2214-C	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	10a	Occupational Therapy	\$ 244,491	244,491		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 124,233	124,233		
10.	15	1e	Accounting & Legal	\$ 2,139	2,139		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 610	610		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 4,982	4,982		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 15,659	15,659		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 392,114	392,114		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Admin/General Penalties	\$ 15,659		
<b>Total Other A&amp;G Adjustments</b>			\$ 15,659	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Windsor Health and Rehabilitation Center, LLC				2214-C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 392,114	392,114		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 210,703	210,703		
28.	20	5d	Ambulance/Limousine	\$ 5,682	5,682		
29.	20	5f	X-rays, etc	\$ 11,174	11,174		
30.	20	5h	Laboratory	\$ 18,997	18,997		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 6,864	6,864		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 6,305	6,305		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 651,838	651,838		

\*\*\* 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.

Windsor Health and Rehabilitation Center, LLC  
9/30/2017

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Supplies Billable	\$ 1,493		
20	5j	IV Infusion Therapy	\$ 4,813		
<b>Total Other Ancillary Costs</b>			\$ 6,305	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility Windsor Health and Rehabilitation Center		License No. 2214-C		Report for Year Ended 9/30/2017		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)			
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>							
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 10,010,640	10,010,640					
b. Medicaid Room and Board Contractual Allowance **	\$ (5,064,976)	(5,064,976)					
2. a. Medicaid ( <i>All other states</i> )	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents ( <i>all inclusive</i> )	\$						
b. Medicare Room and Board Contractual Allowance **	\$						
4. a. Private-Pay Residents and Other	\$ 1,501,856	1,501,856					
b. Private-Pay Room and Board Contractual Allowance **	\$ (68,850)	(68,850)					
<b>II. Other Resident Revenue</b>							
1. a. Prescription Drugs - Medicare	\$ 120,318	120,318					
b. Prescription Drugs - Medicare Contractual Allowance **	\$						
c. Prescription Drugs - Non-Medicare	\$ 58,710	58,710					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$						
2. a. Medical Supplies - Medicare	\$ 15,000	15,000					
b. Medical Supplies - Medicare Contractual Allowance **	\$						
c. Medical Supplies - Non-Medicare	\$ (1,458)	(1,458)					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$						
3. a. Physical Therapy - Medicare	\$ 1,590,767	1,590,767					
b. Physical Therapy - Medicare Contractual Allowance **	\$ 295,930	295,930					
c. Physical Therapy - Non-Medicare	\$ 13,546	13,546					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$						
4. a. Speech Therapy - Medicare	\$ 116,043	116,043					
b. Speech Therapy - Medicare Contractual Allowance **	\$						
c. Speech Therapy - Non-Medicare	\$ 97,123	97,123					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$						
5. a. Occupational Therapy - Medicare	\$ 363,507	363,507					
b. Occupational Therapy - Medicare Contractual Allowance **	\$						
c. Occupational Therapy - Non-Medicare	\$ 187,463	187,463					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$						
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (669,695)	(669,695)					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (458,302)	(458,302)					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 8,107,622	8,107,622					
<b>IV. Other Revenue*</b>							
1. Meals sold to guests, employees & others	\$ (1,402)	(1,402)					
2. Rental of rooms to non-residents	\$						
3. Telephone	\$						
4. Rental of Television and Cable Services	\$						
5. Interest Income ( <i>Specify</i> )	\$						
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other ( <i>Specify</i> )	\$ 79,676	79,676					
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 78,274	78,274					
<b>VI. Total All Revenue</b> (III +V)	\$ 8,185,896	8,185,896					

\* 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/II6a	X-Ray Medicare A	\$ 5,052		
30/II6a	Laboratory- Medicare	\$ 31,537		
30/II6a	Oxygen-Private	\$ 363		
30/II6a	Oxygen Medicare A	\$ 1,830		
30/II6a	Equipment Rental- Medicare	\$ -		
30/II6a	Medicare Contract Allow Ancill	\$ (673,470)		
30/II6a	Med B Contract Allow Ancil	\$ (35,007)		
<b>Total Other Resident Revenue - Medicare</b>		\$ (669,695)	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6b	XRay Medicaid	\$ -		
30/II6b	X Ray Private Insurance	\$ 963		
30/II6b	XRay Managed Care	\$ 6,225		
30/II6b	Laboratory-Private	\$ -		
30/II6b	Laboratory-Medicaid	\$ 344		
30/II6b	Laboratory- Other	\$ 3,175		
30/II6b	Laboratory- Managed	\$ 15,502		
30/II6b	Oxygen- Medicaid	\$ 2,725		
30/II6b	Oxygen Private Insurance	\$ 1,469		
30/II6b	Equipment Rental- Private	\$ -		
30/II6b	Equipment Rental- Medicaid	\$ -		
30/II6b	Equipment Rental- Veterans	\$ -		
30/II6b	Equipment Rental- Other	\$ -		
30/II6b	Medicaid Contr Allow Ancilla	\$ (56,967)		
30/II6b	Other Contract Allow Ancillary	\$ (146,590)		
30/II6b	Mgd Care Contract Allow Ancill	\$ (284,649)		
30/II6b	Transportation Service	\$ (498)		
<b>Total Other Resident Revenue</b>		\$ (458,302)	\$ -	\$ -

**Interest Income**

**Account**

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

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30/IV8	Misc. Income	\$ 79,676		
<b>Total Other Revenue</b>		\$ 79,676	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Windsor Health and Rehabilitation Cen	2214-C	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	162,756
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,027,516
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	232,469
a. Prepaid Insurance	220,355			
b. PrePaid Real Estate Taxes	9,191			
c. PrePaid Personal Property Tax	1,335			
d. Prepaid Other Expenses	1,588			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	101,466
Due From Seller	2,876			
Due To Seller	(14,521)			
Due From Prosperity Holdings I	113,111			
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,524,206
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>123,737</u>		\$	109,282
	Accum. Depreciation <u>14,454</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>367,887</u>		\$	241,779
	Accum. Depreciation <u>126,108</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	13,123
Book vs Cost	13,123			
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	364,185

\* 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
Windsor Health and Rehabilitation Cen	2214-C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	1,888,391
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost <u>2,900,000</u>	
			Accum. Depreciation <u>169,167</u>	Net
			\$	2,730,833
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	2,730,833
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	4,565
3. Organization Expense			*Historical Cost <u>5,850</u>	
			Accum. Depreciation <u>2,048</u>	Net
			\$	3,802
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> )			\$	
_____				
_____				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	8,367
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	4,627,591

\* 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
Windsor Health and Rehabilitation Center, LL	2214-C	9/30/2017	33	37
Account			Amount	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$	692,222
2. Notes Payable ( <i>itemize</i> )			\$	59,204
Note Payable- Insurance				
59,204				
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> )			\$	277,167
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	
6. Accrued Payroll Taxes Payable			\$	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	(15,507)
9. Mortgage Payable ( <i>Current Portion</i> )			\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )			\$	(3,133)
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities ( <i>itemize</i> )			\$	338,215
Insurance Payable			(18,941)	Rent Payable (1,625)
Property Insurance			8,064	Due to Member - Alatise 32,430
Liability Insurance			5,903	
LOC Payable			312,384	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>			<b>\$</b>	<b>1,348,169</b>

\* 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 Windsor Health and Rehabilitation Center,	License No. 2214-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount
Total Brought Forward:				1,348,169
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
_____				
_____				
_____				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,348,169

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Windsor Health and Rehabilitation Ce	2214-C	9/30/2017	35	37	
Account			Amount		
<b>A. Reserves</b>					
1. Reserve for value of leased land			\$		
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$		
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$		
4. Reserve for leasehold real properties on which fair rental value is based			\$	3,110,619	
5. Reserve for funds set aside as donor restricted			\$		
6. Total Reserves			\$	3,110,619	
<b>B. Net Worth</b>					
1. Owner's Capital			\$		
2. Capital Stock			\$		
3. Paid-in Surplus			\$		
4. Treasury Stock			\$		
5. Cumulated Earnings			\$	136,246	
6. Gain or Loss for Period					
	10/1/2016	thru	9/30/2017	\$	32,558
7. Total Net Worth			\$	168,804	
<b>C. Total Reserves and Net Worth</b>			\$	3,279,422	
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,627,591	

### H. Changes in Total Net Worth

Name of Facility Windsor Health and Rehabilitation Center	License No. 2214-C	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			\$	(107,222)	
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	8,185,896	
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	8,153,338	
D. Net Income or Deficit			\$	32,558	
E. Balance			\$	(74,664)	
F. Additions					
1. Additional Capital Contributed ( <i>itemize</i> )					
2. Other ( <i>itemize</i> )					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$		
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount		
2. Other Withdrawings ( <i>Specify</i> )			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. <b>Balance at End of Period</b>			\$	(74,664)	
				09/30/17	

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

Name of Facility Windsor Health and Rehabilitation Center,	License No. 2214-C	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)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
CJLC LLC				
Address			Phone Number	
225 Pitkin Street, East Hartford, CT 06108			860-610-9009	