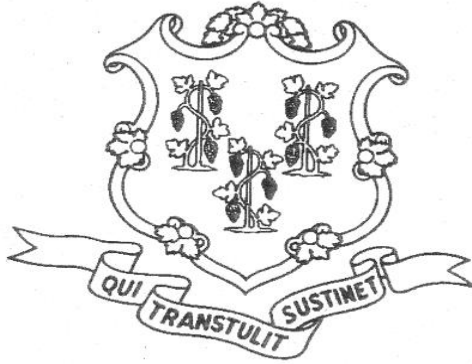


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing Center	
Address (No. & Street, City, State, Zip Code) 26 Shenipsit Lake Road, Tolland, CT 06084	
Type of Facility 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 2433	RHNS	(Specify)	Medicare Provider 07-5382
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Medicaid Provider Numbers:	CCNH 20991	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Prospect ECHN ElderCare Services, Inc. d/b/a Woodla	License No. 2433	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 Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing Center [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) Michael Veillette, Chief Financial Officer			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursi		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 26 Shenipsit Lake Road, Tolland, CT 06084				
Report Prepared By Christopher Pelletier, Prospect ECHN ElderCare Services, Inc.		Phone Number (860) 646-1222 ext. 22	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility (860) 872-2999	Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at T		Address (No. & Street, City, State, Zip) 26 Shenipsit Lake Road, Tolland, CT 06084		
License Numbers:	CCNH 2433	RHNS (Specify)	Medicare Provider No. 07-5382	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" 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 checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," explain fully.				
Effective October 1, 2016, ECHN ElderCare Services, Inc. was sold to Prospect ECHN Eldercare Services, Inc., which is indirectly owned by Prospect Medical Holdings, Inc. The sale covered substantially all of the assets of Woodlake. The sale did not include Woodlake's restricted, trustee held or escrowed funds. See Note 1 from the September 30, 2016 Eastern Connecticut Health Network, Inc. Audited Consolidated Financial Statements provides additional information about the sale and is included as an attachment to this filing. Effective June 12, 2017, the building and equipment were sold to MedEquities Realty Operating Partnership, LP. The sale was accounted for as a capital lease.				
Administrator				
Name of Administrator Katherine Hawley		Nursing Home Administrator's License No.:	001751	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodla	License No. 2433	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	%**				
Prospect CT Medical Foundation, Inc. (ECMP)	71 Haynes Street, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Medical Director	13/B8a	57,000	57,000
Prospect ECHN, Inc.	71 Haynes Street, Manchester, CT 06040	<input type="radio"/>	<input checked="" type="radio"/>		Legal, Financial, HR, and Administration (d	16/m12	323,861	323,861
Prospect Rockville Hospital, Inc.	31 Union Street, Vernon, CT 06066	<input checked="" type="radio"/>	<input type="radio"/>	99%	Laboratory (disallowed on p. 29)	20/5H	71,536	71,536
CorpCare Occupational Health	71 Haynes Street, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Employee physicals	15/1A9	48,023	48,023
Prospect Rockville Hospital, Inc.	31 Union Street, Vernon, CT 06066	<input checked="" type="radio"/>	<input type="radio"/>	99%	Building maintenance management	22/6f	139,548	139,548
Ambulance Service of Manchester	PO Box 300, Manchester, CT 06040	<input checked="" type="radio"/>	<input type="radio"/>	99%	Ambulance Services (disallowed on p.28)	20/5d	28,544	28,544
Prospect Medical Holdings	3415 S. Sepulveda Blvd, 9th Floor, Los Angeles, CA 90034	<input type="radio"/>	<input checked="" type="radio"/>		Management (disallowed on p. 28)	16/m12	15,344	15,344
		<input type="radio"/>	<input 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 Prospect ECHN ElderCare Services, Inc. d/b/a	License No. 2433	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.

ECHN is the parent company of Woodlake. Revenues and expenses of ECHN were allocated to Woodlake based on a fixed percentage. The percentage was determined based on the percentage of Woodlake revenue to the total revenues of the system. Prospect Medical Holdings (Prospect) is the parent company ECHN. Allocation of ECHN and Prospect expenses are on page 16/m12 and Schedule C-1. These expenses are disallowed on page 28.

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 Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at			License No. 2433	Report for Year Ended 9/30/2017			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes Credit Corporation, 27 Waterview Drive, Shelton, CT 06484-4361	<input type="radio"/>	<input checked="" type="radio"/>	Digital mail machine, postage meter	10/22/13	10/22/13 - 10/22/18	2,457	2,457	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes	<input type="radio"/> No
							Total ***	2,457

* 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 Prospect ECHN ElderCare Services	License No. 2433	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 BDO	330 North Wabash, Suite 3200, Chicago, IL 60611
2 Whittlesey & Hadley	147 Charter Oak Ave., Hartford, CT 06106
3	
4	

Services Provided by This Firm (*describe fully*)

1 Financial statement audit	\$ \$0 - Charged to parent comp.
2 Pension plans preparation and filings	\$ 200
3	\$
4	\$

Charge for Services Provided
\$ 200

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 None	
2	
3	
4	
5	

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

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$

Charge for Services Provided
\$

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

Schedule of Resident Statistics

Name of Facility			License No.			Report for Year Ended				Page		of	
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rel			2433			9/30/2017				8		37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	130	130			130	130			130	130			
B. On last day of THIS report period	130	130			130	130			130	130			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	123	123			123	123			123	123			
B. As of midnight of THIS report period	121	121			123	123			121	121			
3. Total Number of Days Care Provided During Period													
A. Medicare	7,375	7,375			5,682	5,682			1,693	1,693			
B. Medicaid (Conn.)	27,069	27,069			19,863	19,863			7,206	7,206			
C. Medicaid (other states)													
D. Private Pay	7,632	7,632			5,706	5,706			1,926	1,926			
E. State SSI for RCH													
F. Other (Specify) Other Insurance	2,164	2,164			1,736	1,736			428	428			
G. Total Care Days During Period (3A thru F)	44,240	44,240			32,987	32,987			11,253	11,253			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	9	9			9	9							
B. Other Bed Reserve Days	87	87			61	61			26	26			
5. Total Resident Days (3G + 4A + 4B)	44,336	44,336			33,057	33,057			11,279	11,279			

Schedule of Resident Statistics (Cont'd)

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/	License No. 2433	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	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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	21	77		23				
Per Diem Rate								
a. One bed rm.	559.06	240.73		472.00				
b. Two bed rms.				429.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	3,593	3,593		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	255	255		
C. Other	26,493	26,493		
D. Total Physical Therapy Treatments	30,341	30,341		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	370	370		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	67	67		
C. Other	1,528	1,528		
D. Total Speech Therapy Treatments	1,965	1,965		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,144	2,144		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	219	219		
C. Other	23,965	23,965		
D. Total Occupational Therapy Treatments	26,328	26,328		

Report of Expenditures - Salaries & Wages

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at	License No. 2433	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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	164,586	1,954				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	269,267	14,794				
5. Dietary Service						
a. Head Dietitian	75,631	3,042				
b. Food Service Supervisor	62,935	2,246				
c. Dietary Workers	384,717	24,809				
6. Housekeeping Service						
a. Head Housekeeper	24,575	978				
b. Other Housekeeping Workers	249,576	18,099				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor	24,575	978				
b. Other Laundry Workers	11,431	677				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	104,069	3,451				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	205,512	3,910				
b. RN						
1. Direct Care	1,885,169	50,718				
2. Administrative**	325,744	7,589				
c. LPN						
1. Direct Care	634,582	22,004				
2. Administrative**						
d. Aides and Attendants	2,140,749	126,393				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	121,264	6,081				
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	182,689	6,458				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,867,070	294,181				

* 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
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland R				2433	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
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland R				2433	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***										
Katherine Hawley	164,586				Administrator	1,954	10 / A2	none		
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Prospect ECHN ElderCare Services, Inc. d/b/a Woo	2433	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						
2. Dentist	14,742	flat fee contr				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	551,865	10,324				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	57,000	456				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	79,184	1,399				
b. Other						
10. Occupational Therapist						
a. Resident Care	455,941	8,940				
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	48,880	894				
B-13 Total Fees Paid in Lieu of Salaries	1,207,612	22,013				

* 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		License No.	Report for Year Ended		Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlak		2433	9/30/2017		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Eastern CT Medical Professional Foundation, Inc., 71 Haynes Street, Manchester, CT 06040	Medical Director Services - Faria Mahmood	<input checked="checked" type="radio"/>	<input type="radio"/>	Employee of affiliated company.		
Genesis ElderCare Rehabilitation, PO Box 7247-6524, Philadelphia, PA 19170	PT, OT, ST	<input type="radio"/>	<input checked="checked" type="radio"/>			
HealthDrive Dental Group, 85 Barnes Road, Suite 206, Wallingford, CT 06492	Dental care for residents	<input type="radio"/>	<input checked="checked" type="radio"/>			
Pro-Caire, PO Box 801, Tolland, CT 06084	Respiratory Therapy Services	<input type="radio"/>	<input checked="checked" type="radio"/>			
Fusion Rehab Services, LLC, 340 Winter Street, Framingham, MA 01702	PT, OT, ST	<input type="radio"/>	<input checked="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"/>			
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		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a W	2433	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 177,235	177,235			
2. Disability Insurance	\$ 46,524	46,524			
3. Unemployment Insurance	\$ 216,231	216,231			
4. Social Security (F.I.C.A.)	\$ 508,801	508,801			
5. Health Insurance	\$ 1,053,890	1,053,890			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 6,784	6,784			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 48,023	48,023			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 271,504	271,504			
d. Accounting and Auditing	\$ 200	200			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$				
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 13,782	13,782			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 29,692	29,692			
2. Cellular Phones	\$				
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$ 84,142	84,142			
3. Resident Day User Fee	\$ 747,623	747,623			
Subtotal	\$ 3,204,431	3,204,431			

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation : Attachment Page 15
9/30/2017

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
02-9305-75970 Pre-employment physicals (CorpCare)	\$ 39,755		
02-9305-75775 FMLA base (Absence Management)	\$ 3,910		
02-9305-75761 EES Criminal/references check	\$ 4,358		
Total	\$ 48,023	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales taxes	\$ 84,142		
Total	\$ 84,142	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a Wood	2433	9/30/2017	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	3,204,431	3,204,431		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 490	490		
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 1,555	1,555		
5. Education Expenses Related to Seminars and Conventions	\$ 18,826	18,826		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>)	\$ 1,241	1,241		
See Attached Schedule				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)***	\$ 2,538	2,538		
See Attached Schedule				
4. Fund-Raising***	\$			
5. Medical Records	\$ 9,568	9,568		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 4,919	4,919		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 9,195	9,195		
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**	\$ 339,205	339,205		
13. Other (<i>Specify</i>)	\$ 113,357	113,357		
See Attached Schedule				
C-14 Total Administrative & General Expenditures	\$ 3,705,325	3,705,325		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
02-5900-72440 Nurses Week	\$ 1,241		
02-9305-75525 Employee Recognition	\$ -		
02-9010-71051 Employee Recognition-Employee of month; Attendance awards	\$ -		
Total Other Travel and Entertainment	\$ 1,241	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
02-9010-74160 Administration - advertising	\$ 2,538		
Total Other Advertising	\$ 2,538	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
02-9010-73380 Dues - Leading Age	\$ 2,796		
02-9010-73380/73488 Dues - CT Association of Healthcare Facilities	\$ 4,333		
02-9010-73380 Dues - American College of Healthcare Administrators	\$ 310		
02-9010-73380 Dues - NRC Health	\$ 1,756		
Total Dues	\$ 9,195	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
02-9010-73410 - Donations -			
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
02-9010-73488 EES Qualidigm-indepenent nurse consultants per State of CT Co	\$ 65,430		
02-5900-74665 EES Nursing-Professional Credentialing	\$ 2,400		
02-5900-73488 EES Nursing Contracted Svc - electronic health records	\$ 5,931		
02-6155-71230 EES Financing fees Service Fees - CHEFA (credit)	\$ (2,100)		
02-9010-71033 EES Administration Penalties Center for Medicare & Medicaid	\$ 2,641		
02-9010-71049 EES Administration Bank Fees	\$ 16,681		
02-9010-71049 EES Administration Checks/Misc	\$ 496		
02-9010-71140 EES Administration Purchased Svc-VoiceFriend	\$ 4,560		
02-9010-73480 EES Administration Maintenance Contracts-MatrixCare	\$ 13,338		
02-9010-73480 EES Administration Maintenance Contracts-Infoshred	\$ 2,470		
02-9010-73480 EES Administration Maintenance Contracts-Ability Network	\$ 1,374		
02-9010-74320 EES Administration License/Registration-State license	\$ 136		
Total Other Administrative and General	\$ 113,357	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Prospect ECHN ElderCare Services, Inc.	2433	9/30/2017	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 #
Prospect ECHN, Inc., 71 Haynes Street, Manchester, CT 06040	323,861	Accounting, human resources, legal, computer network, insurance and management	16/m12
Prospect Rockville Hospital, Inc., 31 Union Street, Vernon, CT 06066	139,548	Building maintenance	22/6f
Prospect Medical Holdings, 3415 S. Sepulveda Blvd, Los Angeles, CA 90034	15,344	Administration and management (cost is disallowed on page 29)	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 Prospect ECHN ElderCare Services, Inc. d/b/a Woodla		License No. 2433	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	\$ 328,176	328,176		
2.	Non-Food Supplies	\$ 38,847	38,847		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
		\$ 1,140	1,140		
c. Management Services**					
		\$			
d. Other (Specify) _____ Uniforms					
		\$ 582	582		
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 368,745	368,745		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per day:*	133,008	133,008		
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 checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$1,375					
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. \$688					
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$1,375					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item) 30/iv1					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input 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
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlak		2433	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. \$	1,718	1,718	
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. \$	429	429	
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)		\$	93,074	93,074	
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	95,221	95,221	
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	
Prospect ECHN ElderCare Services, Inc. d/b/a	2433	9/30/2017	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	64,800	64,800		
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	55,189	55,189		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced				
	by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	55,189	55,189		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from OmniCare	\$	505,777	505,777		
b. Medicine Cabinet Drugs	\$	2,639	2,639		
c. Medical and Therapeutic Supplies	\$	263,859	263,859		
d. Ambulance/Limousine***	\$	28,544	28,544		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	53,495	53,495		
f. X-rays and Related Radiological Procedures***	\$	35,249	35,249		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	71,536	71,536		
i. Recreation	\$	26,817	26,817		
j. Other (Specify)**** See Attached Schedule	\$	48,373	48,373		
5K. Total Resident Care Expenditures (5a - 5j)	\$	1,036,289	1,036,289		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
02-9010-74320 Admin - probate, State Marshall fees	\$ 825		
02-5900-71074 Nursing - Outside medical services (consolidated billing)	\$ 42,415		
02-5900-71018 Nursing - food	\$ 538		
02-6045-72200 Physical Therapy - supplies	\$ 4,244		
02-6056-72200 Speech Therapy - supplies	\$ 351		
Total Other Resident Care	\$ 48,373	\$ -	\$ -

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

Name of Facility Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabi			License No. 2433		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
Prospect Rockville Hospital, Inc.	31 Union Street, Rockville, CT	<input checked="" type="radio"/>	<input type="radio"/>	Affiliated Corporation	Laboratory services	71,536			20	5h
CWPM	25 Norton Place, PO Box 415, Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Waste Removal	18,017			22	6f
Prospect Rockville Hospital, Inc.	31 Union Street, Rockville, CT	<input checked="" type="radio"/>	<input type="radio"/>	Affiliated Corporation	Building maintenance services	139,548			22	6f
Lighthouse Irrigation	7 Grant Street, Vernon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Grounds maintenance, lawn, snow removal	39,054			22	6a
Rinaldi Linen	47 Commons Court, Waterbury CT	<input type="radio"/>	<input checked="" type="radio"/>		Laundry services	93,074			19	3b
New England Mechanical	166 Tunnel Road, Vernon, CT	<input type="radio"/>	<input checked="" type="radio"/>		HVAC maintenance	21,331			22	6a
Matrixcare	Minneapolis, MN 55480-1414	<input type="radio"/>	<input checked="" type="radio"/>		Billing software maintenance	13,338			16	m13
		<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
Prospect ECHN ElderCare Services, Inc. d/b/a	2433	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 120,508	120,508				
b. Heat	\$ 49,689	49,689				
c. Light & Power	\$ 204,149	204,149				
d. Water	\$ 39,762	39,762				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 2,457	2,457				
f. Other (<i>itemize</i>)	\$ 315,268	315,268				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 731,833	731,833				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 415,020	415,020				
c. Non-Movable Equipment	\$ 28,023	28,023				
d. Movable Equipment	\$ 142,355	142,355				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 585,398	585,398				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 73,827	73,827				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 4,963	4,963				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 664,188	664,188				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
02-9360-73488 Plant Operations - Rockville General Hospital Mgmt Svcs	\$ 139,548		
02-9360-73488 Plant Operations - Contracted Services Other (Fire Protection Testing)	\$ 11,618		
02-9360-73488 Plant Operations - Contracted Services Other (HVAC repairs)	\$ 21,331		
02-9360-73488 Plant Operations - Contracted Services Other (vehicle, equipment repairs)	\$ 3,997		
02-9360-73488 Plant Operations - Contracted Services Other (elevator maintenance)	\$ 1,687		
02-9360-73488 Plant Operations - Contracted Services Other (damage restoration)	\$ 8,250		
02-9360-73488 Plant Operations - Contracted Services Other (Other r&m)	\$ 30,196		
02-9360-71040 Waste Removal - CWPM	\$ 18,017		
02-9360-71040 Waste Removal - Other vendors	\$ 3,364		
02-9360-71050 Plant Operations Otis Elevator Maintenance contract	\$ 3,530		
02-9360-71530 Sewer	\$ 73,285		
02-9360-73740 Plant Operations Equipment Rental	\$ 445		
Total Other Repairs and Maintenance	\$ 315,268	\$ -	\$ -

Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing Center
9/30/2017

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
10/1/2016	Adjustment to valuation at 10/1/16 per appraisal	\$ (60,379)		
		\$ -		\$ -
Total deletions for Land Improvements		\$ (60,379)		\$ - **

*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:				
9/26/2016	Firestopping at firewalls, mineral wool, firecaulk	\$ 12,781	15	\$ 426
2/20/2017	Ceiling tiles	\$ 6,615	8	\$ 413
12/31/2016	Mechanical engineering, HVAC drawings	\$ 8,000	15	\$ 267
9/21/2017	Patient Room Renovations	\$ 427,389	10	\$ 21,466
6/25/2017	Protective sheet on lower edge of patient room doors	\$ 9,429	10	\$ 471
6/25/2017	New glass-60 new insulated low-e units; 16 new window screens	\$ 23,840	25	\$ 477
10/1/2016	Adjustment to valuation at 10/1/16 per appraisal-building	\$ 7,162,226	20	\$ 391,500
Total additions for Building Improvements		\$ 7,650,280		\$ 415,020 *
Deletions:				
10/1/2016	Adjustment to valuation at 10/1/16 per appraisal	\$ (11,957,730)		
Total deletions for Building Improvements		\$ (11,957,730)		\$ - **

*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:				
1/31/2017	Laundry room floor	\$ 2,700	15	\$ 90
8/11/2017	Invacare side entry tub with seat lift	\$ 11,380	20	\$ 285
10/1/2016	Adjustment to valuation at 10/1/16 per appraisal	\$ 87,900	1-8 years	\$ 28,030
Total additions for Non-Movable Equipment		\$ 101,980		\$ 28,405 *
Deletions:				
10/1/2016	Adjustment to valuation at 10/1/16 per appraisal	\$ (761,495)		
Total deletions for Non-Movable Equipment		\$ (761,495)		\$ - **

*Ties to Page 23, Line C3

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/24/2017	Aruba Airwave with rapids & visual RF	\$ 768	5	\$ 77
1/20/2017	Server & Wireless Access Point	\$ 9,571	5	\$ 957
1/31/2017	APC Smart-ups 1500va LCD audiblfe alarm disabled	\$ 545	5	\$ 54
2/14/2017	Aruba Instant IAP-205 wireless access point	\$ 1,531	5	\$ 153
2/15/2017	Cisco SMARTnet - Extended service agreement	\$ 568	5	\$ 57
2/8/2017	Work for complete access point cabling	\$ 5,241	5	\$ 524
3/29/2017	Cisco hardware	\$ 313	5	\$ 31
4/13/2017	Hardware switch-24 ports	\$ 2,247	5	\$ 225
4/21/2017	Wiring and cabling for additional computer access	\$ 1,546	5	\$ 155
2/27/2017	Chairs/tables	\$ 903	5	\$ 90
4/14/2017	Bright Spot Jeron AV-680	\$ 2,425	10	\$ 121
4/17/2017	Patient Room furniture for 100 rooms-bedside cabinets, drawers, headboard	\$ 228,449	15	\$ 7,555
7/3/2017	(2) Reliant 450 Series Floor lifts with digital lift scales	\$ 4,497	10	\$ 225
7/10/2017	Steamer boiler	5,675	10	\$ 284
8/31/2017	Blue Chip Power Elite low air loss mattress	3,031	10	\$ 152
10/1/2016	Adjustment to valuation at 10/1/16 per appraisal	240,300	1-8 years	\$ 130,345
Total additions for Movable Equipment		\$ 507,611		\$ 141,005
Deletions:				
10/1/2016	Adjustment to valuation at 10/1/16 per appraisal	\$ (1,456,711)		
Total deletions for Movable Equipment		\$ (1,456,711)		\$ -

*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

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
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at			2433		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							
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 Prospect ECHN ElderCare Services, Inc.	License No. 2433	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 type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	12/18/91			
2. Date Structure Completed	2/18/93			
3. If NOT Original Owner, Date of Purchase	n/a			
4. Date of Initial Licensure	02/01/93			
5. Total Licensed Bed Capacity	130			
6. Square Footage	64,800			
7. Acquisition Cost				
a. Land	720,000			
b. Building	7,013,083			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
MedEquities Realty Operating Partnership, LP, 3100 West End Avenue, Suite 1000, Nashville,	26 Shenipsit Lake Road, Tolland, CT	06/12/17	12 years	900,000

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
Prospect ECHN ElderCare Services,		2433	9/30/2017		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 27,455	27,455		
Name of Lender		Rate				
Medequities Realty Operating Partnership, LP		1.69%				
Address of Lender						
3100 West End Avenue, Suite 1000Nashville, TN 37203						
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)			\$ 27,455	27,455		

(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	
Prospect ECHN ElderCare Service		2433		9/30/2017		27 37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				27,455	27,455		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$	2,315	2,315	
A. Item		Rate	Amount				
Boiler		6.10%	11,041				
Lender							
First Independence Bank							
Address of Lender							
6960 Orchard Lake Road West Bloomfield, MI 48322							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$	2,315	2,315	
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	29,770	29,770	
14. Insurance							
a. Insurance on Property (buildings only)				\$			
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$			
15. Total All Expenditures (A-13 thru C-14)				\$	14,761,242	14,761,242	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at To				2433	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.	13	B10	Occupational Therapy	\$ 455,941	455,941		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1C	Bad Debts	\$ 271,504	271,504		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L7	Gifts, flowers and coffee shops	\$ 1,241	1,241		
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 18,826	18,826		
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 *	\$ 2,538	2,538		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	M4	Fund Raising / Contributions	\$			
21.	16	M12	Unallowable Management Fees	\$ 339,205	339,205		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 1,652	1,652		
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)				\$ 1,090,907	1,090,907		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

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

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at			2433	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,090,907	1,090,907		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 505,777	505,777		
28.	20	5d	Ambulance/Limousine	\$ 28,544	28,544		
29.	20	5f	X-rays, etc	\$ 35,249	35,249		
30.	20	5h	Laboratory	\$ 71,536	71,536		
31.			Medical Supplies	\$			
32.	20	5 e2	Oxygen (non emergency)	\$ 53,495	53,495		
33.	20	5j	Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 47,548	47,548		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,833,056	1,833,056		

*** 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.

Prospect ECHN ElderCare Services, Inc. d/b/a Woodlake at Tolland Rehabilitation and Nursing Center
 9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	02-5900-71018 Nursing - Food	\$ 538		
20	5j	02-5900-71074 Nursing - Outside medical services (consolidated billing)	\$ 42,415		
20	5j	02-6045-72200 Physical therapy supplies	\$ 4,244		
20	5j	02-6056-72200 Speech therapy supplies	\$ 351		
20	5j	02-5915-72200 Other rehab supplies			
		Occupational supplies are disallowed on page 29 line 33.			
Total Other Ancillary Costs			\$ 47,548	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Prospect ECHN ElderCare Services, Inc.	2433	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>)	\$ 11,681,284	11,681,284			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,141,337)	(5,141,337)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,599,891	4,599,891			
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$ 3,910,289	3,910,289			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 470,124	470,124			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (470,124)	(470,124)			
c. Prescription Drugs - Non-Medicare	\$ 143,243	143,243			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (144,775)	(144,775)			
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	\$ 927,696	927,696			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (801,344)	(801,344)			
c. Physical Therapy - Non-Medicare	\$ 179,652	179,652			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (182,100)	(182,100)			
4. a. Speech Therapy - Medicare	\$ 125,665	125,665			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (99,497)	(99,497)			
c. Speech Therapy - Non-Medicare	\$ 20,247	20,247			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (20,247)	(20,247)			
5. a. Occupational Therapy - Medicare	\$ 850,527	850,527			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (765,098)	(765,098)			
c. Occupational Therapy - Non-Medicare	\$ 167,799	167,799			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (169,891)	(169,891)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,282,004	15,282,004			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 3,746	3,746			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 853	853			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 35,334	35,334			
V. Total Other Revenue (1 thru 8)	\$ 39,933	39,933			
VI. Total All Revenue (III +V)	\$ 15,321,937	15,321,937			

* 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/II 6A	02-5090-30203 IV Therapy - Medicare A	\$ 32,599		
30/II 6A	02-5100-30203 Lab - Medicare A	\$ 418,683		
30/II 6A	02-5215-30203 Radiology Diag - Medicare A	\$ 17,642		
30/II 6A	02-5900-50203 IV Therapy - Medicare A allowances	\$ (32,599)		
30/II 6A	02-5900-50203 Lab - Medicare A allowances	\$ (418,683)		
30/II 6A	02-5900-50203 Radiology Diag - Medicare A allowances	\$ (17,642)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II 6B	02-5090-30204 IV Therapy - Medicaid	\$ (1,533)		
30/II 6B	02-5100-30204 Lab Ipt Med Medicaid	\$ 2,165		
30/II 6B	02-5900-50204 Nursing Allowances - Medicaid			
30/II 6B	02-5090-30209 IV Therapy - HMO	\$ 4,907		
30/II 6B	02-5100-30209 Lab Ipt Med HMO	\$ 2,131		
30/II 6B	02-5215-30209 Radiology Diag - HMO	\$ 1,777		
30/II 6B	02-5900-50209 Nursing Allowances - HMO	\$ (8,815)		
30/II 6B	02-5900-50204 Nursing Allowances - Medicaid	\$ (632)		
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
p. 32 D7	02-9010-39600 Interest Income - investments	-	\$ 798		
	Interest income from payers		\$ 55		
Total Interest Income			\$ 853	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	02-9010-39025 Miscellaneous income - medical records and misc.	\$ 182		
n/a	02-6915-39800 ECHN affiliation charge - other operating revenue	\$ 17,405		
n/a	02-9010-39710 ECHN affiliation charge - Joint Venture income	\$ 17,747		
Total Other Revenue		\$ 35,334	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, Inc	2433	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	28,664
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,573,311
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	35,571
5. Prepaid Expenses			\$	104,788
a. Maintenance contracts	7,372			
b. Property Taxes	74,798			
c. Fee from user fee audit	18,597			
d. Other	4,021			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	9,798,863
<u> Due from affiliates</u>	<u>9,798,863</u>			
A-9. Total Current Assets (Lines A1 thru 8)			\$	12,541,197
B. Fixed Assets				
1. Land			\$	667,774
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>7,650,280</u>		\$	7,235,260
	Accum. Depreciation <u>415,020</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>101,980</u>		\$	73,957
	Accum. Depreciation <u>28,023</u>	Net		
6. Movable Equipment	*Historical Cost <u>507,611</u>		\$	366,606
	Accum. Depreciation <u>141,005</u>	Net		
7. Motor Vehicles	*Historical Cost <u>1,350</u>		\$	
	Accum. Depreciation <u>1,350</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
<u> Adjustment to agree to f/s</u>				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	8,343,597

* 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
Prospect ECHN ElderCare Services, Inc	2433	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	20,884,794
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>)			\$	134,360
Reinsurance Recoverable	134,360			

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	134,360
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	21,019,154

* 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 Prospect ECHN ElderCare Services, Inc. d/b/a	License No. 2433	Report for Year Ended 9/30/2017	Page 33	of 37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	297,528
2. Notes Payable (<i>itemize</i>)			\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	11,041
Name of Lender	Purpose	Amount	Date Due	
First Independence Bank	Capital lease-boiler	11,041	01/01/18	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	97,779
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	80,181
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	742,566
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	9,769,994
	Due to affiliates	8,615,071		
Resident day user fee payable	195,932	Deferred income	80,085	
Other accrued expenses	288,638	Estimated self-insurance	44,567	
Due to third party payers	499,345	Resident trust funds	46,356	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	10,999,089

* 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 Prospect ECHN ElderCare Services, Inc. d/		License No. 2433	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				10,999,089	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 8,903,021	
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>)				\$ 396,325	
Estimated self-insurance liabilities, net of current		396,325			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 9,299,346	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 20,298,435	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Prospect ECHN ElderCare Services, I	2433	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			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	161,033
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	559,686
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	720,719
C. Total Reserves and Net Worth			\$	720,719
D. Total Liabilities, Reserves, and Net Worth			\$	21,019,154

H. Changes in Total Net Worth

Name of Facility Prospect ECHN ElderCare Services, Inc.	License No. 2433	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			\$	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	15,321,937
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,761,242
D. Net Income or Deficit			\$	560,695
E. Balance			\$	560,695
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
Nonoperating income, net of expenses			(1,009)	
F-3. Total Additions			\$	(1,009)
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	559,686
				09/30/17

I. Preparer's/Reviewer's Certification

Name of Facility Prospect ECHN ElderCare Services, Inc.	License No. 2433	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	Title	Date Signed		
Printed Name of Preparer				
Christopher Pelletier				
Address			Phone Number	
71 Haynes Street, Manchester, CT 06040			(860) 646-1222	

Error Check

Level	Item	Reported as	
	Page 23 - Accumulated Dep. of Land Imp.	26,060 is inconsistent with Page 31	-
	Page 23 - Accumulated Dep. of Building Improver	7,236,705 is inconsistent with Page 31	415,020
	Page 23 - Accumulated Dep. of Non-Movable Eq.	414,450 is inconsistent with Page 31	28,023
	Page 23 - Accumulated Dep. of Movable Eq.	1,356,756 is inconsistent with Page 31	141,005