

February 11, 2019

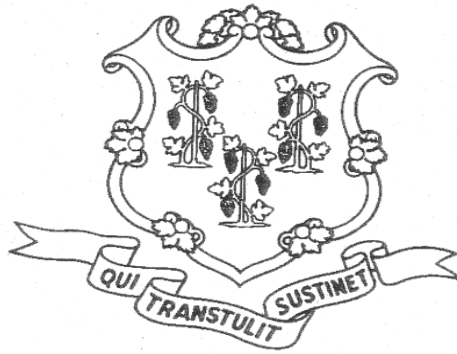
Mr. Chris LaVigne, Director  
Office of Reimbursement and CON  
Department of Social Services  
55 Farmington Ave  
Hartford, CT 06105

Dear Chris:

Enclosed please find the 2018 Medicaid Cost Report for New Milford Crossings, LLC.

In preparing this cost report, we did not perform any disallowances for the administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) New Milford Crossings, LLC / DBA Village Crest Center for Health and Rehabilitation	
Address (No. & Street, City, State, Zip Code) 19 Poplar Street, New Milford, CT 06776	
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 2330	RHNS	(Specify)	Medicare Provider 075208
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Medicaid Provider Numbers:	CCNH 8771	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)	License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA Village Crest Cen	2330	9/30/2018	1	37

**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 New Milford Crossings, LLC / DBA Village Crest Center for Health and Rehabilitation [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.

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) Erin Healy			Printed Name (Owner) Marvin J. Ostreicher		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility New Milford Crossings, LLC / DBA Village Crest Center for Health and Rehabilitation		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 19 Poplar Street, New Milford, CT 06776				
Report Prepared By Blum, Shapiro & Company, P.C.		Phone Number 203-944-2100	Date 2/11/2019	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 203-354-9365		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) New Milford Crossings, LLC / DBA Village Crest Center for		Address (No. & Street, City, State, Zip) 19 Poplar Street, New Milford, CT 06776		
License Numbers:	CCNH 2330	RHNS (Specify)	Medicare Provider No. 075208	
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.				
<b>Administrator</b>				
Name of Administrator James Noonan		Nursing Home Administrator's License No.:	001100	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



**New Milford Crossings, LLC**  
**Page 3 Attachment**

<b>Owner</b>	<b>Ownership Percentage</b>
Agnes Zitter	2.083%
Albert David	1.667%
Barry Bokow	1.000%
BNB Healthcare Funds LLC	6.667%
Chaim Goldenberg	5.000%
David Cohen	6.667%
Gerald Neuman	3.333%
Ira Geffner	1.000%
Josef Skoczylas	2.000%
Tzivy Roberts	6.667%
Magda Manela	5.000%
Marvin J. Ostreicher	30.749%
Michael Lipman	5.000%
Mordechai Eisen	2.500%
Morris Fuchs	8.333%
Moshe Shaya-Mograby	1.667%
Nathan Pollack	4.167%
Shmuel Laufer	2.500%
Tali Skoczylas	4.000%
	<hr/>
	<b>100.000%</b>







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

Name of Facility New Milford Crossings, LLC / DBA Village Crest Cent	License No. 2330	Report for Year Ended 9/30/2018	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	%**				
See attachment		<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.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

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

Name of Facility New Milford Crossings LLC DBA Village Crest Center for Health and Rehabilitation	License No. 8771	Report for Year Ended 9/30/2018	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	%**				
Preferred Therapy Solutions	809 Main Street, East Hartford, CT 06108	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45%	PT, OT, ST Services/Consulting	13 5a, 9a, 10a, 12	559,910	548,716
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63%	Radiology	20 5f	7,592	7,091
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance	15 A5	496,739	496,739
National Healthcare	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Interest Expense	27 12d	2,647	2,647
National Healthcare	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 m13	16,058	16,058
EP New Milford Acquisition LLC	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		RENT/RE Taxes	22 9	372,000	372,000
National Healthcare	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 m12	419,859	419,859
850 Silas Deane	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		RENT/OTHER EXP.	16 m12	1,378	1,378
20 Sunrise	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		RENT/OTHER EXP.	16 m12	12,335	12,335
National Healthcare	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Consulting Fees	16 m13	9,471	9,471
Procare LTC Pharmacy of CT	1492 Highland Avenue, Cheshire, CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Drugs/Otc's/Supplies/Consult/Med Record	20 5a2b/c, B12, m5	154,402	143,938
Procare LTC Pharmacy Of MA LLC	155 Northboro Road, STE 4, Southborough, MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Drugs/Otc's/Supplies/Consult/Med Record	20 5a2b/c, B12, m5	9,430	8,791

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.  
 \*\*\* Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

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

Name of Facility New Milford Crossings LLC DBA Village Crest Center for Health and Rehabilitation	License No. 8771	Report for Year Ended 9/30/2018	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	%**				
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Accounts payable	33 A1	150,059	150,059
EP New Milford Realty, LLC	850 Silas Deane Hwy, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Realty	33 A12	489,521	489,521
Bristol Crossings LLC	61 Bellevue Ave, Bristol, CT 06010	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33 A12	15,639	15,639
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45%	Due to Related	33 A12	123,915	123,915
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63%	Due to Related	33 A12	2,086	2,086
The Pines at Poughkeepsie Center for Nursing and	100 Franklin Street, Poughkeepsie, NY 12601	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33 A12	20,817	20,817
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related (Debt)	33/34 A12/B4	97,634	97,634
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33 A12	56,097	56,097
Procure LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Due to Related	33 A12	40,495	40,495
Milford Health Care Center, Inc.	195 Platt Street, Milford, CT 06460	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33 A12	10,813	10,813

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.  
 \*\*\* Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility New Milford Crossings, LLC / DBA Village Cres	License No. 2330	Report for Year Ended 9/30/2018	Page 5	of 37
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 (See listing page 13)		
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? <input checked="" type="radio"/> Yes <input type="radio"/> 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.				
Shared expenses allocated by bed size and geographical location. See page 17 attachment.				
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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
N/A				

### General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
New Milford Crossings, LLC / DBA Village Crest Center fo			2330	9/30/2018			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed
	Yes	No						
Reliable Health Systems - Nostrand Avenue, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	60 / ongoing	3,178		3,178
Wescom Solutions - P.O. Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	Ongoing	Ongoing	22,688		22,688
CIT Finance, LLC - 10201 Centurion Parkway N.#100 Jacksonville, FL 32256	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/21/15	39 months	4,997		4,997
De Lage Landen - #501862 P.O. Box 41602, Philadelphia, PA, 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	11/30/16	36 months	3,394		3,394
	<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"/>						
							<b>Total ***</b>	34,256

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes       No

\* 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 New Milford Crossings, LLC / DBA	License No. 2330	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     No    If "No," explain.

**Independent Accounting Firm**

Name of Accounting Firm 1 Blum, Shapiro & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Drive, Shelton, CT 06484
---	--

Services Provided by This Firm (*describe fully*)

1	Review, preparation of Medicare and Medicaid cost reports, and year end tax services.	\$	30,590
2		\$	
3		\$	
4		\$	
			<b>Charge for Services Provided</b>
			\$ 30,590

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 Goldman Gruder & Wood 2 Corporation Service Company 3 Rogin Nassau, LLC 4 Marshal Tim Poeti 5 Corbett Suzann	Telephone Number 203-899-8900 Ext. 0000 800-927-9800 860-256-6300
--	--

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

1	200 Connecticut Avenue, Norwalk, CT
2	251 Little Falls Drive, Wilmington, DE 19808-1674
3	185 Asylum Street - 22nd Floor, Hartford, CT 06103-3460
4	
5	

Services Provided by This Firm (*describe fully*)

1	Collections - Disallowed	\$	7,565
2	Statutory Representation - Disallowed	\$	147
3	Divestiture - Disallowed	\$	1,889
4	Conservator - Disallowed	\$	(110)
5	Conservator - Disallowed	\$	50
			<b>Charge for Services Provided</b>
			\$ 9,541

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



### Schedule of Resident Statistics

Name of Facility New Milford Crossings, LLC / DBA Village Crest Center for Health and			License No. 2330		Report for Year Ended 9/30/2018				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	95	95			95	95			95	95		
B. On last day of THIS report period	95	95			95	95			95	95		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	77	77			77	77			79	79		
B. As of midnight of THIS report period	74	74			79	79			74	74		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,414	3,414			2,447	2,447			967	967		
B. Medicaid (Conn.)	22,399	22,399			17,021	17,021			5,378	5,378		
C. Medicaid (other states)												
D. Private Pay	1,816	1,816			1,194	1,194			622	622		
E. State SSI for RCH												
F. Other (Specify) Managed Care	288	288			218	218			70	70		
G. Total Care Days During Period (3A thru F)	27,917	27,917			20,880	20,880			7,037	7,037		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	27,917	27,917			20,880	20,880			7,037	7,037		

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

Name of Facility New Milford Crossings, LLC / DBA Village C			License No. 2330			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
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)	CCNH	RHNS	(Specify)	
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	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	9	60				5							
Per Diem Rate													
a. One bed rm.	PPS		233.70			425/480							
b. Two bed rms.	PPS		233.70			390/450							
c. Three or more bed rms.	PPS					355/405							
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									3,905	3,905			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									547	547			
C. Other									10,320	10,320			
D. <b>Total Physical Therapy Treatments</b>									14,772	14,772			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									399	399			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									43	43			
C. Other									622	622			
D. <b>Total Speech Therapy Treatments</b>									1,064	1,064			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,023	2,023			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									507	507			
C. Other									9,419	9,419			
D. <b>Total Occupational Therapy Treatments</b>									11,949	11,949			

### Report of Expenditures - Salaries & Wages

Name of Facility New Milford Crossings, LLC / DBA Village Crest Center for	License No. 2330	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)		51				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	130,857	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	153,004	8,208				
5. Dietary Service						
a. Head Dietitian	23,494	616				
b. Food Service Supervisor	52,907	2,235				
c. Dietary Workers	272,626	18,192				
6. Housekeeping Service						
a. Head Housekeeper	42,318	1,728				
b. Other Housekeeping Workers	210,295	14,258				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	53,718	2,112				
b. Other Maintenance Workers	686	105				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	81,939	5,783				
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	137,777	2,737				
b. RN						
1. Direct Care	371,506	9,928				
2. Administrative**	152,648	3,464				
c. LPN						
1. Direct Care	815,474	31,057				
2. Administrative**						
d. Aides and Attendants	962,010	60,847				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	90,954	4,962				
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	125,151	4,686				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,677,364	173,049				

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

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

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

**Schedule of Other Salaries and Wages (Page 10)**

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Consulting Fees - Nursing	\$ 2,879	Disallowed				
Consulting Fees - Rehabilitation Therapy and Ancillary	\$ 6,580	Disallowed				
<b>Total</b>	\$ 9,459	Disallowed	\$ -	-	\$ -	-

**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
New Milford Crossings, LLC / DBA Village Crest Center for Health and				2330	9/30/2018				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
Marvin J. Ostreicher, 184 Wildacre Avenue, Lawrence, NY 11559				Same as employees	Supervises operations, deals with DNS & other	51	Page 16, 1m1	See attached		
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

\* 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.

MARVIN J. OSTREICHER- OWNER  
 TIME STUDY  
 YEAR END SEPTEMBER 30, 2018

	<b>BEDS</b>	<b>Total w/ Bnft</b>
Augusta	72	45.19
Belair	102	50.90
Bethel	161	57.21
Bloomfield	120	53.32
Brattleboro	80	47.05
Brentwood	78	45.83
Brewer	111	53.11
Bristol	132	52.61
Cambridge	160	60.60
Catskill	136	55.04
Colony	92	51.58
Country	111	56.86
Dover	112	53.47
Eastside	69	46.37
Eliot	114	53.93
Glen Falls	120	53.32
Huntington	320	72.22
Kennebunk	78	50.58
Hebrew Home	257	75.23
Ludlowe	144	57.39
Maple View	120	52.32
Marlborough	120	50.32
Maywood	120	57.57
Milford	120	51.07
Newton Wellseley	110	51.76
Norway	70	46.23
Poughkeepsie	200	59.88
Regency	130	50.89
Reservoir	144	65.64
Riverside	345	74.64
Rutland	125	51.36
Sachem	111	49.36
Sands Point	180	61.74
Utica	117	46.00
Village Crest	95	51.40
Water's Edge	150	57.53
Westgate	104	49.61
Winship	72	45.44
<b>Total</b>	<b>5,002</b>	<b>2,064.62</b>
Vacation		
Sick		
Personal		
Holiday		
<b>Total</b>		

**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	
New Milford Crossings, LLC / DBA Village Crest Center for Health a				2330	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
James Noonan	130,857			Same as employees	Management & supervision of healthcare	2,080	a2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
New Milford Crossings, LLC / DBA Village Crest C	2330	9/30/2018	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	6,531	Disallowed				
3. Pharmacist	10,744	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	283,573	4,525				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	57,300	246				
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	48,163	687				
b. Other						
10. Occupational Therapist						
a. Resident Care	222,714	3,847				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	78,388	1,063				
2. Administrative***						
b. LPN						
1. Direct Care	9,121	183				
2. Administrative***						
c. Aides	41,707	1,334				
d. Other						
12. Other (Specify) See Attached Schedule	9,459	Disallowed				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>767,700</b>	<b>11,885</b>				

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

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

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



**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
New Milford Crossings, LLC / DBA Village Crest Center		2330	9/30/2018		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Gerident Solutions - P.O. Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Procure LTC of CT - 111 Executive Boulevard, Farmingdale, NY 11735	Pharmacist, Consulting - Nursing	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Preferred Therapy - 850 Silas Deane Highway, Wethersfield, CT 06109	PT, OT, ST, Consulting Ther. & Ancill.	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Dr. John Beck - 50 Bridge Street, New Milford, CT 06776	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. John Mullen - 131 Kent Road, New Milford, CT 06776	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
SDX/Swallowing Diagnostics - P.O. Box 484, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
MassTex Imaging, LLC - 3 Electronics Avenue, #201, Danvers, MA 01923-1099	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
360 Healthcare Staffing, LLC - P.O. Box 674009, Dallas, TX 75267-4009	RN's	<input type="radio"/>	<input checked="" type="radio"/>			
AAA Nursing Care - 3303 Main Street, Stratford, CT 06614	RN's & LPN's	<input type="radio"/>	<input checked="" type="radio"/>			
Preferred Professional Service - 850 Silas Deane Highway, Wethersfield, CT 06109	CNA's	<input type="radio"/>	<input checked="" type="radio"/>			
The Nurse Network - 653 Main Street, Plantsville, CT 06479	RN's & LPN's	<input type="radio"/>	<input checked="" type="radio"/>			
Geron Nursing Northwest, Inc. - P.O. Box 552, New Milford, CT 06776	RN's & LPN's	<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
New Milford Crossings, LLC / DBA Village Cres	2330	9/30/2018		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 250,440	250,440			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 69,658	69,658			
4. Social Security (F.I.C.A.)	\$ 275,958	275,958			
5. Health Insurance	\$ 496,739	496,739			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 8,226	8,226			
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 30,590	30,590			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 9,541	9,541			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 10,576	10,576			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 35,725	35,725			
2. Cellular Phones	\$ 1,768	1,768			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 1,115	1,115			
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	\$ 515,053	515,053			
<b>Subtotal</b>	\$ 1,705,389	1,705,389			

\* 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**

New Milford Crossings, LLC / DBA Village Crest Center for Health and Rehabilitati Attachment Page 15  
9/30/2018

**Schedule of Other Employee Benefits**

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

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**Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
New Milford Crossings, LLC / DBA Village Crest Cen	2330	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b><i>Subtotals Brought Forward:</i></b>	1,705,389	1,705,389			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 686	686			
3. Gifts to Staff and Residents	\$ 2,245	2,245			
4. Employee Travel	\$ 2,988	2,988			
5. Education Expenses Related to Seminars and Conventions	\$ 835	835			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 512	512			
7. Other ( <i>Specify</i> ) 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> )*** See Attached Schedule	\$ 19,659	19,659			
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	\$ 2,493	2,493			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 7,588	7,588			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 280	280			
9. Subscriptions	\$ 6,900	6,900			
10. Contributions*** See Attached Schedule	\$ 675	675			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 433,572	433,572			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 285,497	285,497			
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$ 2,469,319	2,469,319			

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

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

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

**Schedule of Other Travel and Entertainment**

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

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising Promotional - Marketing - Disallowed	\$ 14,883		
Advertising Promotional - Administration - Disallowed	\$ 4,776		
<b>Total Other Advertising</b>	\$ 19,659	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 7,288		
The Rotary Club Dues	\$ 300		
<b>Total Dues</b>	\$ 7,588	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Political Contributions - Disallowed	\$ 675		
<b>Total Contributions</b>	\$ 675	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Consulting Fees - Admission	\$ 9,471		
Purchased Services - Fiscal Operations	\$ 37,445		
IT Services - Administrative Staff	\$ 31,200		
Licenses and Permits - Administration	\$ 880		
Background Check - Administration and Security	\$ 7,414		
Penalties - Administration - Disallowed	\$ 20,136		
Bank Charges - Administration - Disallowed	\$ 21,688		
Crime Insurance - Administration - Disallowed	\$ 1,023		
IT Services - Fiscal Operations	\$ 32,002		
Miscellaneous Expense - Administration - Disallowed	\$ 1,798		
Prior Period Expense - Disallowed	\$ 12,144		
Amortization of Goodwill- Disallowed	\$ 88,432		
Computer License Fee - Administration	\$ 9		
Purchased Services - Administration	\$ 365		
Fees - Human Resources	\$ 21,490		
<b>Total Other Administrative and General</b>	\$ 285,497	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA Villa	2330	9/30/2018	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 #	
National Healthcare	433,572	See attached	Page 16, line m12	

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



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

Name of Facility New Milford Crossings, LLC / DBA Village Crest Cer		License No. 2330	Report for Year Ended 9/30/2018	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 199,263	199,263		
2.	Non-Food Supplies	\$ 27,934	27,934		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____		\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 227,197</b>	<b>227,197</b>		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per day:*				
H.	Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
I.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
L.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
O.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.



**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
New Milford Crossings, LLC / DBA Village Crest Center		2330	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. \$	10,722	10,722		
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 ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$				
c. Other ( <i>Specify</i> ) Diapers \$31,790; Supplies \$9,083		\$	40,873	40,873		
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	51,595	51,595		
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
New Milford Crossings, LLC / DBA Village Cr		2330	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. \$	26,898	26,898		
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> )		\$			
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>		\$ 26,898	26,898		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	144,585	144,585		
b.	Medicine Cabinet Drugs	\$	9,012	9,012		
c.	Medical and Therapeutic Supplies	\$	81,525	81,525		
d.	Ambulance/Limousine***	\$	3,513	3,513		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	4,690	4,690		
f.	X-rays and Related Radiological Procedures***	\$	7,646	7,646		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	14,675	14,675		
i.	Recreation	\$	14,555	14,555		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	36,168	36,168		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>		\$ 316,369	316,369		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Purchased Services - Nursing	\$ 568		
Equipment Rental - Nursing	\$ 7,821		
Equipment Rental - Rehabilitation Therapy and Ancillary	\$ 12,278		
IV Therapy Supplies	\$ 3,458		
Flu Vaccine	\$ 270		
Purchased Services - Rehabilitation Therapy and Ancillary	\$ 25		
Equipment Rental - Respiratory	\$ 11,748		
<b>Total Other Resident Care</b>	<b>\$ 36,168</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility			License No.	Report for Year Ended	Page of					
New Milford Crossings, LLC / DBA Village Crest Center for Health and Re			2330	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
ADM Environmental Group	Avenue, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	19,922			22	6f
ADP	P.O. Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		PR Processing	11,372			16	m13
Integrated Health Systems	Overland Parks, KS 66283	<input type="radio"/>	<input checked="" type="radio"/>		Computer Maintenance	10,660			16	m13
Mike and Karen's Lawn Unlimited, LLC	186 Cornwall Road, Warren, CT 06754	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	15,101			22	6f
		<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
New Milford Crossings, LLC / DBA Village C	2330	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 93,502	93,502				
b. Heat	\$ 16,588	16,588				
c. Light & Power	\$ 182,914	182,914				
d. Water	\$ 50,234	50,234				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 34,256	34,256				
f. Other ( <i>itemize</i> )	\$ 38,852	38,852				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 416,346</b>	<b>416,346</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 46,001	46,001				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 46,001</b>	<b>46,001</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 125,313	125,313				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 125,313</b>	<b>125,313</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 372,000	372,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 78,606	78,606				
c. Personal property taxes	\$ 5,389	5,389				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 627,309</b>	<b>627,309</b>				

\* 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)
Ground Services - Maintenance	\$ 15,101		
Pest Control - Maintenance	\$ 1,728		
Carting - Maintenance	\$ 17,696		
Equipment Rental - Maintenance	\$ 2,552		
Equipment Rental - Dietary	\$ 1,775		
<b>Total Other Repairs and Maintenance</b>	\$ 38,852	\$ -	\$ -

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### Depreciation Schedule

Name of Facility New Milford Crossings, LLC / DBA Village Crest Center for Health and				License No. 2330			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		
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Honda Odyssey				X		April	2014	15,661	15,661	13,703	SL	4	1,958
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period								305,626	305,626	105,234	SL	Various	42,605
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)								20,792	20,792		SL	Various	1,438
D-3. Subtotal													46,001
<b>E. Total Depreciation</b>													46,001

New Milford Crossings, LLC / DBA Village Crest Center for Health and Rehabilitation  
9/30/2018

**Schedule of Land Improvements Acquired during this report period**

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

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
11/30/2017	Nobles Speedshine Burnisher	\$ 1,177	5	\$ 216
11/30/2017	Mattress- Pressure Relief System	\$ 691	5	\$ 127
10/1/2017	Tax on asset #242	\$ 43	5	\$ 9
12/31/2017	Computers with monitors SmartBuy	\$ 2,622	3	\$ 728
7/31/2018	Washer parts replacement	\$ 7,384	15	\$ 123
8/31/2018	Ultrasound bladder scanner	\$ 8,136	7	\$ 194
8/31/2018	Desktop computer	\$ 739	3	\$ 41
<b>Total additions for Movable Equipment</b>		\$ 20,792		\$ 1,438 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/31/2017	Painting	\$ 3,765	5	\$ 753
11/30/2017	Painting	\$ 3,795	5	\$ 696
10/31/2017	Painting	\$ 4,613	5	\$ 923
12/31/2017	Painting	\$ 3,765	5	\$ 63
1/31/2018	GE Zonline PTAC Heat Pump	\$ 1,351	10	\$ 101
1/31/2018	Painting	\$ 1,575	5	\$ 236
2/28/2018	Painting	\$ 2,542	5	\$ 339
2/28/2018	Generator stairs and landing	\$ 2,900	20	\$ 97
3/31/2018	Painting	\$ 2,325	5	\$ 271
3/31/2018	cubicle curtains	\$ 1,993	5	\$ 232
3/31/2018	Cubicle curtains	\$ 4,066	5	\$ 474
4/30/2018	Painting	\$ 2,175	5	\$ 218
5/31/2018	Painting	\$ 4,065	5	\$ 339
5/31/2018	PTAC Heat Pump system	\$ 1,502	10	\$ 63
6/30/2018	Painting	\$ 4,723	5	\$ 315
1/1/2018	Vinyl cove base	\$ 326	10	\$ 24
1/1/2018	Vinyl flooring	\$ 3,908	10	\$ 293
1/1/2018	Design for wall finishes	\$ 957	5	\$ 144
1/1/2018	Wall covering	\$ 10,702	5	\$ 1,605
7/31/2018	Painting	\$ 3,238	5	\$ 162
1/31/2018	Painting	\$ 2,195	10	\$ 165
8/31/2018	Painting	\$ 4,260	5	\$ 142
9/30/2018	Painting	\$ 3,337	5	\$ 56
1/1/2018	Painting	\$ 3,060	5	\$ 459
<b>Total additions for Leasehold Improvement</b>		\$ 77,138		\$ 8,170 *
<b>Deletions:</b>				
1/1/2018	Painting	\$ (3,765)	5	\$ (63)
<b>Total deletions for Leasehold Improvement</b>		\$ (3,765)		\$ (63) **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
New Milford Crossings, LLC / DBA Village Crest Center for			2330		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period				1,182,532	184,319	SL		117,206	
2. Disposals (attach schedule)				(3,765)		SL		(63)	
3. Acquired during this report period (attach schedule)				77,138		SL		8,170	
C-4. Subtotal									125,313
<b>D. Total Amortization</b>									125,313

\* 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 New Milford Crossings, LLC / DBA V	License No. 2330	Report for Year Ended 9/30/2018	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		08/01/68		
2. Date Structure Completed		06/01/71		
3. If <b>NOT</b> Original Owner, Date of Purchase		02/01/08		
4. Date of Initial Licensure		06/01/71		
5. Total Licensed Bed Capacity		95		
6. Square Footage		44,020		
7. Acquisition Cost				
a. Land		59,000		
b. Building		533,000		
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	07/01/16			
c. Interest Rate for the Cost Year	4.85%			
d. Term of Mortgage (number of years)	5			
e. Amount of Principal Borrowed	1,325,000			
f. Principal balance outstanding as of 9/30/18	1,014,556			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA	2330	9/30/2018	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)	\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended		Page	of
New Milford Crossings, LLC / DBA		2330		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)				\$	40,905	40,905	
A. Item		Rate	Amount				
Equipment Loan - Various		4.75%	40,905				
Lender							
Webster Bank							
Address of Lender							
P.O. Box 191 Waterbury, CT 06720-0191							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$	40,905	40,905	
12. D. Other Interest Expense (Specify)				\$	4,853	4,853	
Administration \$2,206; Computer Loan \$2,647							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	45,758	45,758	
14. Insurance							
a. Insurance on Property (buildings only)				\$	14,228	14,228	
b. Insurance on Automobiles				\$	3,177	3,177	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	9,880	9,880	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	38,683	38,683	
Liability Insurance							
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$	65,968	65,968	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$	8,691,823	8,691,823	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA Village Crest Center for H				2330	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.	10	12m	Salaries not related to Resident Care	\$ 11,636	11,636		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	10a	Occupational Therapy	\$ 222,714	222,714		
7.			Other - See attached Schedule	\$ 42,711	42,711		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 9,541	9,541		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,048	1,048		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 19,659	19,659		
19.	15	1J	Income Tax / Corporate Business Tax	\$ 1,115	1,115		
20.	16	m10	Fund Raising / Contributions	\$ 675	675		
21.	15	1d	Unallowable Management Fees	\$ 246,222	246,222		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 213,458	213,458		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 768,779	768,779		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

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

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B2	Dentist	\$ 6,531		
13	B2	Pharmacist	\$ 10,744		
13	8a	Medical Director (over the limit)	\$ 15,977		
13	B12	Consulting Fees - Rehabilitation Therapy & Ancillary	\$ 6,580		
13	B12	Consulting Fees - Nursing	\$ 2,879		
<b>Total Other Fees Adjustments</b>			\$ 42,711	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a1	Benefits on Salaries not Related to Resident Care	\$ 3,286		
15	1a1	Workmen's Compensation Retro	\$ 62,426		
16	L3	Gifts to Residents and Staff	\$ 2,245		
16	m13	Crime Insurance - Administration	\$ 1,023		
16	m13	Miscellaneous Expenses	\$ 1,798		
16	m13	Penalties - Administration	\$ 20,136		
16	m13	Bank Charges - Administration	\$ 21,688		
16	m8a	Chamber of Commerce Dues	\$ 280		
16	m13	Amortization of Goodwill	\$ 88,432		
16	m13	Prior Period Expense	\$ 12,144		
<b>Total Other A&amp;G Adjustments</b>			\$ 213,458	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA Village Crest Center for				2330	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 768,779	768,779		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 144,585	144,585		
28.	20	5d	Ambulance/Limousine	\$ 3,513	3,513		
29.	20	5f	X-rays, etc	\$ 7,646	7,646		
30.	20	5h	Laboratory	\$ 14,675	14,675		
31.	20	5c	Medical Supplies	\$ 7,963	7,963		
32.	20	5e2	Oxygen (non emergency)	\$ 4,690	4,690		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 44,519	44,519		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 2,293	2,293		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 3,141	3,141		
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,001,804	1,001,804		

\*\*\* 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.



New Milford Crossings, LLC / DBA Village Crest Center for Health and Rehabilitation  
9/30/2018

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	Equipment Rental	\$ 7,821		
20	51	Equipment Rental - Rehabilitation Therapy & Ancillary	\$ 12,278		
20	5a2/b/c	Procure LTC Pharmacy of CT (Disallowance of markups)	\$ 147		
20	51	IV Therapy - Rehabilitation Therapy & Ancillary	\$ 3,458		
20	51	Flu Vaccine - Medical Services	\$ 270		
20	5i	Cable TV Expense - Resident Rooms	\$ 8,772		
20	51	Equipment Rental - Respiratory	\$ 11,748		
20	51	Purchased Services - Rehabilitation Therapy & Ancillary	\$ 25		
<b>Total Other Ancillary Costs</b>			\$ 44,519	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	2d	Depreciation on Mattresses & TV's	\$ 2,293		
<b>Total Other Property Adjustments</b>			\$ 2,293	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Miscellaneous Other Income	\$ 801		
30	IV5	Interest Income	\$ 134		
27	12D	Other Interest	\$ 2,206		
<b>Total Other Adjustments</b>			\$ 3,141	\$ -	\$ -

Schedule of Unallowable Building Interest

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

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
New Milford Crossings, LLC / DBA Villæ 2330		9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 8,435,413	8,435,413			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,403,545)	(3,403,545)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,538,770	1,538,770			
b. Medicare Room and Board Contractual Allowance **	\$ 511,878	511,878			
4. a. Private-Pay Residents and Other	\$ 1,153,529	1,153,529			
b. Private-Pay Room and Board Contractual Allowance **	\$ (171,140)	(171,140)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 104,337	104,337			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (102,704)	(102,704)			
c. Prescription Drugs - Non-Medicare	\$ 33,175	33,175			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (33,021)	(33,021)			
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	\$ 494,611	494,611			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (369,150)	(369,150)			
c. Physical Therapy - Non-Medicare	\$ 50,958	50,958			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (47,457)	(47,457)			
4. a. Speech Therapy - Medicare	\$ 81,475	81,475			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (54,487)	(54,487)			
c. Speech Therapy - Non-Medicare	\$ 14,164	14,164			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (11,404)	(11,404)			
5. a. Occupational Therapy - Medicare	\$ 408,778	408,778			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (340,195)	(340,195)			
c. Occupational Therapy - Non-Medicare	\$ 49,714	49,714			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (44,383)	(44,383)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 7,819	7,819			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 1	1			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 8,307,136	8,307,136			
<b>IV. Other Revenue*</b>					
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 ( <i>Specify</i> )	\$ 134	134			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 24,345	24,345			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 24,479	24,479			
<b>VI. Total All Revenue</b> (III +V)	\$ 8,331,615	8,331,615			

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30, II6a	Medicare Part A Contractual Other	\$ (18,089)		
30, II6a	Medicare Part A IV Therapy	\$ 3,336		
30, II6a	Medicare Part A Laboratory	\$ 8,894		
30, II6a	Medicare Part A X-Ray	\$ 5,859		
30, II6a	Medicare Part A Settlement	\$ 8,781		
30, II6a	Medicare Part B Flu / Pneumonia	\$ 978		
30, II6a	Medicare Part B Prior Period	\$ (1,940)		
30, II6a	Medicare Contractual Other	\$ (6,014)		
30, II6a	Medicare Laboratory	\$ 2,479		
30, II6a	Medicare IV Therapy	\$ 2,073		
30, II6a	Medicare X-Ray	\$ 1,462		
<b>Total Other Resident Revenue - Medicare</b>		\$ 7,819	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30, II6b	Commercial Insurance Contractual Other	\$ (1,760)		
30, II6b	Commercial Insurance Laboratory	\$ 909		
30, II6b	Commercial Insurance X-Ray	\$ 852		
<b>Total Other Resident Revenue</b>		\$ 1	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, Line IV	Interest from M&T Savings Account		\$ 134		
<b>Total Interest Income</b>			\$ 134	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30, IV8	United Healthcare	\$ 18,334		
30, IV8	Miscellaneous Other Income	\$ 801		
30, IV8	Provision for Income Taxes	\$ 5,210		
<b>Total Other Revenue</b>		\$ 24,345	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA Vil	2330	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	138,468
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,337,429
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	36,887
5. Prepaid Expenses			\$	110,482
a. Taxes	21,385			
b. Workers Compensation	27,987			
c. Management Assets	27,401			
d. See Schedule	33,709			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	25,391
Patient Funds	25,391			
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>1,648,657</b>
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>1,255,905</u>		\$	946,273
	Accum. Depreciation <u>309,632</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>326,418</u>		\$	177,141
	Accum. Depreciation <u>149,277</u>	Net		
7. Motor Vehicles	*Historical Cost <u>15,661</u>		\$	
	Accum. Depreciation <u>15,661</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	38,370
Construction in Progress	38,370			
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>1,161,784</b>

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

(Carry Total forward to next page)

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

CSP-32 Rev. 6/95

**G. Balance Sheet (cont'd)**

Name of Facility New Milford Crossings, LLC / DBA Vi	License No. 2330	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	2,810,441
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 <b>Total Leasehold or Like Properties</b> (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)			\$ 707,453	
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> )			\$	
_____				
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$ 707,453	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 3,517,894	

\* 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	A5d	General Insurance	\$ 7,396
31	A5d	Other	\$ 26,313
<b>Total Prepaid Expenses</b>			<b>\$ 33,709</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Fixed Assets (Itemize)</b>			<b>\$ -</b>

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			<b>\$ -</b>

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>

## Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

## G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA Village C		2330	9/30/2018	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	552,061
2. Notes Payable ( <i>itemize</i> )				\$	
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	62,407
Name of Lender		Purpose	Amount	Date Due	
M&T Bank		Equipment Loan	62,407		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	201,829
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	1,047,339
Accounting Fees		26,640	Due to Third Party	33,380	
Revenue Assessment		127,591	Patient Funds	25,391	
Due to Related - Short Term		282,876	Accrued Expenses	61,940	
Due to Realty		489,521	See Schedule		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	1,863,636

\* 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 New Milford Crossings, LLC / DBA Village		License No. 2330	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,863,636	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
				\$	685,763
Name of Lender	Purpose	Amount	Date Due		
M&T Bank	Equipment Loan	685,763			
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	79,410
Due to Related - Long Term		84,620			
Net Deferred Tax Liability (Asset)		(5,210)			
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$	765,173
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$	2,628,809

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

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA V	2330	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,249,293
6. Gain or Loss for Period			\$	(360,208)
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	889,085
<b>C. Total Reserves and Net Worth</b>			\$	889,085
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	3,517,894

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA Vill	2330	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	1,268,283
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	8,331,615
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	8,691,823
D. Net Income or Deficit			\$	(360,208)
E. Balance			\$	908,075
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
CT Tax Refund	25,435			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	25,435
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>			\$	44,425
Purpose		Amount		
Commissioner of Revenue		15,714		
Prior Period		28,711		
3. Total Deductions			\$	44,425
H. <b>Balance at End of Period</b>		09/30/18	\$	889,085

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

Name of Facility New Milford Crossings, LLC / DBA	License No. 2330	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)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Blum, Shapiro & Company, P.C.				
Address			Phone Number	
2 Enterprise Drive, Shelton, CT 06484			860-561-6853	
Annual Report Contact			Phone Number	
George Thomas			860-561-6853	
Annual Report Contact Email Address				
GTHOMAS@blumshapiro.com				