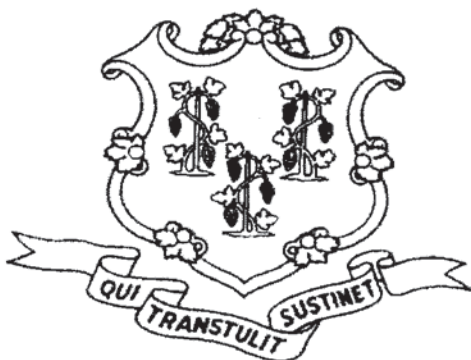


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) RegalCare at Waterbury, LLC	
Address (No. & Street, City, State, Zip Code) 177 Whitewood Road, Waterbury, CT 06708	
Type of Facility	
<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)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2356	RHNS	(Specify)	Medicare Provider 07-5219
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Medicaid Provider Numbers:	CCNH 000009001	RHNS	ICF-IID
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For Department Use Only

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

Table of Contents

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

General Information

Name of Facility (as licensed) RegalCare at Waterbury, LLC	License No. 2356	Report for Year Ended 9/30/2018	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 RegalCare at Waterbury, LLC [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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.{a}

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.

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Craig Dumont			Printed Name (Owner) Eliyahu Mirlis		
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 RegalCare at Waterbury, LLC		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 177 Whitewood Road, Waterbury, CT 06708				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 12/21/2018	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-757-9491		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) RegalCare at Waterbury, LLC		Address (No. & Street, City, State, Zip) 177 Whitewood Road, Waterbury, CT 06708		
License Numbers:	CCNH 2356	RHNS (Specify)	Medicare Provider No. 07-5219	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
N/A				
Administrator				
Name of Administrator Craig Dumont		Nursing Home Administrator's License No.:	2086	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility RegalCare at Waterbury, LLC	License No. 2356	Report for Year Ended 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire Individual Proprietorship

Name of Facility RegalCare at Waterbury, LLC	License No. 2356	Report for Year Ended 9/30/2018	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility RegalCare at Waterbury, LLC	License No. 2356	Report for Year Ended 9/30/2018	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> 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 %**				
RegalCare OP Holding Company, LLC	5 Barlow Road, Edison, NJ 08817	<input type="radio"/>	<input checked="" type="radio"/>	Line of Credit Interest	Pg 27 / Line 12d	61,684	61,684
Regal Care Rehab	26 Firemens Memorial Drive, Suite 205 Pomona, NY 10970	<input type="radio"/>	<input checked="" type="radio"/>	Physical Therapy	Pg 13 / Line B5a	255,977	255,977
Regal Care Rehab	26 Firemens Memorial Drive, Suite 205 Pomona, NY 10970	<input type="radio"/>	<input checked="" type="radio"/>	Speech Therapy	Pg 13 / Line B9a	53,796	53,796
Regal Care Rehab	26 Firemens Memorial Drive, Suite 205 Pomona, NY 10970	<input type="radio"/>	<input checked="" type="radio"/>	Occupational Therapy	Pg 13 / Line B10a	262,614	262,614
		<input type="radio"/>	<input checked="" type="radio"/>	Workers Compensation	Pg 15 / Line 1a1	238,973	238,973
		<input type="radio"/>	<input checked="" type="radio"/>	Health Insurance	Pg 15 / Line 1a5	1,055,817	1,055,817
		<input type="radio"/>	<input checked="" type="radio"/>	Property Insurance	Pg 27 / Line 14a	9,246	9,246
		<input type="radio"/>	<input checked="" type="radio"/>	Liability Insurance	Pg 27 / Line 14c3	76,030	76,030
Various Due To/From Intercompany Loans		<input type="radio"/>	<input checked="" type="radio"/>	Intercompany Loans	Pg 32 / Line D6		

* 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 RegalCare at Waterbury, LLC	License No. 2356	Report for Year Ended 9/30/2018	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.

N/A

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

N/A

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.

N/A

**General Information and Questionnaire
Accounting Basis**

Name of Facility RegalCare at Waterbury, LLC	License No. 2356	Report for Year Ended 9/30/2018	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 If "No," explain.
 No

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, 8th Floor, New Haven, CT 06511
--	---

Services Provided by This Firm (*describe fully*)

1 Management Advisory Services / Cost Report Preparation	\$ 16,795
2	\$
3	\$
4	\$
Charge for Services Provided	
\$ 16,795	

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

- Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 LeClair Ryan 2 Murtha Cullina 3 Goldman, Gruder & Woods LLC 4 CNH Finance 5 See Attached	A=14,709 The Facility self disallowed 14,709 for legal expenses. No accounting fees within this disallowance.	Telephone Number 804-783-2003 860-240-6000 203-899-8900 203-742-3057 various
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Address (No. & Street, City, State, Zip Code)

- 1 PO Box 780054 Philadelphia, PA 19178
- 2 185 Asylum Street, Hartford, CT 06830
- 3 200 Connecticut Avenue, Norwalk, CT 06854
- 4 2 Greenwich Plaza, Greenwich, CT 06830
- 5 Various

Services Provided by This Firm (*describe fully*)

1 Settlement Negotiations (Disallowed \$127 on Pg 28) ^A	\$ 254
2 Licensing / General Legal assistance (Disallowed \$1,016 on Pg 28) ^A	\$ 3,420
3 Insurance Claims / Drafting Letters	\$ 357
4 Line of Credit Financing (Disallowed on Pg 28) ^A	\$ 9,916
5 See Attached (Disallowed \$3650 on Pg. 28) ^A	\$ 8,130
Charge for Services Provided	
\$ 22,077	

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

- Yes No Page 15, Line 1e

General Information and Questionnaire
Accounting Basis

Name of Facility RegalCare at Waterbury, LLC		License No. 2356	Report for Year Ended 9/30/2018	Page 7a	of 37
Legal Services Information					
Name of Legal Firm or Independent Attorney				Telephone Number	
1	Robinson & Cole LLP			203-462-7500	
2	American Arbitration Association			215-732-5002	
3	Yifat Schnur Esquire LLC			347-268-5347	
4	Donahue, Durham & Noonan, P.C.			203-458-9168	
5	Treasurer State of CT			860-702-3000	
6	State Marshall			860-713-5372	
7	Richard G. Boulanger, Esq			508-831-9988	
8	Naugatuck Probate Court			203-720-7046	
Address (No. & Street, City, State, Zip Code)					
1	280 Trumbull Street, Hartford, CT 06103				
2	230 S Broad Street Fl 12, Philadelphia, PA 19178				
3	22 Prescott St, Edison, NJ 08817				
4	741 Boston Post Road, Guilford, CT 06437				
5	55 Elm Street, Ste 5, Hartford, CT 06106				
6	450 Columbus Blvd, Suite 1403, Hartford, CT 06103				
7	PO Box 358, Grafton, MA 01519				
8	229 Church Street, Ste 4, Naugatuck, CT 06770				
Services Provided by This Firm (<i>describe fully</i>)					
1	General Legal Services / NLRB Compliance / Settlements (Disallowed \$16 on Pg 28) A			\$	97
2	Initial Admin Fees			\$	275
3	Employee Settlements / District of CT Matter (Disallowed \$181 on Pg 28) A			\$	3,455
4	NEHC Case (Disallowed on Pg 28) A			\$	702
5	Conservatorship (Disallowed on Pg 28) A			\$	1,263
6	Conservatorship (Disallowed on Pg 28) A			\$	280
7	Arbitration (\$850 Disallowed on Pg 28) A			\$	1,700
8	Conservatorship (Disallowed on Pg 28) A			\$	358
				Charge for Services Provided	
				\$	8,130
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.					
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1e					

Schedule of Resident Statistics (Cont'd)

Name of Facility RegalCare at Waterbury, LLC	License No. 2356	Report for Year Ended 9/30/2018	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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	8	99			4				
Per Diem Rate									
a. One bed rm.	Various		259.64		376.00				
b. Two bed rms.	Various		259.64		353.00				
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,519	2,519		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	224	224		
2. Restorative Treatments	2,021	2,021		
C. Other	10,271	10,271		
D. Total Physical Therapy Treatments	15,035	15,035		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	451	451		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	26	26		
2. Restorative Treatments	236	236		
C. Other	979	979		
D. Total Speech Therapy Treatments	1,692	1,692		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,216	2,216		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	208	208		
2. Restorative Treatments	1,877	1,877		
C. Other	11,054	11,054		
D. Total Occupational Therapy Treatments	15,355	15,355		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
RegalCare at Waterbury, LLC	2356	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	160,183	2,610				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	176,024	10,659				
5. Dietary Service						
a. Head Dietitian	64,126	1,602				
b. Food Service Supervisor	51,264	1,832				
c. Dietary Workers	433,228	22,323				
6. Housekeeping Service						
a. Head Housekeeper	33,494	1,861				
b. Other Housekeeping Workers	323,326	18,890				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	59,695	2,086				
b. Other Maintenance Workers	62,778	3,055				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	98,586	5,642				
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	195,418	4,212				
b. RN						
1. Direct Care	518,015	12,826				
2. Administrative**	320,269	10,926				
c. LPN						
1. Direct Care	1,541,544	43,268				
2. Administrative**						
d. Aides and Attendants	1,790,522	88,174				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	111,176	5,281				
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	86,323	3,023				
n. Marketing	33,709	2,092				
o. Other (Specify)						
See Attached Schedule	244,257	8,787				
A-13. Total Salary Expenditures	6,303,937	249,149				

* 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		Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
		9/30/2018	11					
Name	Fringe Benefits and/or Other Payments (describe fully)	Salary Paid		Full Description of Services Rendered	Total Hours Worked	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
		CCNH	RHNS (Specify)					
Section I - Operators/Owners								
Corinne DiBacco	Non Discriminatory	72,361		Nursing Administrator	524	RegalCare at New Haven	519	71,606
						RegalCare at West Haven	518	71,515
						RegalCare at Torrington	518	71,515
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) RegalCare at Waterbury, LLC	License No. 2356	Report for Year Ended 9/30/2018		Page 12	of 37			
		Name and Address of All Other Employment**	Total Hours Worked			Line Where Claimed on Page 10	Total Hours Worked	Compensation Received
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	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)						
Section III - Administrators***								
Craig Dumont (8/21/18-9/30/18)	16,292		Non Discriminatory	Administrator	290	A2		
Tom Quinn (1/10/18-8/21/18)	29,890		Non Discriminatory	Administrator	576	A2		
William Pond (10/1/17-1/9/18)	114,001		Non Discriminatory	Administrator	1,744	A2		
Section IV - Assistant Administrators								

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
RegalCare at Waterbury, LLC	2356	9/30/2018	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	7,200	195				
3. Pharmacist	13,056	No Hours				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	255,977	3,759				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	60,000	412 - EST				
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	53,796	423				
b. Other						
10. Occupational Therapist						
a. Resident Care	262,614	3,839				
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	128,019	77				
B-13 Total Fees Paid in Lieu of Salaries	780,662	8,293				

* 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 RegalCare at Waterbury, LLC		License No. 2356	Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
LTC Management 174 Scott Road, Prospect, CT 06712	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Integra Scripts, 160 Airport Road, Lakewood, NJ 08701	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
RegalCare Rehab 26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970	Physical, Occupational & Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Onership	
Marc N. Raad, M.D.-503 Wolcott Road, Wolcott, CT 06716	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
INPT & SNF Quality Care, LLC 31 Ridgecrest Dr, Wolcott, CT 06716	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Technical Gas Products, Inc. 101 North Plains Industrial Road, 1B Suite 1, Wallingford, CT	Respiratory Therapist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
O2 Safe Respiratory Services, 101 North Plains Industrial Road, 1B Suite 1, Wallingford, CT	Respiratory Pulmonary Rehab Program	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
MedWiz Solutions, 167 Route 304, Bardonia, NY 10954	IV Insertion	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Waterbury Pulmonary Associates LLC	Pulmonary Rehab Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Waterbury Hospital	ST Expense	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<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 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 checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" 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
RegalCare at Waterbury, LLC	2356	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 238,973	238,973		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 571,889	571,889		
5. Health Insurance	\$ 1,055,817	1,055,817		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 328,101	328,101		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 45,115	45,115		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 23,318	23,318		
d. Accounting and Auditing	\$ 16,795	16,795		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 22,077	22,077		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 11,886	11,886		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 15,545	15,545		
2. Cellular Phones	\$ 1,979	1,979		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 428	428		
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	\$ 758,207	758,207		
Subtotal	\$ 3,090,130	3,090,130		

* 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**

RegalCare at Waterbury, LLC
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	0		
Union Training Fund	\$ 42,855		
Employee Background Checks	2,260		
Total	\$ 45,115	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
RegalCare at Waterbury, LLC	2356	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,090,130	3,090,130			
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 325	325			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 18,014	18,014			
5. Education Expenses Related to Seminars and Conventions	\$ 1,924	1,924			
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>)	\$ 4,306	4,306			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 30,533	30,533			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 1,849	1,849			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 10	10			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 280	280			
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>)	\$ 272,285	272,285			
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 81,101	81,101			
C-14 Total Administrative & General Expenditures	\$ 3,500,757	3,500,757			

* 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)
	0		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Marketing & Advertising	\$ 30,533		
Total Other Advertising	\$ 30,533	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
ACHE Dues	10		
Total Dues	\$ 10	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Licenses	2,964		
Fines, Penalties & Settlements	1,543		
Late Fees	4,550		
Bank Fees	53,147		
Employee Food	1,628		
Employee Relations	4,769		
Discriminatory Bonus	12,500		
Total Other Administrative and General	\$ 81,101	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility RegalCare at Waterbury, LLC	License No. 2356	Report for Year Ended 9/30/2018	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		License No.	Report for Year Ended		Page	of
RegalCare at Waterbury, LLC		2356	9/30/2018		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 242,566	242,566			
2.	Non-Food Supplies	\$ 17,446	17,446			
3.	Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ _____				
c. Other (Specify) _____		\$ _____				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 260,012	260,012			
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.

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
RegalCare at Waterbury, LLC		2356	9/30/2018	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. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify)		\$	7,798	7,798	
Laundry Supplies					
3D. Total Laundry Expenditures (3a + b + c)		\$	7,798	7,798	
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.

*** 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
RegalCare at Waterbury, LLC		2356	9/30/2018		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. \$				
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.	Other (<i>Specify</i>) Housekeeping Supplies	\$	31,662	31,662		
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	31,662	31,662		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Need pharmacy vendor	\$	245,843	245,843		
b.	Medicine Cabinet Drugs	\$	2,681	2,681		
c.	Medical and Therapeutic Supplies	\$				
d.	Ambulance/Limousine***	\$	647	647		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	8,337	8,337		
f.	X-rays and Related Radiological Procedures***	\$	9,715	9,715		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	23,273	23,273		
i.	Recreation	\$	24,061	24,061		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	230,758	230,758		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	545,315	545,315		

* 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		License No.		Report for Year Ended		Page of				
RegalCare at Waterbury, LLC		2356		9/30/2018		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
Caretech Group	1123 McDonald Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Purchasing Company	24,000			16	m11
On-Time IT	407B, Monroe, NY, 10950	<input type="radio"/>	<input checked="" type="radio"/>	N/A	IT	15,858			16	m11
USA Hauling & Recycling Inc	POB 808 East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Garbage	20,040			22	6f
ADP	1 ADP Plaza, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Services	32,395			16	m11
Wescom Solutions Inc.	4, Mississauga, L5N 8E9, Canada	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Training Database / Software	24,701			16	m11
LTC Consulting Services	7 Randolph Road, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Fiscal Services	118,649			16	m11
		<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 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 checked="" 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
RegalCare at Waterbury, LLC	2356	9/30/2018			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	36,062	36,062			
b. Heat	\$	105,416	105,416			
c. Light & Power	\$	109,972	109,972			
d. Water	\$	46,918	46,918			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$	79,210	79,210			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	377,578	377,578			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	31,514	31,514			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	31,514	31,514			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$	8,526	8,526			
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	8,085	8,085			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	16,611	16,611			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	236,463	236,463			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	136,715	136,715			
c. Personal property taxes	\$	5,550	5,550			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	426,853	426,853			

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

Depreciation Schedule

Name of Facility RegalCare at Waterbury, LLC		License No. 2356		Report for Year Ended 9/30/2018				Page 23	of 37	
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
A. Land Improvements										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
A-4. Subtotal										
B. Building and Building Improvements										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
B-4. Subtotal										
C. Non-Movable Equipment										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
D. Movable Equipment										
1. Motor Vehicles (Specify name, model and year of each vehicle)		Is a mileage logbook maintained?		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
		Yes	No							
a.										
b.										
c.										
d.										
2. Movable Equipment										
a. Acquired prior to this report period										
b. Disposals (attach schedule)										
c. Acquired during this report period (attach schedule)										
D-3. Subtotal										
E. Total Depreciation										
										31,514
										31,514

RegalCare at Waterbury, LLC
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/6/2017	Rebuilt Unimac Washers	\$ 1,250	10	\$ 125
7/9/2018	Curtains	814	5	163
7/19/2018	Lever Roll Towel Dispensers x10	599	10	60
3/31/2018	CPM Machine	3,185	5	637
9/28/2018	RCS 2.0 installation, Training, EMR Integration	1,863	5	373
7/9/2018	Dell Latitude Notebooks PC	518	5	104
8/1/2018	Dell Latitude Notebooks PC	33	5	7
8/1/2018	Curtains	52	5	10
Total additions for Movable Equipment		\$ 8,314		\$ 1,479 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/6/2017	Entry and Passage Levers	\$ 4,975	20	\$ 249
10/10/2017	Second installment Hot Water Piping Repairs	1,645	10	165
2/27/2018	Boiler Room Repair	850	10	85
2/27/2018	Boiler Room Repair	3,860	10	386
2/27/2018	Boiler Room Repair	3,860	10	386
4/1/2018	Loadbanks and Cables Setup	2,552	10	255
7/1/2018	Catch Basin Repairs and Patch holes in parking lot	2,800	20	140
Total additions for Leasehold Improvement		\$ 20,542		\$ 1,666 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility RegaCare at Waterbury, LLC	Date of Acquisition		License No. 2356	Report for Year Ended 9/30/2018			Page 24	of 37
	Month	Year		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %		
A. Organization Expense								
1. Deferred Financing Costs			5 Years	42,630	12,789	S/L	8,526	
2.								
3.								
A-4. Subtotal								8,526
B. Mortgage Expense								
1.								
2.								
3.								
B-4. Subtotal								
C. Leasehold Improvements and Other								
1. Acquired prior to this report period	Var		Various	68,074	8,392	S/L	6,419	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	Var		Various	20,542		S/L	1,666	
C-4. Subtotal								8,085
D. Total Amortization								16,611

* 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.

**RegalCare at Waterbury, LLC
FIXED ASSET / DEPRECIATION SCHEDULE**

GL Account	Description	Date in Service	Method	Life	Historical Cost	2017 Deprec.	2017 A/D	2018 Deprec.	2018 A/D	NBV
LEASEHOLD IMPROVEMENTS										
Leasehold Imp.	Sign Replacement	4/1/2016	S/L	10	1,383	138	276	138	414	969
Leasehold Imp.	Tile Flooring and labor	8/1/2016	S/L	20	31,554	1,578	3,156	1,578	4,734	26,820
Leasehold Imp.	Roof Repairs	8/1/2016	S/L	15	3,848	257	514	257	771	3,077
TOTAL LEASEHOLD IMPROVEMENTS 2016					36,785	1,973	3,946	1,973	5,919	36,866
Leasehold Imp.	Gas Valve	10/1/2016	S/L	10	1,363	136	136	136	272	1,091
Leasehold Imp.	Boiler Repair	10/1/2016	S/L	10	6,500	650	650	650	1,300	5,200
Leasehold Imp.	Replace Cast Iron Pipe	11/1/2016	S/L	25	3,155	126	126	126	252	2,903
Leasehold Imp.	Replace Espresso Tank	11/1/2016	S/L	10	1,517	152	152	152	304	1,213
Leasehold Imp.	Replace Pump on Laundry Hot Water	11/1/2016	S/L	15	3,060	204	204	204	408	2,652
Leasehold Imp.	Valve Replacement	11/1/2016	S/L	10	3,161	116	116	116	232	929
Leasehold Imp.	Roof Repair	1/3/2017	S/L	15	4,605	307	307	307	614	3,991
Leasehold Imp.	New Fire Door	1/4/2017	S/L	20	877	44	44	44	88	789
Leasehold Imp.	Carpet Installation	2/1/2017	S/L	5	1,860	372	372	372	744	1,116
Leasehold Imp.	Flooring and Labor Adjustment	6/1/2017	S/L	20	(9,277)	(464)	(464)	(464)	(928)	(8,349)
Leasehold Imp.	Copper Tubing	6/23/2017	S/L	7	1,495	214	214	214	428	1,067
Leasehold Imp.	Valve Replacement	6/23/2017	S/L	10	1,764	176	176	176	352	1,412
Leasehold Imp.	Carpeting	7/1/2017	S/L	5	10,913	2,183	2,183	2,183	4,366	6,547
Leasehold Imp.	Hot Water Piping Repair	9/8/2017	S/L	10	1,350	135	135	135	270	1,080
Leasehold Imp.	Mixing Valve Repair	9/29/2017	S/L	10	946	95	95	95	190	756
TOTAL LEASEHOLD IMPROVEMENTS 2017					31,289	4,446	4,446	4,446	8,892	22,397
Leasehold Imp.	Entry and Passage Levers	10/6/2017	S/L	20	4,975	-	-	249	249	4,726
Leasehold Imp.	Second installtion Hot Water Piping Repairs	10/10/2017	S/L	10	1,645	-	-	165	165	1,480
Leasehold Imp.	Boiler Room Repair	2/27/2018	S/L	10	850	-	-	85	85	765
Leasehold Imp.	Boiler Room Repair	2/27/2018	S/L	10	3,860	-	-	386	386	3,474
Leasehold Imp.	Boiler Room Repair	2/27/2018	S/L	10	3,860	-	-	386	386	3,474
Leasehold Imp.	Loadlocks and Cables Setup	4/1/2018	S/L	10	2,552	-	-	255	255	2,297
Leasehold Imp.	Catch Basin Repairs and Patch holes in parking lot	7/1/2018	S/L	20	2,800	-	-	140	140	2,660
TOTAL LEASEHOLD IMPROVEMENTS 2018					20,542	-	-	1,666	1,666	18,876
TOTAL LEASEHOLD IMPROVEMENTS					88,616	6,419	8,392	8,085	16,477	72,139
MOVABLE EQUIPMENT										
FF&E	IT Card Printer	4/1/2016	S/L	5	1,244	249	498	249	747	497
FF&E	119 Gallon Insulated Storage Tank	4/1/2016	S/L	10	1,358	136	272	136	408	950
FF&E	Food Blender	7/1/2016	S/L	10	1,140	114	228	114	342	798
FF&E	Saellite nurse master console	8/1/2016	S/L	10	1,739	174	348	174	522	1,217
Medical Equipment	Rail system	4/1/2016	S/L	15	12,695	846	1,692	846	2,538	10,157
Medical Equipment	Steeper Recumbent steopoc	4/1/2016	S/L	5	3,942	788	1,576	788	2,364	1,578
Computer Hardware	Sonicwall Network, Sec. 8 computers, server Microsoft Office Pro (8)	3/1/2016	S/L	5	12,638	2,528	5,056	2,528	7,584	5,054
Computer Hardware	Lenovo Desktop (4), Lenovo Notebook (3)	4/1/2016	S/L	5	3,952	790	1,580	790	2,370	1,582
Computer Hardware	52 Port Gigabit Ethernet Switch, Backup (12), Project Management (4)	6/1/2016	S/L	5	14,769	2,954	5,908	2,954	8,862	5,907
Computer Hardware	Lenovo Computer	6/1/2016	S/L	5	489	98	196	98	294	195
Sales Use Tax	Lenovo Computer	6/1/2016	S/L	5	31	6	12	6	18	13
Computer Hardware	Lenovo Computer	7/1/2016	S/L	5	489	98	196	98	294	195
Sales Use Tax	Lenovo Computer	7/1/2016	S/L	5	31	6	12	6	18	13
Computer Hardware	Check Scanner	9/1/2016	S/L	5	877	175	350	175	525	352
Computer Software	3 Printers	3/1/2016	S/L	3	747	249	498	249	747	-
Computer Software	Microsoft Office Pro (8) & Sonicwall Antivirus	4/1/2016	S/L	3	2,751	917	1,834	917	2,751	-
Computer Software	Microsoft Office Pro	6/1/2016	S/L	3	219	73	146	73	219	-
Capital Lease	E-Copiers (Total = 6)	3/1/2016	S/L	3	33,700	11,233	22,466	11,233	33,699	1
TOTAL MOVABLE EQUIPMENT 2016					92,811	21,434	42,868	21,434	64,302	28,509
FF&E	Dishenny	2/23/2017	S/L	5	21,258	4,252	4,252	4,252	8,504	12,754
FF&E	Generator & Equipment	2/24/2017	S/L	5	1,467	293	293	293	586	881
FF&E	Double Doors, Locks, Keypad	3/22/2017	S/L	10	3,191	319	319	319	638	2,553
FF&E	Ice Maker	3/31/2017	S/L	10	1,035	104	194	104	348	1,547
FF&E	New Mattress	4/26/2017	S/L	10	550	55	55	55	110	440
FF&E	Convection Oven	4/30/2017	S/L	10	884	88	88	88	176	708
FF&E	A/C Units	7/31/2017	S/L	5	886	177	177	177	354	532
FF&E	2 double doors, Locks, Keypad	4/4/2017	S/L	10	3,191	319	319	319	638	2,553
Medical Equipment	Hilo Motor	4/14/2017	S/L	8	626	78	78	78	156	470
Medical Equipment	Mattress	8/18/2017	S/L	10	606	61	61	61	122	484
Computer Hardware	Chrombooks, Laptops, HP Processor, Printer, Desktop	6/16/2017	S/L	5	4,099	820	820	820	1,640	2,459
Computer Hardware	Chrombooks, Laptops, HP Processor, Printer, Desktop	6/16/2017	S/L	5	2,857	571	571	571	1,142	1,715
Computer Software	Gateway Security Bundle	3/6/2017	S/L	3	1,000	333	333	333	666	334
Computer Software	Gateway Security Bundle	4/1/2017	S/L	3	1,000	333	333	333	666	334
Computer Software	Gateway Security Bundle	5/1/2017	S/L	3	1,000	333	333	333	666	334
Sales Use Tax	E-Copiers (Total = 6)- Sales Use Tax	9/30/2017	S/L	3	908	303	303	303	606	302
Sales Use Tax	Gateway Security Bundle-Sales Use Tax	9/30/2017	S/L	3	190	63	63	63	126	64
Sales Use Tax	Hilo Motor-Sales Tax	9/30/2017	S/L	8	40	5	5	5	10	30
Sales Use Tax	Mattress-Sales Tax	9/30/2017	S/L	10	35	4	4	4	8	27
TOTAL MOVABLE EQUIPMENT 2017					45,723	8,601	8,601	8,601	17,202	28,521
FF&E	Rebuilt Unitas Washers	10/6/2017	S/L	10	1,250	-	-	125	125	1,125
FF&E	Curtains	7/9/2018	S/L	5	814	-	-	163	163	651
Sales Use Tax	Curtains	8/1/2018	S/L	5	52	-	-	10	10	42
FF&E	Lever Roll Towel Dispensers x10	7/19/2018	S/L	10	599	-	-	60	60	539
Medical Equipment	CFM Machine	3/31/2018	S/L	5	3,185	-	-	637	637	2,548
Medical Equipment	RCS 2.0 installation, Training, EMR Integration	9/28/2018	S/L	5	1,863	-	-	373	373	1,490
Computer Hardware	Dell Latitude Notebooks PC	7/9/2018	S/L	5	518	-	-	104	104	414
Sales Use Tax	Dell Latitude Notebooks PC	8/1/2018	S/L	5	33	-	-	7	7	26
Capital Lease	Leaf Copier Leases (2)	7/1/2018	S/L	5	45,837	-	-	9,167	9,167	36,670
TOTAL MOVABLE EQUIPMENT 2018					54,151	-	-	10,646	10,646	43,505
TOTAL MOVABLE EQUIPMENT					192,685	30,035	51,469	30,681	92,150	100,535
TOTAL ASSETS					281,301	36,454	59,861	48,766	108,627	172,674
TOTAL ASSETS PER CR SCHEDULE					281,301	36,454	59,861	48,766	108,627	172,674
TOTAL ASSETS PER TRIAL BALANCE					281,301	-	-	43,298	100,583	180,718
VARIANCE					-	36,454	59,861	5,368	8,044	(8,044)
VARIANCE DETAIL										
(ADD) CIP										
ROUNDING										
REVISED VARIANCE					-	36,454	59,861	5,368	8,044	(8,044)
F/S vs CR NBV - Page 31, Line B9					8,044					
F/S vs CR Depreciation - Page 36, Line F1					(5,368)					

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

Name of Facility RegalCare at Waterbury, LLC	License No. 2356	Report for Year Ended 9/30/2018	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				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		120		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd 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
Independence Senior Holdings LLC, 13 Freedom Drive, Lakewood, NJ 08707	Building	03/04/16	20 Years	236,463

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 RegalCare at Waterbury, LLC		License No. 2356	Report for Year Ended 9/30/2018		Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
RegalCare at Waterbury, LLC		2356		9/30/2018		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) LOC / Outstanding Baalance / Late Payment Interest				\$	74,742	74,742	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	74,742	74,742	
14. Insurance							
a. Insurance on Property (buildings only)				\$	9,246	9,246	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify) General Liability / EPLI / Surety Bond				\$	76,030	76,030	
14d. Total Insurance Expenditures (14a + b + c)				\$	85,276	85,276	
15. Total All Expenditures (A-13 thru C-14)				\$	12,394,592	12,394,592	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
RegalCare at Waterbury, LLC				2356	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 33,709	33,709		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 262,614	262,614		
7.			Other - See attached Schedule	\$ 128,019	128,019		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 23,318	23,318		
10.			Accounting	\$			
10a.	15	1e	Legal	\$ 14,709	14,709		
11.			Telephone	\$			
12.	15	h2	Cellular Telephone	\$ 539	539		
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.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 11,128	11,128		
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 30,533	30,533		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 178	178		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 61,638	61,638		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
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)				\$ 566,385	566,385		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A12n	Marketing Salaries	\$ 33,709		
Total Other Salaries Adjustment			\$ 33,709	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b12o	Respiratory Therapist	\$ 63,634		
13	b12o	Pulmonary Rehab services	45,500		
13	b12o	IV Insertion Nurse	18,885		
Total Other Fees Adjustments			\$ 128,019	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Fines, Penalties & Settlements	1,543		
16	m13	Late Fees	4,550		
16	m13	Non Routine Bank Fees	36,648		
16	m13	Employee Food	1,628		
16	m13	Employee Relations	4,769		
16	m13	Discriminatory Bonus	12,500		
Total Other A&G Adjustments			\$ 61,638	\$ -	\$ -

RegalCare at Waterbury, LLC
 Disallowance Schedule for Cell Phones
 September 30, 2018

	<u>Amount</u>
Total Cell Phone Expense	1,979 TB Linked
Cell Phone Allowed Based on Bed Capacity	4
Monthly Allowable amount per Cell Phone	\$ 30
Months in Cost Report Year	<u>12</u>
Allowable Per Year	1,440
Percentage of Year (365 Days / 365 Days)	<u>100%</u>
Total Allowable Cost	\$ 1,440
Disallowed Cell Phone (Page 28, Line 12)	<u><u>\$ 539</u></u>

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

Name of Facility				License No.	Report for Year Ended	Page	of
RegalCare at Waterbury, LLC				2356	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 566,385	566,385		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 245,843	245,843		
28.	20	5d	Ambulance/Limousine	\$ 647	647		
29.	20	5f	X-rays, etc	\$ 9,715	9,715		
30.	20	5h	Laboratory	\$ 23,273	23,273		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 8,337	8,337		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 17,989	17,989		
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	\$ 8,526	8,526		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 74,796	74,796		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49.	Total Amount of Decrease (Items 1 - 48)			\$ 955,511	955,511		

*** 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.

RegalCare at Waterbury, LLC
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV Disallowance (See Attached)	\$ 4,997		
20	5i	Non-Allowable Nursing Supplies	8,197		
20	5i	Non-Allowable Nursing Equipment	4,795		
Total Other Ancillary Costs			\$ 17,989	\$ -	\$ -

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)
22	8a	Amortization Expense	\$ 8,526		
Total Other Property Adjustments			\$ 8,526	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Interest on Line of Credit	\$ 61,684		
27	12D	Interest on Outstanding Balances	11,893		
27	12D	Interest on Late Payments	1,164		
30	IV 8	Medical Records Revenue	55		
Total Other Adjustments			\$ 74,796	\$ -	\$ -

Schedule of Unallowable Building Interest

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

RegalCare at Waterbury, LLC
Disallowance Schedule for Cable TV
September 30, 2018

	<u>Amount</u>	
Total Cable TV Expense acct #80-232-00	\$ 8,597	TB Linked
Monthly Allowable amount	\$ 300	
Months in Year	12	
% of Actual Days in Cost Year (365 Days)	<u>100%</u>	
Total Allowable Cost	\$ 3,600	
Disallowed Cable TV	<u><u>\$ 4,997</u></u>	

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
RegalCare at Waterbury, LLC	2356	9/30/2018			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 8,969,107	8,969,107				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 2,592,058	2,592,058				
b. Medicare Room and Board Contractual Allowance **	\$ (45,495)	(45,495)				
4. a. Private-Pay Residents and Other	\$ 546,549	546,549				
b. Private-Pay Room and Board Contractual Allowance **	\$ (490)	(490)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 212,141	212,141				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (212,141)	(212,141)				
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
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	\$ 365,730	365,730				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (297,190)	(297,190)				
c. Physical Therapy - Non-Medicare	\$ 81,367	81,367				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (79,924)	(79,924)				
4. a. Speech Therapy - Medicare	\$ 118,429	118,429				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (80,171)	(80,171)				
c. Speech Therapy - Non-Medicare	\$ 36,592	36,592				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (32,702)	(32,702)				
5. a. Occupational Therapy - Medicare	\$ 387,238	387,238				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (325,311)	(325,311)				
c. Occupational Therapy - Non-Medicare	\$ 82,389	82,389				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (78,955)	(78,955)				
6. a. Other (Specify) - Medicare	\$ 4,399	4,399				
b. Other (Specify) - Non-Medicare	\$ 96,388	96,388				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,340,008	12,340,008				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 5	5				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 55	55				
V. Total Other Revenue (1 thru 8)	\$ 60	60				
VI. Total All Revenue (III +V)	\$ 12,340,068	12,340,068				

* 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)
		0		
30 II 6a	Other Ancillary Rev>Medicare B	\$ 4,399		
	Total Other Resident Revenue - Medicare	\$ 4,399	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 II 6b	Other Ancillary Rev>Medicaid	\$ 1,071		
30 II 6b	Other Ancillary Rev>Medicaid>C/A	(1,071)		
30 II 6b	Revenue Adjustments>HMO	2,421		
30 II 6b	Revenue Adjustments>Hospice	(52)		
30 II 6b	Revenue Adjustments>Medicaid	94,019		
	Total Other Resident Revenue	\$ 96,388	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
30 IV 5	Other Revenue>Interest	N/A	\$ 5		
	Total Interest Income		\$ 5	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 IV 8	Other Rev> Medical Records	\$ 55		
	Total Other Revenue	\$ 55	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
RegalCare at Waterbury, LLC	2356	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	85,838
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,554,401
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	156,840
a. _____				
b. _____				
c. _____				
d. See Schedule		156,840		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,797,079
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>88,616</u>		\$	72,139
	Accum. Depreciation <u>16,477</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>146,848</u>		\$	63,865
	Accum. Depreciation <u>82,983</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	44,714
F/S vs C/R NBV		44,714		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	180,718

* 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
RegalCare at Waterbury, LLC		2356	9/30/2018	32	37
Account				Amount	
Total Brought Forward:				\$	1,977,797
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					
\$ 5,305					
2. Escrow Deposits					
\$					
3. Organization Expense					
		*Historical Cost	42,630		
		Accum. Depreciation	21,315	Net	\$ 21,315
4. Goodwill (Purchased Only)					
\$ 694,573					
5. Investments Related to Resident Care (<i>itemize</i>)					
\$					
6. Loans to Owners or Related Parties (<i>itemize</i>)					
\$ 75,228					
Name and Address		Amount	Loan Date		
Due from Prospect, WH, Fairview Mgmt		75,228			
7. Other Assets (<i>itemize</i>)					
\$ 351,238					
See Schedule					
				351,238	
D-8. Total Investments and Other Assets (Lines D1 thru 7)					
\$ 1,147,659					
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)					
\$ 3,125,456					

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Expenses	\$ 3,117
31	A5	Prepaid Expenses>Insurance	31,413
31	A5	Prepaid Expenses>Taxes	2,673
31	A5	Prepaid Expenses> Workers Comp	119,637
Total Prepaid Expenses			\$ 156,840

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Due From>Old Owner	\$ 55,959
32	D7	Due To/(From)>Maplewood Rehab	164
32	D7	Due To/(From)>Saugus Rehab	163
32	D7	Due To/(From)>Medicaid	271,100
32	D7	Due To/(From)>Vendor	6,244
32	D7	Due To/(From)>Other L&E	17,608
Total Other Assets			\$ 351,238

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
33	A12	Accrued Expenses	\$ 201,672
33	A12	Accrued Expenses>Tamkar Brokerage	5,329
33	A12	Accrued Expenses>Capital Lease>Copier	40,326
33	A12	Accrued Expenses>Utilities(Assumed)	(6,745)
33	A12	Accrued Expenses>Insurance-General	26,837
33	A12	Accrued Expenses>Welfare(Assumed)	2,359
33	A12	Accrued Expenses>Year End Adjustment	8,669
33	A12	Accrued Expenses>Workers Comp	114,703
33	A12	Accrued Expenses>Health Insurance	(5,306)
Total Other Current Liabilities (Itemize)			\$ 387,844

Schedule of Other Long-Term Liabilities (itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
34	B4	Due To/(From)>TSM Holdings	\$ 6
34	B4	Due To/(From)>Twin Oaks Rehab	922
34	B4	Due To/(From)>HMO	2
34	B4	Due To/(From)>Income	11,548
34	B4	Due To>Patient Spend Down	2,154
34	B4	Due To>Old Owner	12,280
Total Other Current Liabilities (Itemize)			\$ 26,912

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
RegalCare at Waterbury, LLC	2356	9/30/2018	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	1,955,386
2. Notes Payable (<i>itemize</i>)			\$	1,090,000
Notes Payable>Tamkar				1,090,000
See Schedule				
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>)			\$	232,947
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	
7. Medicare Final Settlement Payable			\$	3,788
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	387,844
See Schedule				387,844
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	3,669,965

* 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 RegalCare at Waterbury, LLC		License No. 2356	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				3,669,965	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 991,312	
Name and Address of Lender	Amount	Loan Date			
Due to Torr, NH, Mgmt, Holdings, Norwich, Employee, Sthprt	991,312				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 26,912	
_____ _____ See Schedule				26,912	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,018,224	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,688,189	

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Expenses	\$ 3,117
31	A5	Prepaid Expenses>Insurance	31,413
31	A5	Prepaid Expenses>Taxes	2,673
31	A5	Prepaid Expenses>Workers Comp	119,637
Total Prepaid Expenses			\$ 156,840

Schedule of Other Current Assets (Itemize) Page 31 Line A8

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
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32	D7	Due To/(From)>Saugus Rehab	163
32	D7	Due To/(From)>Medicaid	271,100
32	D7	Due To/(From)>Vendor	6,244
32	D7	Due To/(From)>Other L&E	17,608
Total Other Assets			\$ 351,238

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
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33	A12	Accrued Expenses>Tambak Brokerage	5,329
33	A12	Accrued Expenses>Capital Lease>Copier	40,326
33	A12	Accrued Expenses>Utilities(Assumed)	(6,745)
33	A12	Accrued Expenses>Insurance-General	26,837
33	A12	Accrued Expenses>Welfare(Assumed)	2,359
33	A12	Accrued Expenses>Year End Adjustment	8,669
33	A12	Accrued Expenses>Workers Comp	114,703
33	A12	Accrued Expenses>Health Insurance	(5,306)
Total Other Current Liabilities (Itemize)			\$ 387,844

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
34	B4	Due To/(From)>TSM Holdings	\$ 6
34	B4	Due To/(From)>Twin Oaks Rehab	922
34	B4	Due To/(From)>HMO	2
34	B4	Due To/(From)>Income	11,548
34	B4	Due To>Patient Spend Down	2,154
34	B4	Due To>Old Owner	12,280
Total Other Long-Term Liabilities (Itemize)			\$ 26,912

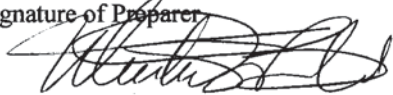
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
RegalCare at Waterbury, LLC	2356	9/30/2018	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			\$	(2,509)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,501,901)
6. Gain or Loss for Period			\$	(58,323)
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	(1,562,733)
C. Total Reserves and Net Worth			\$	(1,562,733)
D. Total Liabilities, Reserves, and Net Worth			\$	3,125,456

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
RegalCare at Waterbury, LLC	2356	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(1,510,940)
B. Total Revenue (From Statement of Revenue Page 30)			\$	12,340,068
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	12,398,391
D. Net Income or Deficit			\$	(58,323)
E. Balance			\$	(1,569,263)
F. Additions				
1. Additional Capital Contributed (itemize)				
Expenses Per Page 27	\$12,394,592			
F/S vs C/R Depreciation	\$3,799			
Total F/S Expenses	\$12,398,391			
2. Other (itemize)				
Prior Period Adjustment		6,530		
F-3. Total Additions			\$	6,530
G. Deductions				
1. Drawings of Owners/Operators/Partners (Specify)			\$	
Name and Address (No., City, State, Zip)	Title	Amount		
2. Other Withdrawings (Specify)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period	09/30/18		\$	(1,562,733)

I. Preparer's/Reviewer's Certification

Name of Facility RegalCare at Waterbury, LLC	License No. 2356	Report for Year Ended 9/30/2018	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 Principal	Date Signed 2/6/19		
Printed Name of Preparer Matthew S. Bovolack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		
Annual Report Contact Eli Mirlis		Phone Number		
Annual Report Contact Email Address				