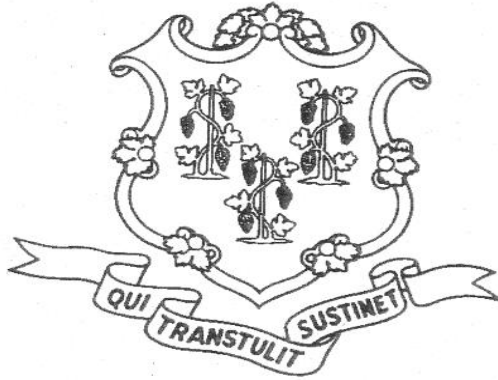


# State of Connecticut



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

Name of Facility (as licensed) Wilton Meadows Health Care Center	
Address (No. & Street, City, State, Zip Code) 439 Danbury Road, Wilton, CT 06897	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2032C	RHNS	(Specify)	Medicare Provider 07-5317
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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**For Department Use Only**

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

**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	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 Wilton Meadows Health Care Center [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) Ellen Casey			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

# 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

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 Wilton Meadows Health Care Center	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 439 Danbury Road, Wilton, CT 06897				
Report Prepared By Blum Shapiro & Company, P.C.	Phone Number 203-944-2100	Date 1/23/2019		
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 203-834-0199		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Wilton Meadows Health Care Center		Address (No. & Street, City, State, Zip) 439 Danbury Road, Wilton, CT 06897		
License Numbers:	CCNH 2032C	RHNS	(Specify)	Medicare Provider No. 07-5317
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="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input checked="" type="radio"/> Partnership <input type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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 Ellen Casey		Nursing Home Administrator's License No.:	001858	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire**  
**Partners/Members**

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2018	Page 3	of 37
Legal Name of Partnership/LLC Wilton Meadows Limited Partnership		Business Address 439 Danbury Road, Wilton, CT 06897		State(s) and/or Town(s) in Which Registered	
Name of Partners/Members	Business Address	Title	% Owned		
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	Limited partner	70.12%		
Wilton Meadows Health Care	25250 Rockside Road, Bedford Heights, OH 44146	General partner	2.08%		
Fred Rzepka	3330 Warrensville Center Road #808, Shaker Heights, OH 44122	Limited partner	16.3%		
Peter Rzepka	3330 Warrensville Center Road #804, Shaker Heights, OH 44122	Limited partner	11.5%		

## General Information and Questionnaire Corporate Owners

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2018	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

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

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

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





## General Information and Questionnaire Related Parties\*

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	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	%**				
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>		Management fee	See Attached	137,897	137,897
Greens at Greenwich	King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Loan receivable	32 Line D6	2,649	N/A
TBI Profit Sharing Plan	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>		Pension	pg 15 line 1a7	30,566	30,566
Greens at Cannondale	435 Danbury Road, Wilton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Maint., Admin. Services, Insurance, Dietary	See attached	35,656	35,656
Greens at Cannondale	435 Danbury Road, Wilton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Loan payable	34 Line B3	(2,297)	N/A
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>		Interest Income / Loan Funds	pg 30 line IV 5	107,797	107,797
Greens at Greenwich	King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Maint., Admin. Services, Insurance	See attached	(27,957)	(27,957)
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>		Insurance Policies	See attached	463,282	463,282
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>		Loan receivable	32 Line D6	3,224,635	N/A

\* 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 Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 09/30/2018	Page 4b	of 37
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Description	A/C #	Amount		
<b>TransCon Builders, Inc.</b>				
Telephone	75500	58	15	1h1
Travel	75510	16,600	16	L4
Management Fees	75530	<u>121,239</u>	16	m12
		<u>137,897</u>		
Property Insurance	73530.BSC	18,094	27	14A
Worker's Comp Insurance	73250	378,023	15	1A1
General Liability Insurance	73530.BSC1	41,224	27	14C1
Excess Liability Insurance	73530.BSC1	16,556	27	14C1
EPLI	73530	<u>9,385</u>	16	M13
		<u>463,282</u>		
Interest Income on Intercompany Loans	59513	<u>107,797</u>	30	IV 5
Loan Receivable	16100	<u>3,224,635</u>	32	D6
<b>Greens at Cannondale</b>				
Maintenance Services from WM To GC	72106/72155	(13,249)	10	A7A/A7B
Administration Svc from WM To GC	73110	(21,840)	10	A4
Other Administration Services from GC to WM	73110	65,654	10	A4
Dietary Allocation to Greens at Cannondale	69103	<u>(2,459)</u>	10	A5a
		<u>28,106</u>		
Loan Payable	25500	<u>(2,297)</u>	34	B3
<b>Greens at Greenwich</b>				
Maintenance Services from WM To GG	72106/72155	(21,425)	10	A7A/A7B
Administration Svc from WM To GG	73156	<u>(8,070)</u>	10	A4
		<u>(29,495)</u>		
Loan Receivable	16700	<u>2,649</u>	32	D6
<b>TBI Profit Sharing Plan</b>				
401K Plan - Other Participants				
Hamden				
Greens at Greenwich				
Greens at Cannondale				
Greenwich Woods				
Candlewood				
Owners Management Co				
TransCon				
Danbury Commons		<u>30,566</u>	15	1a7
<b>Crime, Cyber Insurance Policies - Wilton Meadows Held</b>				
Greens at Cannondale	73530	7,550	16	M13
Greens at Greenwich	73530	<u>1,538</u>	16	M13
		<u>9,088</u>		

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	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.

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

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

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

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

Name of Facility			License No.	Report for Year Ended			Page	of	
Wilton Meadows Health Care Center			2032C	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							
De Lage	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/01/17	5 years	7,530	7,530		
	<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"/>							
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes	<input checked="" type="radio"/> No	<b>Total ***</b>
							7,530		

\* 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 Wilton Meadows Health Care Cent	License No. 2032C	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	Address (No. & Street, City, State, Zip Code)
1    See attached	
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1    See attached	\$    22,720
2	\$
3	\$
4	\$
<b>Charge for Services Provided</b>	
\$    22,720	

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	Telephone Number
1    See attached	
2	
3	
4	
5	

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

Services Provided by This Firm (*describe fully*)

1    See attached	\$    145,152
2	\$
3	\$
4	\$
5	\$
<b>Charge for Services Provided</b>	
\$    145,152	

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	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	09/30/2018	7a	37

Ref	InterfaceName	Amount	Vendor Total
Blum, Shapiro & Co., P.C.	Under accrual 2017 Finance Statements	20	
Blum, Shapiro & Co., P.C.	Under accrual 2017 Medicaid Cost Report	100	
Blum, Shapiro & Co., P.C.	Prep 9/30/18 Financial Statements Review	8,700	
Blum, Shapiro & Co., P.C.	Prep 9/30/18 Medicaid Cost Report	8,750	<b>17,570</b>
Howard, Wershale & Co.	Under accrual 2017 Medicare Cost Report	200	
Howard, Wershale & Co.	Prep 9/30/18 Medicare Cost Report	4,150	<b>4,350</b>
RSM US LLP	Over accrual 2017 Income Tax Returns	(25)	
RSM US LLP	2018 Income Tax Retun	825	<b>800</b>
		<b>Total Accounting Expense</b>	<b>22,720</b>

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2018	Page 7b	of 37
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Ref	Interface Name	Transaction Date	Amount	Disallow
Baker & Hostetler	Services Reorganization Proposed Acct& Admis Dep	11/1/2017	288	288
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/1/2017	9,587	9,587
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2017	8,002	8,002
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2017	70	70
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2017	1,585	1,585
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2017	2,170	2,170
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2017	3,133	3,133
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/1/2018	683	683
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/1/2018	120	120
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/1/2018	1,073	1,073
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/1/2018	7,278	7,278
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/1/2018	1,188	1,188
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/1/2018	1,333	1,333
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/27/2018	13,938	13,938
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/27/2018	949	949
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/27/2018	813	813
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/27/2018	270	270
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/27/2018	(1,548)	(1,548)
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2018	935	935
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2018	65	65
Goldman Gruder & Woods, LLC	Legal Fees Regarding General Matters	3/28/2018	120	
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/28/2018	120	120
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/28/2018	2,084	2,084
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/28/2018	1,484	1,484
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/28/2018	4,088	4,088
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/23/2018	1,650	1,650
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/23/2018	2,220	2,220
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/23/2018	423	423
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/23/2018	4,783	4,783
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/23/2018	1,307	1,307
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/23/2018	1,168	1,168
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/23/2018	618	618
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/24/2018	150	150
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/24/2018	9,850	9,850
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/24/2018	180	180
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/24/2018	2,008	2,008
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/24/2018	1,331	1,331
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/24/2018	3,280	3,280
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/24/2018	65	65
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/24/2018	65	65
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2018	1,398	1,398
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2018	8,480	8,480
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2018	585	585
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2018	2,228	2,228
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2018	1,520	1,520
Goldman Gruder & Woods, LLC	Legal Fees Regarding General Matters	7/1/2018	90	
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/1/2018	260	260
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/1/2018	2,800	2,800
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/1/2018	618	618
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/1/2018	630	630
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/1/2018	1,085	1,085
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/1/2018	2,403	2,403
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2018	6,399	6,399
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2018	160	160
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2018	120	120
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2018	68	68
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2018	98	98
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2018	1,110	1,110
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2018	272	272
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2018	2,730	2,730
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2018	65	65
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/30/2018	65	65
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/30/2018	888	888
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/30/2018	98	98
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/30/2018	495	495
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/30/2018	1,258	1,258
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/30/2018	901	901
Murtha Cullina LLP	Legal Matters Former Employee	11/13/2017	566	566
Murtha Cullina LLP	Review 2567 W/E General Matters	11/21/2017	368	
Murtha Cullina LLP	Credit Balance	11/21/2017	(99)	
Murtha Cullina LLP	Prof. Svcs. Regarding Plant Issues	1/2/2018	460	
Murtha Cullina LLP	Legal Matters Former Employee	1/2/2018	435	435
Murtha Cullina LLP	Prof. Svcs. 3/31/18 General Matters	4/19/2018	276	
Murtha Cullina LLP	Prof Serv 11/30/16 Re: Gen Matters-Voided 12/16	5/1/2018	(675)	
Murtha Cullina LLP	Prof Serv Re: Gen Labor/Employment Hand Book	6/20/2018	1,000	
Murtha Cullina LLP	Legal Matters Former Employee	7/1/2018	630	630
Murtha Cullina LLP	Legal Matters Former Employee	7/1/2018	870	870
Murtha Cullina LLP	Legal Matters Former Employee	7/1/2018	1,628	1,628
Murtha Cullina LLP	Prof Serv Re: Gen Labor/Employment Hand Book	8/16/2018	460	
Murtha Cullina LLP	Prof Serv Re: Gen Labor/Employment	8/16/2018	400	
Winget, Spadafora & Schwartzberg, LLP	Prof. Svcs. Discrimination Claim	10/1/2017	4,901	4,901
Winget, Spadafora & Schwartzberg, LLP	Legal Fees WM Discrimination Claim	10/25/2017	729	729
Winget, Spadafora & Schwartzberg, LLP	Prof. Svcs. Discrimination Claim	11/1/2017	2,681	2,681
Winget, Spadafora & Schwartzberg, LLP	Prof. Svcs. Discrimination Claim	1/2/2018	684	684
Fred Bondi-State Marshall	Conservatorship	2/21/2018	50	
Fred Bondi-State Marshall	Conservatorship	3/8/2018	50	
Fred Bondi-State Marshall	Conservatorship	4/26/2018	50	
Fred Bondi-State Marshall	Conservatorship	5/3/2018	50	
Fred Bondi-State Marshall	Conservatorship	5/31/2018	50	
Treasurer State CT-	Conservatorship	2/21/2018	225	
Treasurer State CT-	Conservatorship	3/13/2018	225	
Treasurer State CT-	Conservatorship	4/26/2018	225	
Treasurer State CT-	Conservatorship	5/3/2018	225	
Treasurer State CT-	Conservatorship	5/31/2018	225	
Wiggins & Dana	Prof. Svcs. 3/31/18-Conservatorships Sutherlands	5/1/2018	1,600	
Wiggins & Dana	Prof. Svcs. 4/30/18-Conservatorships Sutherlands+B44	5/15/2018	1,122	
			<b>145,152</b>	<b>137,971</b>
			<b>Total Legal Expense</b>	<b>Total Disallowed</b>

### Schedule of Resident Statistics

Name of Facility Wilton Meadows Health Care Center			License No. 2032C		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	148	148			148	148			148	148			
B. On last day of THIS report period	148	148			148	148			148	148			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	136	136			136	136			131	131			
B. As of midnight of THIS report period	143	143			131	131			143	143			
3. Total Number of Days Care Provided During Period													
A. Medicare	7,113	7,113			5,600	5,600			1,513	1,513			
B. Medicaid (Conn.)	33,912	33,912			25,394	25,394			8,518	8,518			
C. Medicaid (other states)													
D. Private Pay	4,565	4,565			3,317	3,317			1,248	1,248			
E. State SSI for RCH													
F. Other (Specify) Hospice/Managed Care/Evercar	3,155	3,155			2,162	2,162			993	993			
G. Total Care Days During Period (3A thru F)	48,745	48,745			36,473	36,473			12,272	12,272			
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	62	62			61	61			1	1			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	48,807	48,807			36,534	36,534			12,273	12,273			



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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	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)	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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	17	89		37				
Per Diem Rate								
a. One bed rm.	PPS	219.11		570.00				
b. Two bed rms.	N/A	N/A		N/A				
c. Three or more bed rms.	PPS	219.11		525.00				

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,916	1,916		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	260	260		
2. Restorative Treatments				
C. Other	16,315	16,315		
<b>D. Total Physical Therapy Treatments</b>	<b>18,491</b>	<b>18,491</b>		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	126	126		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	36	36		
2. Restorative Treatments				
C. Other	456	456		
<b>D. Total Speech Therapy Treatments</b>	<b>618</b>	<b>618</b>		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,362	2,362		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	399	399		
2. Restorative Treatments				
C. Other	17,466	17,466		
<b>D. Total Occupational Therapy Treatments</b>	<b>20,227</b>	<b>20,227</b>		

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

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
Wilton Meadows Health Care Center	2032C	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	137,795	2,206				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	418,942	14,408				
5. Dietary Service						
a. Head Dietitian	64,658	2,026				
b. Food Service Supervisor	51,585	2,143				
c. Dietary Workers	648,891	38,509				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	58,197	1,442				
b. Other Maintenance Workers	64,508	3,568				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	218,132	12,935				
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	243,606	4,171				
b. RN						
1. Direct Care	1,116,541	29,220				
2. Administrative**	400,214	12,614				
c. LPN						
1. Direct Care	1,522,725	50,212				
2. Administrative**	203,215	5,421				
d. Aides and Attendants	2,630,059	154,707				
e. Physical Therapists	9,594	455				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	255,918	13,433				
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	250,713	8,361				
n. Marketing	2,995	103				
o. Other (Specify)						
See Attached Schedule	171,812	8,441				
A-13. Total Salary Expenditures	8,470,100	364,375				

\* 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
Other Nursing Admin	\$ 171,812	8,441				
<b>Total</b>	\$ 171,812	8,441	\$ -	-	\$ -	-

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

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Other Purchased Services - Med A - See Page 13a	\$ 47,451	Disallowed				
Other Purchased Services	\$ 50	1				
<b>Total</b>	\$ 47,501	1	\$ -	-	\$ -	-

**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	
Wilton Meadows Health Care Center				2032C	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>										
<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.

**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	
Wilton Meadows Health Care Center				2032C	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>										
Ellen Casey, 147 Cook Hill Road, Wallingford, CT 06492	137,795			Non-preferential	Administrator	2,206	A-2			
<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**

CSP-13 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Wilton Meadows Health Care Center	2032C	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	855	19				
2. Dentist	16,073	72				
3. Pharmacist	13,718	192				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	429,997	4,708				
b. Other						
6. Social Worker						
7. Recreation Worker	10,685	62				
8. Physicians						
a. Medical Director (entire facility)	46,800	575				
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) Psychiatrist \$9,900; Medical Consult. \$5,040	14,940	Disallowed				
9. Speech Therapist						
a. Resident Care	34,815	292				
b. Other						
10. Occupational Therapist						
a. Resident Care	471,812	5,185				
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	5,042	202				
12. Other (Specify) See Attached Schedule	47,501	1				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,092,238</b>	<b>11,308</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 Wilton Meadows Health Care Center		License No. 2032C	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			
See attached		<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"/>			
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		<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.

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2018	Page 14a	of 37
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A/C #	Category	Consultant	Total Paid	Total Hours	
69155	Dietician	Laura Svenson	<u>855</u>	<u>19</u>	
87110	Dentist	Healthdrive Dental	<u>16,073</u>	<u>72</u>	Capitated monthly fee
85050	Pharmacist	Value Health Care Services	<u>13,718</u>	<u>192</u>	Two 8 hr. visits per month
80950 80980 80990	Physical Therapy	Preferred Therapy	425,638	4,653	
80960	PT Outpatient	Preferred Therapy	4,359	55	
			<u>429,997</u>	<u>4,708</u>	
61660	Entertainment	Various	<u>10,685</u>	<u>62</u>	82 Performances @ 45 min per
87100	Medical Director	Alan Radin, MD	<u>46,800</u>	<u>575</u>	\$158/hr limit in 2015
87115	Psychiatrist		<u>9,900</u>		Disallow
87130	Other Medical Consultants	SDX Dysphagia Experts	<u>5,040</u>		14 services @ \$360 each
			<u>14,940</u>		
82950 82980 82990	Speech Therapy	Preferred Therapy	34,765	291	
82960	ST Outpatient	Preferred Therapy	50	1	
			<u>34,815</u>	<u>292</u>	
81950 81980 81990	Occupational Therapy	Preferred Therapy	471,664	5,183	
81960	OT Outpatient	Preferred Therapy	149	2	
			<u>471,812</u>	<u>5,185</u>	
67850	Purchased Services	Value Health Care Service	20,954		Disallow
		Preferred Therapy Solutions	24,325		Disallow - Med A
		US Laboratories	2,173		Disallow - Med A
			<u>47,451</u>		
63330	Agency Aides	HomeCare by RVNA	<u>5,042</u>	<u>202</u>	
62850	Purchased Services	Rabbi Sam Yolen	<u>50</u>	<u>1</u>	
		<i>Total Fees in Lieu of Salaries</i>	<u>1,092,238</u>	<u>11,308</u>	
			0		



**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
Wilton Meadows Health Care Center	2032C	9/30/2018	14b	37

Entertainer Name	Description	Amount
Alfred Leone	Entertainment 10/4/17	150
Larry Batter	Entertainment 10/11/17	145
Peter Randazzo	Entertainment 10/16/17	150
Billy Michael	Entertainment 10/18/17	100
Willie Nininger	Entertainment 10/25/17	130
Darby Cartun	Reflection On Art 10/11-10/25/17	100
John B. Gould	Entertainment 11/1/17	150
Jane Marino	Entertainmen 11/8/17	125
Thomas Sansone	Entertainment 11/15/17	150
Darby Cartun	Reflection On Art 11/18-11/22/17	100
Gary Kahn	Entertainment 11/11/17	100
Bennett A. Mazzola	Entertainment 11/25/17	75
Louis P. Mytych	Entertainment 11/29/17	125
Lydia Smith	Entertainment 12/05/17	200
Alfred Leone	Entertainment 12/06/17	150
John B. Gould	Entertainment 12/07/17	200
Larry Batter	Entertainment 12/20/17	145
Willie Nininger	Entertainment 12/22/17	130
Kayte Devlin	Entertainment 12/27/17	125
David Goclowski	Entertainment 12/31/17	125
Darby Cartun	Reflection On Art 12/6-12/20/17	100
Billy Michael	Entertainment 1/3/18	100
Jeff Batter	Entertainment 12/22/17	135
Shawn Taylor	Entertainment 1/10/18	125
Thomas Sansone	Entertainment 1/17/18	150
Darby Cartun	Art Lecture 1/3-1/17/18	100
Gary Kahn	Entertainment 1/24/18	105
Bennett A. Mazzola	Entertainment 1/27/18	75
Larry Batter	Entertainment 1/31/18	145
Shalynn M. Sedgwick	Entertainment 12/16/17	150
Jeff Batter	Entertainment 2/8/18	135
Alfred Leone	Entertainment 2/14/18	150
Mike Flynn	Entertainment 2/17/18	100
Willie Nininger	Entertainment 2/21/18	130
Darby Cartun	February Art Sessions	100
Bennett A. Mazzola	Entertainment 2/24/18	75
Gary Andreadis	Entertainment 2/28/18	125
Thomas Sansone	Entertainment 3/7/18	150
Kayte Devlin	Entertainment 3/14/18	125
Gary Kahn	Entertainment 3/21/18	105
Darby Cartun	March Art Sessions	100
SuperNova Ballons	Ballon Twisting 3/29/18	300
Conroy Warren	Entertainment 4/1/18	200
Shawn Taylor	Entertainment 4/4/18	125
Billy Michael	Entertainment 6/1/18	100
Larry Batter	Entertainment 6/1/18	145
Jane Marino	Entertainment 6/1/18	125
Darby Cartun	Reflections On Art 5/16-5/30/18	100
Gary Kahn	Entertainment 6/1/18	105
Bennett A. Mazzola	Entertainment 4/28/18	75
Alfred Leone	Entertainment 6/1/18	150
Gary Andreadis	Entertainment 6/6/18	125
Kayte Devlin	Entertainment 6/13/18	125
Darby Cartun	Reflections On Art 6/6-20/18	100
Bennett A. Mazzola	Entertainment 6/23/18	75
Ray Williams	Entertainment 6/18/18	250
Jeff Batter	Entertainment 6/27/18	135
Willie Nininger	Entertainment 5/9/18	130
Jesse Zalinski	Entertainment Flag Day	125
Thirah Bendokas	Entertainment Mothers Day	175
John Banker	Entertainment 7/4/18	125
Darby Cartun	Reflections On Art 7/4-7/10/18	100
Larry Batter	Entertainment 7/11/18	145
Thomas Sansone	Entertainment 7/18/18	150
Billy Michael	Entertainment 7/25/18	100
Bennett A. Mazzola	Entertainment 7/21/18	75
Mike Flynn	Entertainment 7/29/18	200
Gary Kahn	Entertainment 8/1/18	105
Jeff Batter	Entertainment 5/30/18	135
Shalynn M. Sedgwick	Entertainment 8/4/18	150
Lee Perry Gross Music	Entertainment 8/8/18	150
Gene Matera	Entertainment 8/15/18	150
Willie Nininger	Entertainment 8/22/18	130
Darby Cartun	Reflections On Art 8/1-8/22/18	100
Jesse Zalinski	Entertainment 3/28/18	125
Bennett A. Mazzola	Entertainment 8/25/18	75
Alfred Leone	Entertainment 9/5/18	150
Kayte Devlin	Entertainment 9/12/18	125
Gary Andreadis	Entertainment 8/29/18	125
Thomas Sansone	Entertainment 9/19/18	150
Mike Flynn	Entertainment 9/23/18	200
Darby Cartun	September Art Sessions	100
<b>Total Entertainment</b>		<b>10,685</b>

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

Name of Facility	License No.	Report for Year Ended		Page	of
Wilton Meadows Health Care Center	2032C	9/30/2018		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 378,023	378,023			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 95,812	95,812			
4. Social Security (F.I.C.A.)	\$ 636,120	636,120			
5. Health Insurance	\$ 884,825	884,825			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 30,566	30,566			
8. Uniform Allowance	\$ 2,537	2,537			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 1,871	1,871			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 22,720	22,720			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 145,152	145,152			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 39,008	39,008			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 59,838	59,838			
2. Cellular Phones	\$ 5,925	5,925			
i. Appraisal ( <i>Specify purpose and        attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 829,345	829,345			
<b>Subtotal</b>	\$ 3,131,742	3,131,742			

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2018	16	37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>	3,131,742	3,131,742		
<b>I. Travel and Entertainment</b>				
1. Resident Travel and Entertainment	\$ 46	46		
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 7,080	7,080		
4. Employee Travel	\$ 19,989	19,989		
5. Education Expenses Related to Seminars and Conventions	\$ 13,807	13,807		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 9,702	9,702		
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
<b>m. Other Administrative and General Expenses</b>				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 6,350	6,350		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$ 1,499	1,499		
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 62,722	62,722		
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	\$ 10,813	10,813		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 11,008	11,008		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 5,991	5,991		
10. Contributions*** See Attached Schedule	\$ 371	371		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$			
12. Administrative Management Services**	\$ 121,239	121,239		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 174,007	174,007		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,576,366	3,576,366		

\* 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 Promotions	\$ 7,427		
Business Promotions	\$ 55,295		
<b>Total Other Advertising</b>	\$ 62,722	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
Dues - See page 16b	\$ 11,008		
<b>Total Dues</b>	\$ 11,008	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Contributions	\$ 371		
<b>Total Contributions</b>	\$ 371	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Employee Background Checks	\$ 5,233		
Consulting Fees	\$ 47,826		
Data Processing Fees	\$ 26,312		
Software Maintenance	\$ 44,949		
EPLI, Crime, Cyber Insurance	\$ 18,399		
Facility Licenses	\$ 1,735		
Employee Licenses	\$ 3,445		
Bank Charges	\$ 9,675		
Late Charges	\$ 595		
Miscellaneous Administrative Charges	\$ 431		
Medical Records Supplies	\$ 6,773		
Purchased Services - Temporary Help	\$ 8,634		
<b>Total Other Administrative and General</b>	\$ 174,007	\$ -	\$ -

**Detail of Dues and Subscriptions**

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2018	Page 16b	of 37
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Ref	Amount	Dues	Subscriptions	Chamber of Commerce	InterfaceName
ACHCA Membership	77	77			Membership - Mary Tobin 1/17-12/17-\$310.
American Express	20	20			Ct Sec State-Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	204	9,409			Annual Dues Mutual Aid Program 9/17-8/18
Cogency Global	65	65			Annual Dues
CuraSpan Health Group, Inc.	2,275				Subscription 5/1/17-4/30/18-\$3250.
CuraSpan Health Group, Inc.	1,706		3,981		Subscription 5/1/18-4/30/19-\$4095.
Hersam Acorn	58		58		Subscription To Wilton Bulletin
Kiwanis Club Of Wilton	160				1st Qtr Dues
Kiwanis Club Of Wilton	160				2nd Qtr Dues
Kiwanis Club Of Wilton	160				3rd Qtr Dues
Kiwanis Club Of Wilton	160	640			4th Qtr Dues
PNC Bank	107	107			CGS Membership 17-18
PNC Bank	160		160		Nutrition Care Web Manual Subscription
PNC Bank	150	150			
Silver Source	40	40			Membership Sept 16 - May 17
The Hour	1,435		1,435		Yearly Subscription 6/26/17-6/25/18-\$1950.
The Norwalk Hour	358		358		Yearly Subscription 8/18-7/19-\$2145.
Wilton WPCA	188	188			FOG Retesting Charge 7/17 - 6/18-\$250.
Wilton WPCA	250	250			FOG Renewal 7/17-6/30/19-\$500.
Wilton WPCA	63	63			FOG Renewal 7/18-6/30/19-\$250.
Reclass					
	16,999	11,008	5,991	-	

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

Name of Facility	License No.	Report for Year Ended	Page of
Wilton Meadows Health Care Center	2032C	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 #
TransCon Builders, Inc.	121,239	See page 4	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	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2018	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 463,229	463,229		
2. Non-Food Supplies	\$ 46,321	46,321		
3. Other (Specify)_____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,775	1,775		
c. Other (Specify)_____	\$ 6,025	6,025		
Chemicals/Cleaning Supplies				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 517,350</b>	<b>517,350</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 checked="" type="radio"/> Yes <input type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
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 checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify cost.	
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$545
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				30 IV1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify cost.	
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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



**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
Wilton Meadows Health Care Center		2032C	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. \$	23,622	23,622	
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) Chemicals/Detergents \$8,543; Supplies \$752		\$	9,295	9,295	
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	32,917	32,917	
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.

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Medical Equipment Rental	\$ 17,941		
Cable TV	\$ 19,726		
Equipment Rental	\$ 14,429		
Supplies	\$ 7,165		
Nursing Supplies	\$ 137,871		
Glucose Testing Supplies	\$ 6,178		
Incontinent Care	\$ 68,825		
Gloves	\$ 23,859		
Wound Care Supplies	\$ 54,331		
Nutritional Supplements	\$ 34,443		
Syringes	\$ 2,804		
Tube Feeding - Medicare	\$ 11,699		
Medical Supplies - Medicare	\$ 15,611		
Medical Supply Rental Medicare	\$ 5,724		
Beauty Shop Expense	\$ 25		
<b>Total Other Resident Care</b>	\$ 420,631	\$ -	\$ -

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**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	
Wilton Meadows Health Care Center	2032C	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. \$	34,422	34,422		
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. \$	381,400	381,400		
C. Other ( <i>Specify</i> )	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>	\$	415,822	415,822		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medicare \$259,399 Medicaid \$8,596, Medicare OTC \$2,291, Facility \$33,399, Managed Care \$83,613	\$	387,298	387,298		
b. Medicine Cabinet Drugs	\$	17,839	17,839		
c. Medical and Therapeutic Supplies	\$	18,617	18,617		
d. Ambulance/Limousine***	\$	9,629	9,629		
e. Oxygen					
1. For Emergency Use	\$				
2. Other****	\$	21,488	21,488		
f. X-rays and Related Radiological Procedures***	\$	27,893	27,893		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	45,178	45,178		
i. Recreation	\$	10,627	10,627		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	420,631	420,631		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	959,200	959,200		

\* 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 Wilton Meadows Health Care Center			License No. 2032C	Report for Year Ended 9/30/2018	Page 21	of 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
Shindler Elevator	850 Brook Street, Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Service	10,453			22	6f/6a
Winter Brothers Waste Systems of CT	304 White Street, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	31,148			22	6f
SMS Cleaning & Housekeeping		<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	380,075			20	4b
Shamrock Land Management	721 Cove Road, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maintenance, Snow Plow, Landscaping	51,681			22	6f
Daniels Equipment	445 Priscilla Lane, Auburn, NH 03032	<input type="radio"/>	<input checked="" type="radio"/>		Ozone Rental	15,314			22	6f/6a
Saucier Mechanical	148 Norton St, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Building Repair & Maintenance	34,142			22	6f/6a
Simplex		<input type="radio"/>	<input checked="" type="radio"/>		Building Repair & Maintenance	12,430			22	6f/6a
Excellent Touch	43 Meadowbrook Rd, Danbury, CT 06811	<input type="radio"/>	<input checked="" type="radio"/>		Building Repair & Maintenance	10,594			22	6f/6a
		<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
Wilton Meadows Health Care Center	2032C	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 84,152	84,152				
b. Heat	\$ 67,056	67,056				
c. Light & Power	\$ 140,733	140,733				
d. Water	\$ 52,998	52,998				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 7,530	7,530				
f. Other ( <i>itemize</i> )	\$ 266,141	266,141				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 618,610</b>	<b>618,610</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 1,184	1,184				
b. Building & Building Improvements	\$ 229,992	229,992				
c. Non-Movable Equipment	\$ 11,343	11,343				
d. Movable Equipment	\$ 55,452	55,452				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 297,971</b>	<b>297,971</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 204,378	204,378				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 13,987	13,987				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 516,336</b>	<b>516,336</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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Small Equipment Purchase	\$ 25,394		
Equipment Rental	\$ 20,231		
Trash Removal	\$ 38,135		
Service Contracts	\$ 52,918		
Supplies	\$ 54,777		
Grounds Maintenance	\$ 46,361		
Grounds Landscaping	\$ 7,557		
Purchased Services	\$ 5,914		
Minor Decorating	\$ 11,003		
Copy Charges	\$ 3,851		
<b>Total Other Repairs and Maintenance</b>	\$ 266,141	\$ -	\$ -

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### Depreciation Schedule

Name of Facility Wilton Meadows Health Care Center				License No. 2032C		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				209,287		209,287	206,950	Tax	Various	1,184			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal											1,184		
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period				11,266,189		11,266,189	10,032,513	Tax	Various	225,771			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				36,889		36,889		Tax	Various	4,221			
B-4. Subtotal											229,992		
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period				187,282		187,282	141,427	Tax	Various	9,406			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				23,166				Tax	Various	1,937			
C-4. Subtotal											11,343		
		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. 1998 Ford		Yes		5	2001	10,866		10,866	10,866	Tax	5		
b. 2012 Jeep Patriot		Yes		4	2015	9,532		9,532	6,329	Tax	5	1,281	
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,116,867		1,116,867	970,696	Tax	Various	50,591	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						19,163		19,163		Tax	Various	3,580	
D-3. Subtotal													55,452
<b>E. Total Depreciation</b>													297,971

Wilton Meadows Health Care Center  
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>				
10/1/2017	Maple Dining Room flooring	\$ 3,669	10	\$ 862
10/19/2017	Maple Dining Room supplies	\$ 204	10	\$ 48
10/25/2017	Maple Dining Room supplies	\$ 118	10	\$ 28
10/27/2017	Maple Dining Room supplies	\$ 123	10	\$ 29
10/30/2017	Maple Dining Room granite	\$ 3,240	10	\$ 761
10/31/2017	Maple Dining Room supplies	\$ 57	10	\$ 13
11/9/2017	Maple Dining Room granite	\$ 369	10	\$ 87
11/15/2017	Maple Dining Room electric circuits	\$ 602	10	\$ 142
11/17/2017	Maple Dining Room oak plywood	\$ 75	10	\$ 18
11/20/2017	Wallpaper dining room/resident rooms	\$ 3,652	10	\$ 858
11/28/2017	Maple Dining Room back splash	\$ 121	10	\$ 28
1/3/2018	Carpet	\$ 4,654	10	\$ 349
4/5/2018	Deerfield shower counter top	\$ 6,280	10	\$ 418
4/26/2018	Deerfield shower counter top mtl	\$ 191	10	\$ 13
6/14/2018	Maple nurses station flooring	\$ 4,495	5	\$ 514
7/27/2018	Attic sprinkler main pipes	\$ 9,039	39	\$ 53
<b>Total additions for Building Improvements</b>		\$ 36,889		\$ 4,221 *
<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>				
12/12/2017	Hot water boiler	\$ 6,665	10	\$ 500
1/4/2018	Honeywell temp control actuator	\$ 1,358	10	\$ 99
1/16/2018	Hot water boiler	\$ 6,665	10	\$ 500
2/1/2018	Honeywell temp control actuator	\$ 1,358	10	\$ 99
2/12/2018	Ice maker	\$ 3,743	7	\$ 389
2/15/2018	Floodlights	\$ 3,377	5	\$ 351
<b>Total additions for Non-Movable Equipment</b>		\$ 23,166		\$ 1,937 *



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

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\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

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Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/2/2017	Tabletops	\$ 3,129	7	1,022
10/2/2017	Tabletops	\$ 3,129	7	1,022
11/10/2017	Vital sport oxy temp mobile stand	\$ 2,692	7	879
2/22/2018	Sara 3000 scale	\$ 2,898	5	211
5/17/2018	Refrigerator	\$ 3,113	7	278
8/30/2018	Tub lift	\$ 4,202	5	168
<b>Total additions for Movable Equipment</b>		<b>\$ 19,163</b>		<b>\$ 3,580</b> *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		<b>\$ -</b>		<b>\$ -</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>				
<b>Total additions for Leasehold Improvement</b>		<b>\$ -</b>		<b>\$ -</b> *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		<b>\$ -</b>		<b>\$ -</b> **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

State of Connecticut

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

CSP-23 Rev. 10/2006

**Fixed Asset Rollforward**

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2018	23b	37

	Land Improvements	Building & Improvements	Non-movable Equipment	Movable Equipment	Motor Vehicles	
2017 Book Value per CR	209,287	11,266,189	187,282	1,116,867	20,398	
2018 Additions	-	36,889	23,166	19,163	-	
2018 Disposals	-	-	-	-	-	
2018 Book Value CR	<u>209,287</u>	<u>11,303,078</u>	<u>210,448</u>	<u>1,136,030</u>	<u>20,398</u>	<b><u>\$ 12,879,241</u></b>
Balance per books-page 31	<u>213,166</u>	<u>11,303,377</u>	<u>211,052</u>	<u>1,144,620</u>	<u>20,398</u>	
Prior year variance	(3,879)	(299)	(604)	(8,590)	-	
<hr/>						
2017 Accumulated Depreciation	206,950	10,032,513	141,427	970,696	17,195	
2018 Depreciation	1,184	229,992	11,343	54,171	1,281	
2018 Disposals	-	-	-	-	-	
2018 Accumulated Depreciation	<u>208,134</u>	<u>10,262,505</u>	<u>152,770</u>	<u>1,024,867</u>	<u>18,476</u>	
Balance per books-page 31	<u>208,134</u>	<u>10,262,505</u>	<u>152,799</u>	<u>1,038,517</u>	<u>18,476</u>	<b><u>\$ 11,680,431</u></b>
Prior year variance	-	-	(29)	(13,650)	-	

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

**Amortization Schedule\***

Name of Facility Wilton Meadows Health Care Center			License No. 2032C		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<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									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* 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 Wilton Meadows Health Care Center	License No. 2032C	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		03/01/88		
2. Date Structure Completed		03/01/88		
3. If NOT Original Owner, Date of Purchase		N/A		
4. Date of Initial Licensure		03/01/88		
5. Total Licensed Bed Capacity		148		
6. Square Footage		75,000		
7. Acquisition Cost				
a. Land		69,000		
b. Building		5,740,000		
<b>Part B - Owner and Related Parties</b>		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 9/30/2018				
<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
Wilton Meadows Health Care Center		2032C	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
Wilton Meadows Health Care Cent	2032C	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) Interest Expense	\$	4,233	4,233	
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$	4,233	4,233	
14. Insurance				
a. Insurance on Property (buildings only)	\$	18,094	18,094	
b. Insurance on Automobiles	\$	5,942	5,942	
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	57,780	57,780	
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>	\$	81,816	81,816	
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$	16,284,988	16,284,988	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center				2032C	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.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 36,773	36,773		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	b10	Occupational Therapy	\$ 471,812	471,812		
7.			Other - See attached Schedule	\$ 78,514	78,514		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 137,971	137,971		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 4,485	4,485		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 6,282	6,282		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	L4	Automobile Expense (e.g. personal use)	\$ 243	243		
18.	16	m2/m	Unallowable Advertising *	\$ 64,221	64,221		
19.			Income Tax / Corporate Business Tax	\$			
20.	30	IV8	Fund Raising / Contributions	\$ 371	371		
21.	16	m12	Unallowable Management Fees	\$ 121,239	121,239		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 41,963	41,963		
<b>Page 18 - Dietary Expenditures</b>							
24.	30	iv1	Meals to employees, guests and others who are not residents	\$ 545	545		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 964,419	964,419		

\* 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	\$ 2,995		
10	a2	Administrator Salary over Allowable Amount	\$ 33,778		
<b>Total Other Salaries Adjustment</b>			\$ 36,773	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b2	Dentist	\$ 16,073		
13	b12	Purchased Services - Medicare A (See page 13a)	\$ 47,451		
13	b8e	Psychiatrist	\$ 9,900		
13	b8e	Medical Consultant	\$ 5,040		
13	b12	Other Purchased Services	\$ 50		
<b>Total Other Fees Adjustments</b>			\$ 78,514	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Late Fees	\$ 595		
16	m13	Bank Charges	\$ 9,675		
16	m13	Miscellaneous Administrative Expenses	\$ 431		
16	l3	Employee Relations	\$ 1,430		
16	m13	Crime Insurance Policy	\$ 4,084		
16	m8a	Newspapers	\$ 1,793		
15	1a	Benefits and Taxes on Disallowed Marketing & Recruiting Salary Noted Above	\$ 599		
15	1a	Benefits on Disallowed Administrator Salary noted Above	\$ 6,756		
16	L4	Condo Rent	\$ 16,600		
<b>Total Other A&amp;G Adjustments</b>			\$ 41,963	\$ -	\$ -

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

CSP-29 Rev. 10/2006

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

Name of Facility				License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center				2032C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 964,419	964,419		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 387,298	387,298		
28.	20	5d	Ambulance/Limousine	\$ 9,629	9,629		
29.	20	5f	X-rays, etc	\$ 27,893	27,893		
30.	20	5h	Laboratory	\$ 45,178	45,178		
31.	20	5c	Medical Supplies	\$ 18,617	18,617		
32.	20	5e2	Oxygen (non emergency)	\$ 21,488	21,488		
33.	20	5j	Occupational Therapy	\$ 7,165	7,165		
34.			Other - See Attached Schedule	\$ 83,906	83,906		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (828)	(828)		
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	\$ 23,267	23,267		
<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	\$ 54,429	54,429		
<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>				\$ 1,642,461	1,642,461		

\*\*\* 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.

Wilton Meadows Health Care Center  
9/30/2018

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5c	Nursing Supplies	\$ 11,331		
20	5j	Medical Supplies - Medicare	\$ 15,611		
20	5j	Medical Equipment Rental	\$ 17,941		
20	5j	PT Equipment Rental	\$ 14,429		
20	5j	Tube Feeding - Medicare	\$ 11,699		
20	5j	Medical Supply Rental Medicare	\$ 5,724		
20	5j	Beauty Shop Expense	\$ 25		
20	5j	PT Supplies	\$ 7,146		
<b>Total Other Ancillary Costs</b>			\$ 83,906	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	d2	Excess Movable Equipment Depreciation	\$ (828)		
<b>Total Excess Movable Equipment Depreciation</b>			\$ (828)	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Cable TV	\$ 19,726		
22	6f	TV for Resident Rooms	\$ 3,541		
<b>Total Other Property Adjustments</b>			\$ 23,267	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest Expense	\$ 4,233		
18	2a	Meals on Wheels Disallowance	\$ 14,219		
		Outpatient Utility	\$ 225		
30	IV 8	Other Misc. Income	\$ 27,951		
		Barber and Beauty Shop Allocation Disallowance	\$ 4,780		
30	IV 8	Equipment Rental	\$ 3,021		
<b>Total Other Adjustments</b>			<b>\$ 54,429</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Wilton Meadows Health Care Center	2032C	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> )	\$ 18,014,432	18,014,432				
b. Medicaid Room and Board Contractual Allowance **	\$ (10,557,384)	(10,557,384)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 3,787,211	3,787,211				
b. Medicare Room and Board Contractual Allowance **	\$ 725,365	725,365				
4. a. Private-Pay Residents and Other	\$ 2,884,532	2,884,532				
b. Private-Pay Room and Board Contractual Allowance **	\$ (644,707)	(644,707)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 255,030	255,030				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (256,419)	(256,419)				
c. Prescription Drugs - Non-Medicare	\$ 84,339	84,339				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (73,849)	(73,849)				
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	\$ 805,576	805,576				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (745,122)	(745,122)				
c. Physical Therapy - Non-Medicare	\$ 223,309	223,309				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (188,554)	(188,554)				
4. a. Speech Therapy - Medicare	\$ 75,574	75,574				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (64,762)	(64,762)				
c. Speech Therapy - Non-Medicare	\$ 26,121	26,121				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (20,676)	(20,676)				
5. a. Occupational Therapy - Medicare	\$ 913,165	913,165				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (855,915)	(855,915)				
c. Occupational Therapy - Non-Medicare	\$ 259,167	259,167				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (219,315)	(219,315)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 3,067	3,067				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 2,457	2,457				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,432,642	14,432,642				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 545	545				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 107,952	107,952				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 30,972	30,972				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 139,469	139,469				
<b>VI. Total All Revenue</b> (III +V)	\$ 14,572,111	14,572,111				

\* 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)
	X-Ray	\$ 5,229		
	Lab	\$ 22,234		
	Oxygen	\$ 4,923		
	IV Therapy	\$ 9,772		
	Contractual Adjustment - IV Therapy	\$ (6,528)		
	Contractual Adjustment - Oxygen	\$ (4,950)		
	Contractual Adjustment - X-Ray and Lab	\$ (27,613)		
<b>Total Other Resident Revenue - Medicare</b>		\$ 3,067	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray	\$ 1,405		
	Lab	\$ 9,512		
	Oxygen	\$ 8,196		
	IV Therapy	\$ 302		
	Contractual Adjustment - X-Ray and Lab	\$ (9,033)		
	Contractual Adjustment - Oxygen	\$ (7,835)		
	Contractual Adjustment - IV Therapy	\$ (90)		
<b>Total Other Resident Revenue</b>		\$ 2,457	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 75		
	Interest Income - Intercompany		\$ 107,797		
	Interst Income - Resident		\$ 80		
<b>Total Interest Income</b>			\$ 107,952	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	Miscellaneous Income	\$ 27,951		
	Equipment Rental	\$ 3,021		
<b>Total Other Revenue</b>		\$ 30,972	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2018	Page 30b	of 37
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A/C 59511	Operating Interest	Savings Interest	Security Dep Interest	Medicare/Blue Cross/ABC	Misc.	Total	General Ledger	Difference
Asset	Cash	Cash	Cash	A/R				
Location on Balance Sheet	Cash	Cash	Cash	Resident A/R				
Oct-17			4			4	4	-
Nov-17			5			5	5	-
Dec-17			5			5	5	-
Jan-18			5			5	5	-
Feb-18			5			5	5	-
Mar-18			5			5	5	-
Apr-18			9			9	9	-
May-18			7			7	7	-
Jun-18			7			7	7	-
Jul-18			8			8	8	-
Aug-18			8			8	8	-
Sep-18			7			7	7	-
<b>Totals</b>	<b>-</b>	<b>75</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>75</b>	<b>75</b>	<b>-</b>

The associate expense relates to Other Interest Expense on Page 27, Line 12D

**A/C # 59513**

**Interest Income - Intercompany Loans**

Asset	L/R TransCon	L/R Candlewood	L/R Greenwich Woods	L/R Hamden	Total	General Ledger	Difference
Location on Balance Sheet	Loans to Owners or Related Parties	Loans to Owners or Related Parties	Loans to Owners or Related Parties	Loans to Owners or Related Parties			
Oct-17	11,530				11,530	11,530	-
Nov-17	10,890				10,890	10,890	-
Dec-17	10,582				10,582	10,582	-
Jan-18	9,742				9,742	9,742	-
Feb-18	7,786				7,786	7,786	-
Mar-18	8,641				8,641	8,641	-
Apr-18	8,384				8,384	8,384	-
May-18	8,112				8,112	8,112	-
Jun-18	7,871				7,871	7,871	-
Jul-18	8,153				8,153	8,153	-
Aug-18	8,174				8,174	8,174	-
Sep-18	7,932				7,932	7,932	-
<b>Totals</b>	<b>107,797</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>107,797</b>	<b>107,797</b>	<b>-</b>

Resident Interest AR	<u>80</u>	<u>80</u>
Total Interest	<u>107,952</u>	<u>107,952</u>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	61,125
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,107,631
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	187,524
a. Prepaid Expenses	109,546			
b. Prepaid Insurance	77,978			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	2,356,280
B. Fixed Assets				
1. Land			\$	542,222
2. Land Improvements	*Historical Cost	213,166	\$	5,032
	Accum. Depreciation	208,134		Net
3. Buildings	*Historical Cost	11,303,377	\$	1,040,872
	Accum. Depreciation	10,262,505		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	211,052	\$	58,253
	Accum. Depreciation	152,799		Net
6. Movable Equipment	*Historical Cost	1,144,620	\$	106,103
	Accum. Depreciation	1,038,517		Net
7. Motor Vehicles	*Historical Cost	20,398	\$	1,922
	Accum. Depreciation	18,476		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,754,404

\* 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 Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 4,110,684	
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)				
\$				
5. Investments Related to Resident Care ( <i>itemize</i> )				
\$				
6. Loans to Owners or Related Parties ( <i>itemize</i> )				
\$ 3,227,284				
Name and Address		Amount	Loan Date	
See attached		3,227,284	Various	
7. Other Assets ( <i>itemize</i> )				
			6,104	\$ 6,104
		Deposits		
		See Schedule		
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)				
\$ 3,233,388				
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)				
\$ 7,344,072				

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2018	32a	37

6. Loans to Owners or Related Parties (*itemize*)

<u>Name</u>	<u>Amount</u>	<u>Loan Date</u>
Greenwich Retirement Housing, LLC	2,649	Various
TransCon Builders, Inc.	<u>3,224,635</u>	Various
<b>Total</b>	<b>\$ 3,227,284</b>	Pg. 32 D6

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

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

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

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

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

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2018	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	772,305
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
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> )				\$	691,645
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	3,698
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> )				\$	789,102
Current Portion Capital Lease/Notes		7,938	Provider User Fee	211,125	
Property, Real Estate & Sales Taxes		110,446			
Accrued 401k Employer Liability		22,196			
Operating Expenses		437,397	See Schedule		
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>2,256,750</b>

\* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

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

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,256,750	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 2,297	
Name and Address of Lender	Amount	Loan Date			
Wilton Retirement Housing, LLC	2,297	Various			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 15,170	
Long Term Portion of Capital Leases		15,170			
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 17,467	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,274,217	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	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			\$	6,782,730
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	(1,712,877)
10/1/2017 thru 9/30/2018				
7. Total Net Worth			\$	5,069,853
<b>C. Total Reserves and Net Worth</b>			\$	5,069,853
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	7,344,070

### H. Changes in Total Net Worth

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	7,056,347
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	14,572,111
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	16,284,988
D. Net Income or Deficit			\$	(1,712,877)
E. Balance			\$	5,343,470
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>		09/30/18	\$	5,343,470

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

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	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 <i>Blum, Shapiro &amp; Company, P.C.</i>		Title		Date Signed 1/31/2019	
Printed Name of Preparer Blum Shapiro & Company, P.C.					
Address Address 2 Enterprise Drive, Suite 302, Shelton CT, 06484				Phone Number 203-944-2100	
Annual Report Contact George Thomas				Phone Number 203-944-2100	
Annual Report Contact Email Address gthomas@blumshapiro.com					