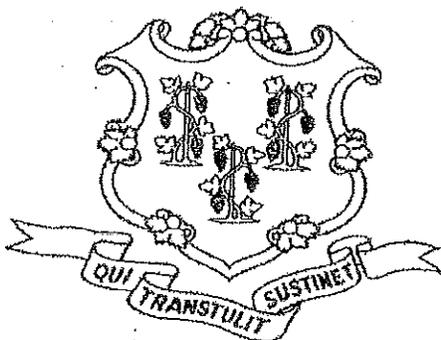


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

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 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2032C	RHNS	(Specify)	Medicare Provider 07-5317
------------------	---------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
----------------------------	------	------	---------

For Department Use Only

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

Table of Contents

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

General Information

Name of Facility (as licensed) Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2015	Page 1	of 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, for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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) Mary Tobin			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

General Information

Name of Facility (as licensed) Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2015	Page 1	of 37
---	----------------------	------------------------------------	-----------	----------

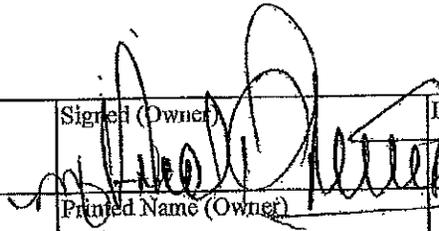
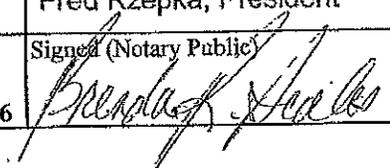
Administrator's/Owner's Certification

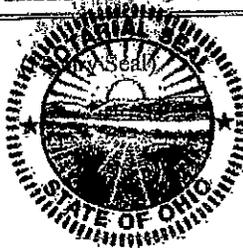
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

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, for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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
				02-05-16
Printed Name (Administrator)			Printed Name (Owner)	
			Fred Rzepka, President	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
	Ohio	02-05-16		1 1
Address of Notary Public				
25250 Rockside Road, Cleveland, OH 44146				



Brenda R. Scales
 Notary Public, State of Ohio
 My Commission Expires 04-13-2016

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Wilton Meadows Health Care Center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 439 Danbury Road, Wilton, CT 06897				
Report Prepared By Blum Shapiro & Company, P.C.		Phone Number 860-561-4000	Date 2/8/2016	
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. <i>Total Wages Paid</i>	\$			
7. Total salaries paid	\$			
8. <i>Total Wages and Salaries Paid</i> (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 9/30/2015	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="radio"/> Proprietorship <input type="radio"/> LLC <input checked="" type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Mary Tobin		Nursing Home Administrator's License No.:	001877	
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 9/30/2015	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 Delaware	
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 9/30/2015	Page 3A	of 37
---	----------------------	------------------------------------	------------	----------

If this facility is owned or operated as a corporation, provide the following information:

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

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

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

General Information and Questionnaire Individual Proprietorship

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2015	Page 3B	of 37
---	----------------------	------------------------------------	------------	----------

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A



**General Information and Questionnaire
 Related Parties***

Name of Facility	License No.	Report for Year Ended	Page	of		
Wilton Meadows Health Care Center	2032C	9/30/2015	4	37		
<p>Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</p>						
<p>Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If "Yes," provide the following information:</p>						
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	Cost Reported	Actual Cost to the Related Party
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/> Yes <input checked="" type="radio"/> No	Management Fee	See Attached	271,997	271,997
Owner's Management	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/> Yes <input checked="" type="radio"/> No	Accounting Services	pg 15 line 1d	12,855	12,855
Hamden Healthcare	1270 Sherman Lane, Hamden, CT 06514	<input type="radio"/> Yes <input checked="" type="radio"/> No	Interest Income / Loan Funds	pg 30 line IV 5	886	886
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/> Yes <input checked="" type="radio"/> No	Interest Income / Loan Funds	pg 30 line IV 5	144,425	144,425
TBI Profit Sharing Plan	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/> Yes <input checked="" type="radio"/> No	Pension	pg 15 line 1a7	33,898	33,898
Greenwich Woods	1165 King Street, Greenwich, CT 06831	<input type="radio"/> Yes <input checked="" type="radio"/> No	Maint., Admin., and Comp. Svcs	See attached	8,205	8,205
Candlewood Valley	30 Park Lane East, New Milford, CT 06776	<input type="radio"/> Yes <input checked="" type="radio"/> No	Dietary and Quality Assurance	See attached	29,821	29,821
Candlewood Valley	30 Park Lane East, New Milford, CT 06776	<input type="radio"/> Yes <input checked="" type="radio"/> No	Maint., Admin. Svcs, and Quality Assurance	See attached	(64,682)	(64,682)
See attached for additional		<input type="radio"/> Yes <input checked="" type="radio"/> No				

* Use additional sheets if necessary.

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

**General Information and Questionnaire
 Related Parties (cont'd)**

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2015			Page 4a	of 37	
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	%**				
Greenwich Woods	1165 King Street, Greenwich, CT 06831		No		Administration and Maintenance Services	See attached	(15,272)	(15,272)
Hamden Health Care	1270 Sherman Lane, Hamden, CT 06514		No		Administrative Services, Maintenance Services and Quality Assurance	See attached	(39,197)	(39,197)
Greens at Cannondale	435 Danbury Road, Wilton, CT		No		Maintenance and Administrative Services	See attached	(39,343)	(39,343)
Greens at Greenwich	King Street, Greenwich, CT 06831		No		Maintenance and Administrative Services	See attached	(20,266)	(20,266)
Danbury Commons	NEED ADDRESS		No		Administrative Services	See attached	(2,438)	(2,438)
Wilton Meadows Home Office	439 Danbury Road, Wilton, CT 06897		No		Accounting Services	See attached	4,328	4,328

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

General Information and Questionnaire
 Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	09/30/2015	4b	37

Description	A/C #	Amount	Subtotals		
TransCon Builders, Inc.					
Telephone	75500	2,297		15	1h1
Travel	75510	13,770		16	L4
TransCon Auto - Ohio	75511	2,774		16	L4
TransCon Auto - CT	75512	3,338		16	L4
Travel - Meals	75520	3,057		16	L4
Management Fees	75530	121,239		16	m12
Wages Director of Operations	75100	30,621		10	A1
DO PRT	75200	1,717		15	1a4
DO Benefits	75300	880		15	1a5
Wages Controller	75110	21,813		10	A11a
Controller PRT	75210	1,705		15	1a4
Controller Benefits	75310	2,381		15	1a5
Wages-Finance Other	75115	35,986		10	A4
Finance Other PRT	75215	2,935		15	1a4
Finance Other Benefits	75315	3,508		15	1a5
Wages Assistant Controller	75120	14,628		10	A4
Assistant Controller PRT	75220	1,057		15	1a4
Assistant Controller Benefits	75320	3,324		15	1a5
Wages-Recruiting	75125	4,492		10	A12o
Recruiting-PRT	75225	369		15	1a4
Recruiting Benefits	75325	146		15	1a5
		<u>271,897</u>	271,997		
Interest Income on Intercompany Loans	59513	<u>144,425</u>	144,425	30	IV 5
Owner's Management					
Accounting Services	73440	<u>12,855</u>	12,855	15	1d
Hamden Healthcare					
Interest Income on Intercompany Loans	59513	<u>886</u>	886	30	IV 5
Administration Svc from WM To HH		(18,722)		13	b12
Quality Assurance/MDS to Hamden from WM		(20,003)			
Maintenance Services from WM To HH		<u>(473)</u>	(39,197)		
Greens at Cannondale					
Maintenance Services from WM To GC		(30,910)		22	6f
Administration Svc from WM To GC		<u>(8,433)</u>	(39,343)		
Greens at Greenwich					
Maintenance Services from WM To GG		(16,173)		22	6f
Administration Svc from WM To GG		<u>(4,093)</u>	(20,266)		
Greenwich Woods					
Administrative Services to WM		4,863		22	6f
Maintenance Services to WM		432			
Administration Svc from WM		<u>2,811</u>	8,206		
Computer Services to WM		(2,583)		16	m11
Maintenance Services from WM To GW		<u>(12,688)</u>	(15,272)	22	6f
Candlewood					
Dietary allocation from CW to WM		1,000		13	b12
Quality Assurance/MDS Svc from CW to WM		<u>28,821</u>	29,821		
Administration Svc from WM		(57,726)		13	b12
Quality Assurance/MDS to Candlewood from WM		(6,117)		22	6f
Maintenance Services from WM To CW		<u>(839)</u>	(64,682)		
Danbury Commons					
Administration Svc from WM To DC		<u>(2,438)</u>	(2,438)		
Wilton Meadows (Home Office)					
Accounting Services	73440	<u>4,328</u>	4,328	15	1ad
TEI Profit Sharing Plan					
401K Plan - Other Participants					
Hamden					
Greens at Greenwich					
Greens at Cannondale					
Greenwich Woods					
Candlewood					
Owners Management Co					
TransCon					
Danbury Commons		<u>33,898</u>	33,898	15	1a7

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2015	Page 5	of 37
---	----------------------	------------------------------------	-----------	----------

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? 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
Accounting Basis

Name of Facility Wilton Meadows Health Care Cent	License No. 2032C	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> 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			\$	39,695
2			\$	
3			\$	
4			\$	
			Charge for Services Provided	
			\$	39,695
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No pg 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)				
1				
2				
3				
4				
5				
Services Provided by This Firm (describe fully)				
1 See attached			\$	101,802
2			\$	
3			\$	
4			\$	
5			\$	
			Charge for Services Provided	
			\$	101,802
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Pg 15 line 1e				

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Ce	2032C	09/30/2015	7a	37

Ref	InterfaceName	Amount	Vendor Total
Blum, Shapiro & Co., P.C.	Final Bill Re Review 9/30/14 Financial Statements	8,383	
Blum, Shapiro & Co., P.C.	Final Bill Prep Medicaid C/R Ending 9/30/14 - Split	8,282	18,665
Howard, Wershale & Co.	Prof Services Thru 10/31/14 - Split	127	
Howard, Wershale & Co.	Analysts Of NPR Issued By MAC For 9/30/13 Med C/R	170	
Howard, Wershale & Co.	Over Accrual of 2014 MCR C/R	(400)	
Howard, Wershale & Co.	Prepare 2015 Medicare Cost Report	5,200	5,097
McGladrey LLP	Under Accrual of 2014 Inc Tax Returns	50	
McGladrey LLP	Prep 2015 Income Tax Returns	700	750
Owner's Management	Oct 2014 Bookkeeping Services	1,818	
Owner's Management	Nov 2014 Bookkeeping Services	1,166	
Owner's Management	Dec 2014 Bookkeeping Services	1,276	
Owner's Management	Jan 2015 Bookkeeping Services	1,139	
Owner's Management	Feb 2015 Bookkeeping Services - Split	1,827	
Owner's Management	Bookkeeping Services March 2015	1,784	
Owner's Management	Bookkeeping April 2015	2,578	
Owner's Management	Bookkeeping Services May 2015	1,267	12,855
Wilton Meadows	Bookkeeping - May 2015	729	
Wilton Meadows	Bookkeeping - June 2015	843	
Wilton Meadows	Bookkeeping - July 2015	834	
Wilton Meadows	Bookkeeping - August 2015	926	
Wilton Meadows	Bookkeeping - Sept 2015	898	4,328
Total Accounting Expense			39,695

General Information and Questionnaire
Accounting Basis

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2015	Page 7b	of 37
---	----------------------	------------------------------------	------------	----------

Ref	Interface Name	Transaction Date	Amount	Disallow
Fred Bondi	Probate Court Fee	8/8/2015	55	55
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	11/1/2014	5,043	5,043
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	11/1/2014	78	78
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	11/1/2014	4,542	4,542
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	11/1/2014	222	222
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	11/1/2014	225	225
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	11/1/2014	586	586
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	11/1/2014	168	168
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	11/21/2014	360	360
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	11/21/2014	42	42
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	11/21/2014	3,405	3,405
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	12/23/2014	6,729	6,729
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	1/29/2015	55	55
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	1/29/2015	3,714	3,714
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	2/27/2016	425	425
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	3/25/2015	1	1
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	3/27/2015	3,353	3,353
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	3/27/2015	665	665
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	5/1/2015	901	901
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	5/1/2015	1,950	1,950
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	5/1/2015	1,175	1,175
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	6/1/2015	50	50
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	6/1/2015	555	555
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	6/1/2015	1,600	1,600
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	7/1/2015	90	90
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	7/1/2015	1,982	1,982
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	7/24/2016	1,577	1,577
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	7/24/2015	210	210
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	7/24/2015	100	100
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	7/24/2015	1,403	1,403
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	9/1/2015	3,460	3,460
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	9/1/2015	2,280	2,280
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	9/1/2015	608	608
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	9/1/2015	403	403
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	10/1/2015	75	75
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	10/1/2015	538	538
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	10/1/2015	275	275
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	10/1/2015	2	2
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	10/1/2015	1,128	1,128
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs) resident	10/1/2015	4,218	4,218
Baker & Hostetler, LLP	Prof Service Thru 7/31/15 - Split WGW	9/1/2015	818	
Gregory And Adams, P.C.	Re: Gas Distr Easement To Yankee Gas Services Co	10/1/2014	3,974	
Murtha Cullina LLP	Prof Services Thru 10/31/14 - employee issue	11/19/2014	1,100	
Murtha Cullina LLP	Prof Services Thru 11/30/14 - employee issue	12/11/2014	128	
Murtha Cullina LLP	Prof Services Thru 12/31/14 - resident issue	1/16/2015	425	
Murtha Cullina LLP	Prof Services Thru 1/31/15 - PEC statute; IDR prep	2/18/2015	2,480	
Murtha Cullina LLP	Prof Services Thru 3/31/15 Re: IDR; vendor contract review	4/14/2015	2,905	
Murtha Cullina LLP	Prof Services Thru 4/30/15 - Therapy company issue	5/20/2015	70	
Murtha Cullina LLP	Legal Services Re General Matters vendor contract review	5/20/2015	280	
Murtha Cullina LLP	Prof Services Thru 5/31/15 - employee issues	6/24/2015	128	
Murtha Cullina LLP	Prof Services Thru 6/30/15	7/15/2015	210	
Murtha Cullina LLP	Legal Services Re Gen Matters Split	8/4/2015	90	
Murtha Cullina LLP	Prof Services Thru 7/31/15 Re Gen Matters	8/14/2015	840	
Murtha Cullina LLP	Prof Services Thru 9/31/15 Re: Gen Matters - Split	9/16/2015	405	
Murtha Cullina LLP	Prof Services Thru 8/31/15	10/1/2015	1,650	
Murtha Cullina LLP	Prof Services Thru 9/30/15	10/12/2015	675	
Murtha Cullina LLP	Prof Services Thru 9/30/15 Re General Matters	10/12/2015	30	
One Beacon Insurance Group	Deductible Billing 11/2/14 Professional Liability	11/2015	11,048	11,048
One Beacon Insurance Group	Deductible Billing 9/22 Professional Liability	1/1/2015	3,500	3,500
One Beacon Insurance Group	Deductible Billing Professional Liability	1/12/2015	173	173
One Beacon Insurance Group	Settlement Release Final Payment For Professional Liability	4/22/2015	16,647	16,647
			101,802	85,597
			Total Legal Expense	Total Disallowed

State of Connecticut
 Annual Report of Long-Term Care Facility
 CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended		Page		of		
		9/30/2015		8		37		
		2032C		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		
Wilton Meadows Health Care Center		Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total CCNH	Total RHNS	Total (Specify)
1. Certified Bed Capacity								
A. On last day of PREVIOUS report period		148	148			148	148	
B. On last day of THIS report period		148	148			148	148	
2. Number of Residents								
A. As of midnight of PREVIOUS report period		130	130			130	136	
B. As of midnight of THIS report period		137	137			136	137	
3. Total Number of Days Care Provided During Period								
A. Medicare		9,749	9,749			7,738	7,738	2,011
B. Medicaid (Conn.)		32,333	32,333			23,995	23,995	8,338
C. Medicaid (other states)								
D. Private Pay		4,823	4,823			3,261	3,261	1,562
E. State SSI for RCH								
F. Other (Specify) Hospice/Managed Care/Evercal		2,875	2,875			2,330	2,330	545
G. Total Care Days During Period (3A thru F)		49,780	49,780			37,324	37,324	12,456
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds								
A. Medicaid Bed Reserve Days		32	32			32	32	
B. Other Bed Reserve Days		15	15			4	4	11
5. Total Resident Days (3G + 4A + 4B)		49,827	49,827			37,360	37,360	12,467

Schedule of Resident Statistics (Cont'd)

Name of Facility Wilton Meadows Health Care Center			License No. 2032C			Report for Year Ended 9/30/2015			Page 9	of 37			
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	23		87		27								
Per Diem Rate													
a. One bed rm.	PPS		213.60		525.00								
b. Two bed rms.	N/A		N/A		N/A								
c. Three or more bed rms.	PPS		213.60		496.00								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,483	2,483				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								372	372				
2. Restorative Treatments													
C. Other								31,046	31,046				
D. Total Physical Therapy Treatments								33,901	33,901				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								396	396				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								107	107				
2. Restorative Treatments													
C. Other								2,233	2,233				
D. Total Speech Therapy Treatments								2,736	2,736				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,095	2,095				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								326	326				
2. Restorative Treatments								27,947	27,947				
C. Other													
D. Total Occupational Therapy Treatments								30,368	30,368				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Wilton Meadows Health Care Center	2032C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes	<input type="radio"/> No			
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	107,168	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	360,050	13,484				
5. Dietary Service						
a. Head Dietitian	69,254	1,782				
b. Food Service Supervisor	52,489	2,090				
c. Dietary Workers	557,403	33,326				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	65,234	1,710				
b. Other Maintenance Workers	81,753	4,681				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	209,065	12,119				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	21,813	429				
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	204,271	4,160				
b. RN						
1. Direct Care	1,203,190	31,800				
2. Administrative**	618,676	15,132				
c. LPN						
1. Direct Care	1,424,194	49,687				
2. Administrative**						
d. Aides and Attendants	2,507,557	159,818				
e. Physical Therapists	37,465	2,209				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	264,646	13,952				
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	187,768	7,857				
n. Marketing	8,909	373				
o. Other (Specify) See Attached Schedule	161,091	8,438				
<i>A-13. Total Salary Expenditures</i>	8,141,996	365,127				

* 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.

State of Connecticut
 Annual Report of Long-Term Care Facility
 CSP-12 Rev. 10/2005

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		9/30/2015		12	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Mary Tobin, 40 Dean Road, New Milford, CT 06776	107,168		Non-preferential	Administrator	2,080	A2			
Section IV - Assistant Administrators									

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all other employment worked during the cost year.
 *** if more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Wilton Meadows Health Care Center	2032C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	1,238	28				
2. Dentist	16,073	59				
3. Pharmacist	10,352	192				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	622,375	8,541				
b. Other						
6. Social Worker						
7. Recreation Worker	9,831	65				
8. Physicians						
a. Medical Director (entire facility)	46,800	593				
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	12,000	Disallowed				
9. Speech Therapist						
a. Resident Care	119,004	1,366				
b. Other						
10. Occupational Therapist						
a. Resident Care	554,876	7,647				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	63,838	536				
B-13 Total Fees Paid in Lieu of Salaries	1,456,387	19,027				

* 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 9/30/2015	Page 14a	of 37
---	----------------------	------------------------------------	-------------	----------

A/C #	Category	Consultant	Total Paid	Total Hours	
68166	Dietician	Joan Danford	1,238	28	
			<u>1,238</u>	<u>28</u>	
85050	Pharmacist	Value Health Care Services	10,362	192	Two 8 hr. visits per month
80950 80980 80990	Physical Therapy	Preferred Therapy	602,938	8,321	
80960	PT Outpatient	Preferred Therapy	19,439	219	
			<u>622,375</u>	<u>8,541</u>	
61660	Entertainment	Various	9,831	65	86 Performances @ 45 min per
87100	Medical Director	Alan Radin, MD	46,890	693	\$158.00/hr limit in 2015 No disallowance needed
87115	Psychiatrist	Geriatric & Adult Psychiatry LLC	12,000		Disallow
82950 82980 82990	Speech Therapy	Preferred Therapy	118,209	1,365	
82960	ST Outpatient	Preferred Therapy	795	11	
			<u>119,004</u>	<u>1,366</u>	
81950 81980 81990	Occupational Therapy	Preferred Therapy	552,154	7,615	
81960	OT Outpatient	Preferred Therapy	2,722	31	
			<u>554,876</u>	<u>7,647</u>	
87110	Dentist	Healthdrive Dental	16,073	69	
67850	Purchased Services	Value Health Care Service	13,490	-	IV Nurse Consultants - avg cost of \$150/start;
		Liberty Rehab & Patient Aid Center	499		1hr per start-disallow
		New England Relina Associates	90		Disallow - Med A
		Preferred Therapy Solutions	20,695		Disallow - Med A
		Southern CT Vascular Center, LLC	131		Disallow - Med A
		US Laboratories	113		Disallow - Med A
			<u>35,017</u>		
		Quality Assurance - Rossi-Stahl	28,821	536	Quality Review/MDS
			<u>63,838</u>	<u>536</u>	

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 9/30/2015	Page 14b	of 37
---	----------------------	------------------------------------	-------------	----------

Entertainer Name	Description	Amount
Bennett A. Mazzola	Entertainment 2/20/15	75
Bennett A. Mazzola	Entertainment 4/17/15	75
Bennett A. Mazzola	Entertainment 5/10/15	121
Bennett A. Mazzola	Entertainment 6/18/15	75
Bennett A. Mazzola	Entertainment 6/18/15	125
Billy Michael	Entertainment 1/5/14	100
Billy Michael	Entertainment 1/21/15	125
Billy Michael	Entertainment 3/11/15	100
Billy Michael	Entertainment 5/6/15	100
Billy Michael	Entertainment 8/5/15	100
Billy Michael	Entertainment 8/5/15	150
Larry Crasilli	Entertainment	100
Darby Cartun	Art Therapy Lectures 11/5, 11/26/14	100
Darby Cartun	Art Therapy Lectures 12/3, 12/10/14	100
Darby Cartun	Art Therapy 1/7, 1/28/15	50
Darby Cartun	Art Therapy Lectures 2/25/15	100
Darby Cartun	Art Therapy Lectures 3/11, 3/25/15	100
Darby Cartun	Art Therapy Lecture 4/8/15	100
Darby Cartun	Reflection On Art 5/13, 5/27/15	100
Darby Cartun	Reflections On Art 6/10, 6/24/15	100
Darby Cartun	Reflection On Art 7/6, 7/22/15	100
David Devonshuk	Entertainment 8/14/15	200
Don Warner	Entertainment 8/14/15	150
Elhel Kaufman	Entertainment 7/31/15	75
Elhel Kaufman	Entertainment 9/25/15	75
Forecast Music	Entertainment 11/21/14	100
Forecast Music	Entertainment 1/16/15	100
Forecast Music	Entertainment 3/20/15	100
Forecast Music	Entertainment 5/15/15	100
Forecast Music	Entertainment 8/21/15	100
Gary Kahn	Entertainment 10/22/14	75
Gary Kahn	Entertainment 12/31/14	85
Gary Kahn	Entertainment 4/15/15	100
Gary Kahn	Entertainment 3/18/15	100
Gary Kahn	Entertainment 6/23/14	100
Gary Kahn	Entertainment 9/5/15	126
Jane Marino	Entertainment 12/17/14	125
Jane Marino	Entertainment 2/25/15	125
Jane Marino	Entertainment 5/27/15	125
Jane Marino	Entertainment 7/22/15	125
Jane Marino	Entertainment	125
Jean Claude Louisgene	Entertainment 1/14/15	125
Jean Claude Louisgene	Entertainment 3/25/15	125
Jean Claude Louisgene	Entertainment 6/17/15	200
Jesus A. Torres	Entertainment 5/14/15	150
John B. Gould	Entertainment 10/31/14	150
John B. Gould	Entertainment XMas Eve	150
John B. Gould	Entertainment 3/4/15	150
John B. Gould	Entertainment 5/13/15	150
John B. Gould	Entertainment 8/19/15	145
John H. Redgate	Entertainment 11/19/14	125
Kayle Devlin	Entertainment 10/28/14	125
Kayle Devlin	Entertainment 2/21/15	125
Kayle Devlin	Entertainment 6/3/15	150
Larry Ayce	Entertainment 10/8/14	145
Larry Batter	Entertainment 10/1/14	145
Larry Batter	Entertainment 12/10/14	145
Larry Batter	Entertainment 1/20/15	145
Larry Batter	Entertainment 4/8/15	145
Larry Batter	Entertainment 7/8/15	250
Latin Movas Dance Studio	Entertainment 5/6/15	125
Louis P. Mytych	Entertainment 9/16/15	115
Nancy Wildman	Entertainment	115
Nancy Wildman	Entertainment 2/18/15	115
Nancy Wildman	Entertainment 6/10/15	200
Nancy Wildman	Entertainment 8/21/15	125
Ray Williams	Entertainment 12/3/14	125
Robert A. Rissolo	Entertainment 7/15/15	150
Robert A. Rissolo	Entertainment 4/29/15	150
Ronald M. Spataro	Entertainment 5/20/15	150
Ronald M. Spataro	Entertainment 7/15/15	135
Ronald M. Spataro	Entertainment 9/30/15	145
Salvador Saigado	Entertainment 12/27/14	150
Shalynn M. Sedgwick	Entertainment 3/28/15	125
Shalynn M. Sedgwick	Entertainment - St. Patrick's Day	150
The Gray Foundation	Entertainment 11/12/14	150
Thomas Sansone	Entertainment 1/7/15	150
Thomas Sansone	Entertainment 4/1/15	150
Thomas Sansone	Entertainment 7/1/15	150
Thomas Sansone	Entertainment 9/9/15	130
Thomas Sansone	Entertainment 4/22/15	130
Willie Nininger, Inc.	Entertainment	

Total Entertainment 9,831

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	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 292,774	292,774			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 181,307	181,307			
4. Social Security (F.I.C.A.)	\$ 614,233	614,233			
5. Health Insurance	\$ 969,639	969,639			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 33,898	33,898			
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$ 3,238	3,238			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 39,695	39,695			
e. Legal (Services should be fully described on Page 7)	\$ 101,802	101,802			
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$ 33,584	33,584			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 67,591	67,591			
2. Cellular Phones	\$ 8,821	8,821			
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$ 370	370			
3. Resident Day User Fee	\$ 793,643	793,643			
Subtotal	\$ 3,140,595	3,140,595			

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

(Carry Subtotals forward to next page)

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

Wilton Meadows Health Care Center
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Group Benefit	\$ 1,861		
Employee Physicals	\$ 1,377		
Total	\$ 3,238	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Taxes - General	\$ 370		
Total	\$ 370	\$ -	\$ -

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	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		3,140,595	3,140,595		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 446	446			
2. Holiday Parties for Staff	\$ 1,404	1,404			
3. Gifts to Staff and Residents	\$ 16,832	16,832			
4. Employee Travel	\$ 28,808	28,808			
5. Education Expenses Related to Seminars and Conventions	\$ 5,769	5,769			
6. Automobile Expense (not purchase or depreciation)	\$ 12,026	12,026			
7. Other (Specify) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$ 3,931	3,931			
2. Advertising Telephone Directory (all such expenses)***	\$ 1,149	1,149			
3. Advertising Other (Specify)*** See Attached Schedule	\$ 51,363	51,363			
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	\$ 10,840	10,840			
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 12,400	12,400			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 350	350			
9. Subscriptions	\$ 362	362			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**	\$ 121,239	121,239			
13. Other (Specify) See Attached Schedule	\$ 171,798	171,798			
C-14 Total Administrative & General Expenditures	\$ 3,579,312	3,579,312			

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Promotions	\$ 5,604		
Business Promotions	\$ 45,759		
Total Other Advertising	\$ 51,363	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues - See page 16b	\$ 12,400		
Total Dues	\$ 12,400	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Background Checks	\$ 989		
Consulting Fees	\$ 17,275		
Computer Purchased Services	\$ 2,393		
Data Processing Fees	\$ 15,501		
Software Maintenance	\$ 26,063		
Professional Liability & Employee Dishonesty/Crime Insurance	\$ 61,793		
Facility Licenses	\$ 3,559		
Employee Licenses	\$ 2,950		
Bank Charges	\$ 9,886		
Late Charges	\$ 664		
Medical Records Supplies	\$ 15,017		
Penalties	\$ 10,745		
Purchased Services	\$ 4,963		
Total Other Administrative and General	\$ 171,798	\$ -	\$ -

Detail of Dues and Subscriptions

Name of Facility		License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center		2032C	9/30/2015	16b	37
Ref	Amount	Dues	Subscriptions	Chamber of Commerce	InterfaceName
ACHCA Membership	251	251			Membership Renewal ID#20513
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	837				Monthly Membership Dues
CAHCF	837	10,042			Monthly Membership Dues
CATRD	40	40			Membership Renewal - Danielle Ancona
Fairfield County ICNC	26	26			Membership Dues 1/15-9/15
Hersam Acorn	35		35		2 Yr Subscription To Wilton Bulletin
HRdirect	86		86		Poster Guard 1 Year
ICNC, Fairfield Chapter	12	12			2014 ICNC Membership Dues/peggie Adams
Kiwanis Club Of Wilton	160				Past Due 10/8/14 - 1/8/15
Kiwanis Club Of Wilton	160				2nd Qtr Jan Thru March 2015
Kiwanis Club Of Wilton	80				3rd Qtr Dues (April - June) - Split
Kiwanis Club Of Wilton	160	560			4th Qtr Dues July - Sept 2015
PNC Bank	29				NADONA - Membership - D. Rossi-Stahl
PNC Bank	459				OSCPA, AICPA, ACFE Dues Firman/Flors
PNC Bank	26				ALTCFM - Membership Dues - DeFlorio
PNC Bank	50	564			BJ's Membership Dues
R, Phillips & Associates, LLC	350	350			Fee For Mutual Aid Plan 5/1/14 - 4/30/15
The Hour	240		240		Subscription 10/14-12/14
Wilton Chamber Of Commerce	88				Membership Renewal June 2015-2016
Wilton Chamber Of Commerce	262			350	10/14-6/15
Wilton Meadows Petty Cash	55	55			Costco Membership Fees
Wilton WPCA	250				FOG Pgm Registration Renewal 2013-2014
Wilton WPCA	250	500			FOG Pgm Registraton Renewal 2014-2015
	<u>13,112</u>	<u>12,400</u>	<u>362</u>	<u>350</u>	

Schedule C-1 - Management Services*

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
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	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 393,450	393,450		
2. Non-Food Supplies	\$ 53,681	53,681		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 3,535	3,535		
c. Management Services**	\$ _____			
d. Other (Specify) _____ Chemicals/Cleaning Supplies	\$ 5,517	5,517		
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 456,183	456,183		
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.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input 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.

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

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

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2015	Page 19	of 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. \$	16,957	16,957	
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. Management Services**		\$			
d. Other (Specify) Gas for Dryers \$49,579; Chemicals/Detergents \$8,350; Supplies \$567		\$	22,699	22,699	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	39,656	39,656	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Wilton Meadows Health Care Center		2032C	9/30/2015		20	37
Item		Sq. Ft. Serviced by Personnel	Total	CCNH	RHINS	(Specify)
4.	Housekeeping					
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	29,261	29,261		
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. \$	346,072	346,072		
c.	Management Services*		\$			
d.	Other (<i>Specify</i>)		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 375,333	375,333		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from Medicare \$359,209, Medicaid \$5,477, Medicare OTC \$3,801, Managed Care \$98,669, Ever Care \$9,365, Facility \$9,695		\$ 486,716	486,716		
b.	Medicine Cabinet Drugs		\$ 13,606	13,606		
c.	Medical and Therapeutic Supplies		\$ 18,987	18,987		
d.	Ambulance/Limousine***		\$ 2,639	2,639		
e.	Oxygen					
1.	For Emergency Use		\$			
2.	Other***		\$ 17,320	17,320		
f.	X-rays and Related Radiological Procedures***		\$ 19,103	19,103		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 40,203	40,203		
i.	Recreation		\$ 8,195	8,195		
j.	Other (Specify)**** See Attached Schedule		\$ 376,355	376,355		
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 983,124	983,124		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Medical Equipment Rental	\$ 5,815		
Basic Mattresses	\$ 13,232		
Specialty Mattresses	\$ 9,530		
Cable TV	\$ 14,586		
Equipment Rental	\$ 16,593		
Supplies	\$ 5,294		
Nursing Supplies	\$ 134,558		
Glucose Testing Supplies	\$ 7,944		
Incontinent Care	\$ 54,944		
Gloves	\$ 23,360		
Wound Care Supplies	\$ 31,705		
Nutritional Suppliments	\$ 37,667		
Syringes	\$ 1,492		
Tube Feeding - Medicare	\$ 4,601		
Medical Supplies - Medicare	\$ 14,594		
Medical Supplies - Evercare	\$ 126		
Small Equipment Purchase	\$ 314		
Total Other Resident Care	\$ 376,355	\$ -	\$ -

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	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 63,041	63,041				
b. Heat	\$ 57,750	57,750				
c. Light & Power	\$ 124,014	124,014				
d. Water	\$ 46,283	46,283				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 8,856	8,856				
f. Other (<i>itemize</i>)	\$ 231,726	231,726				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 531,670	531,670				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 1,805	1,805				
b. Building & Building Improvements	\$ 230,126	230,126				
c. Non-Movable Equipment	\$ 15,326	15,326				
d. Movable Equipment	\$ 50,985	50,985				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 298,242	298,242				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 194,534	194,534				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 11,624	11,624				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 504,400	504,400				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Small Equipment Purchase	\$ 7,064		
Equipment Rental	\$ 19,092		
Trash Removal	\$ 62,398		
Service Contracts	\$ 51,203		
Supplies	\$ 41,822		
Grounds Maintenance	\$ 39,875		
Grounds Landscaping	\$ 6,700		
Purchased Services	\$ 727		
Minor Decorating	\$ 2,845		
Total Other Repairs and Maintenance	\$ 231,726	\$ -	\$ -

Wilton Meadows Health Care Center
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
8/15	Pavement Milling and Patching	\$ 5,105	10	\$ 203
Total additions for Land Improvements		\$ 5,105		\$ 203 *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/14	Carpet - Deerfield	\$ 12,554	10	\$ 2,950
1/15/2015	Natural Gas Conversion	\$ 69,235	39	\$ 1,278
3/31/2015	Carpet	\$ 4,144	10	\$ 290
Total additions for Building Improvements		\$ 85,933		\$ 4,518 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/14	Boilless Convection Steamer	\$ 7,123	10	\$ 1,674
Total additions for Non-Movable Equipment		\$ 7,123		\$ 1,674 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended		Page	of		
Wilton Meadows Health Care Center		2032C		9/30/2015		24	37		
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.
 ** Specify which of the following bases were used:
 A. Minimum of 5 years or 60 months.
 B. Life of mortgage; OR
 C. Remaining Life of Lease; OR
 D. Actual Life if owned by Related Party.

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
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	3/1988			
2. Date Structure Completed	3/1988			
3. If NOT Original Owner, Date of Purchase	N/A			
4. Date of Initial Licensure	3/1988			
5. Total Licensed Bed Capacity	148			
6. Square Footage	75,000			
7. Acquisition Cost				
a. Land	69,000			
b. Building	5,740,000			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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	9/30/2015		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. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Wilton Meadows Health Care Cen		2032C		9/30/2015		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)				\$	15,141	15,141	
See attached							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	15,141	15,141	
14. Insurance							
a. Insurance on Property (buildings only)				\$	15,948	15,948	
b. Insurance on Automobiles				\$	2,979	2,979	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	18,927	18,927	
15. Total All Expenditures (A-13 thru C-14)				\$	16,102,129	16,102,129	

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 Center	2032C	9/30/2015	27a	37

Other Interest Expense *(Include Amount and Description)*

Interest Expense	\$	12,415
Interest - Car Loan	\$	561
Resident Refunds	\$	<u>2,165</u>
Total Other Interest Expense	\$	<u>15,141</u>

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Wilton Meadows Health Care Center			2032C	9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 22,210	22,210		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10	Occupational Therapy	\$ 554,876	554,876		
7.			Other - See attached Schedule	\$ 63,090	63,090		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 85,597	85,597		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 7,381	7,381		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	L4	Automobile Expense (e.g. personal use)	\$ 3,050	3,050		
18.	16	m2/m	Unallowable Advertising *	\$ 52,512	52,512		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 370	370		
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 121,239	121,239		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 46,413	46,413		
Page 18 - Dietary Expenditures							
24.	30	iv1	Meals to employees, guests and others who are not residents	\$ 1,463	1,463		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 958,201	958,201		

* 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	\$ 8,909		
10	a12o	Wages-Recruiting	\$ 4,492		
10	a2	Administrator Salary over Allowable Amount	\$ 8,809		
Total Other Salaries Adjustment			\$ 22,210	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b2	Dentist	\$ 16,073		
13	b12	Purchased Services-Med A Services (pg. 14a)	\$ 35,017		
13	b8e	Psychiatrist	\$ 12,000		
Total Other Fees Adjustments			\$ 63,090	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L3	Employee Relations	\$ 12,457		
16	m13	Late Fees	\$ 664		
16	m13	Bank Charges	\$ 9,886		
16	m13	Penalties	\$ 10,745		
16	m8a	Chamber of Commerce Dues	\$ 350		
16	m8a	Unallowable Dues	\$ 459		
16	m8a	Newspapers	\$ 240		
16		Benefits and Taxes on Disallowed Marketing & Recruiting Salary Noted Above	\$ 2,297		
16		Benefits on Disallowed Administrator Salary Noted Above	\$ 1,762		
16	L4	Condo Rent	\$ 7,553		
Total Other A&G Adjustments			\$ 46,413	\$ -	\$ -

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	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 958,201	958,201		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 486,716	486,716		
28.	20	5d	Ambulance/Limousine	\$ 2,639	2,639		
29.	20	5f	X-rays, etc	\$ 19,103	19,103		
30.	20	5h	Laboratory	\$ 40,203	40,203		
31.	20	5c	Medical Supplies	\$ 18,537	18,537		
32.	20	5e2	Oxygen (non emergency)	\$ 17,320	17,320		
33.	20	20j	Occupational Therapy	\$ 5,294	5,294		
34.			Other - See Attached Schedule	\$ 61,264	61,264		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 9,750	9,750		
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	\$ 19,219	19,219		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 28,045	28,045		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 1,666,291	1,666,291		

*** 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
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5c	Nursing Supplies	\$ 9,691		
20	5j	Medical Supplies - Medicare and EverCare	\$ 14,720		
20	5j	Medical Equipment Rental	\$ 5,815		
20	5j	PT Equipment Rental	\$ 16,593		
20	5j	Tube Feeding - Medicare	\$ 4,601		
20	5j	Specialty Mattresses	\$ 9,530		
20	5j	Small Equipment Purchase	\$ 314		
Total Other Ancillary Costs			\$ 61,264	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	d2	Excess Movable Equipment Depreciation	\$ 9,750		
Total Excess Movable Equipment Depreciation			\$ 9,750	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Cable TV	\$ 14,586		
22	6a	TV for Resident Rooms	\$ 3,974		
27	14b	Insurance on Disallowed Vehicles	\$ 659		
Total Other Property Adjustments			\$ 19,219	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest Expense	\$ 15,141		
18	2a	Meals on Wheels Disallowance	\$ 11,001		
27	14a	Westfield Bank Interest	\$ 862		
		Outpatient Treatment	\$ 188		
30	IV 8	Other Misc. Income	\$ 853		
Total Other Adjustments			\$ 28,045	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2015		Page 30	of 37
Item			Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1.	a.	Medicaid Residents (CT only)	\$ 15,994,663	15,994,663		
	b.	Medicaid Room and Board Contractual Allowance **	\$ (9,029,049)	(9,029,049)		
2.	a.	Medicaid (All other states)	\$			
	b.	Other States Room and Board Contractual Allowance **	\$			
3.	a.	Medicare Residents (all inclusive)	\$ 4,790,859	4,790,859		
	b.	Medicare Room and Board Contractual Allowance **	\$ 1,343,077	1,343,077		
4.	a.	Private-Pay Residents and Other	\$ 3,558,220	3,558,220		
	b.	Private-Pay Room and Board Contractual Allowance **	\$ (507,774)	(507,774)		
II. Other Resident Revenue						
1.	a.	Prescription Drugs - Medicare	\$ 349,896	349,896		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$ (347,417)	(347,417)		
	c.	Prescription Drugs - Non-Medicare	\$ 138,678	138,678		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (116,715)	(116,715)		
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	\$ 1,231,332	1,231,332		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$ (1,151,034)	(1,151,034)		
	c.	Physical Therapy - Non-Medicare	\$ 256,869	256,869		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$ (205,300)	(205,300)		
4.	a.	Speech Therapy - Medicare	\$ 229,941	229,941		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$ (202,463)	(202,463)		
	c.	Speech Therapy - Non-Medicare	\$ 79,378	79,378		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$ (61,479)	(61,479)		
5.	a.	Occupational Therapy - Medicare	\$ 1,184,231	1,184,231		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$ (1,122,240)	(1,122,240)		
	c.	Occupational Therapy - Non-Medicare	\$ 241,953	241,953		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (200,869)	(200,869)		
6.	a.	Other (Specify) - Medicare	\$			
	b.	Other (Specify) - Non-Medicare	\$ 5,586	5,586		
III. Total Resident Revenue (Section I. thru Section II.)			\$ 16,460,343	16,460,343		
IV. Other Revenue*						
1.	Meals sold to guests, employees & others		\$ 1,463	1,463		
2.	Rental of rooms to non-residents		\$			
3.	Telephone		\$			
4.	Rental of Television and Cable Services		\$			
5.	Interest Income (Specify)		\$ 147,356	147,356		
6.	Private Duty Nurses' Fees		\$			
7.	Barber, Coffee, Beauty and Gift shops		\$			
8.	Other (Specify)		\$ 11,159	11,159		
V. Total Other Revenue (1 thru 8)			\$ 159,978	159,978		
VI. Total All Revenue (III + V)			\$ 16,620,321	16,620,321		

* 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	\$ 8,859		
	Lab	\$ 27,553		
	Oxygen	\$ 8,857		
	Contractual Adjustment - X-Ray and Lab	\$ (36,412)		
	Contractual Adjustment - Oxygen	\$ (8,857)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray	\$ 2,912		
	Lab	\$ 13,675		
	Oxygen	\$ 8,453		
	Contractual Adjustment - X-Ray and Lab	\$ (11,407)		
	Contractual Adjustment - Oxygen	\$ (8,047)		
Total Other Resident Revenue		\$ 5,586	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 2,045		
	Interest Income - Intercompany		\$ 145,311		
Total Interest Income			\$ 147,356	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Miscellaneous Income	\$ 11,159		
Total Other Revenue		\$ 11,159	\$ -	\$ -

F. Statement of Revenue

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2015	Page 30b	of 37
---	----------------------	------------------------------------	-------------	----------

A/C 59511	Operating Interest	Savings Interest	Security Dep Interest	Medicare/Blue Cross/ABC	Misc.	Total	General Ledger	Difference
Asset Location on Balance Sheet	Cash	Cash	Cash	A/R Resident A/R				
Oct-16		290	0			290	290	-
Nov-16		331	0			331	331	-
Dec-16		223	0			223	223	-
Jan-16		216	0			216	216	-
Feb-16		(471)	0			(471)	(471)	-
Mar-16		297	0			297	297	-
Apr-16		172	0			172	172	-
May-16		193	0			193	193	-
Jun-16		120	(0)			120	120	-
Jul-16		31				31	31	-
Aug-16		392				392	392	-
Sep-16		251				251	251	-
Totals		2,044	0			2,045	2,045	-

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

A/C # 59513

Interest Income - Intercompany Loans

Asset Location on Balance Sheet	L/R TransCon Loans to Owr	L/R Candlewood Loans to Owne	L/R Greenwich Woods Loans to Owners	L/R Hamden Loans to Owners or Related Parties	Total	General Ledger	Difference
Oct-16	11,405				11,405	11,405	-
Nov-16	11,213				11,213	11,213	-
Dec-16	11,908				11,908	11,908	-
Jan-16	11,609				11,609	11,609	-
Feb-16	10,754				10,754	10,754	-
Mar-16	11,960				11,960	11,960	-
Apr-16	12,173				12,173	12,173	-
May-16	12,614				12,614	12,614	-
Jun-16	12,314				12,314	12,314	-
Jul-16	12,898				12,898	12,898	-
Aug-16	12,947			355	13,302	13,302	-
Sep-16	12,630			531	13,161	13,161	-
Totals	144,425			886	145,311	145,311	-
				Total Interest	147,356	147,356	

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,090,212
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,390,702
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	35,653
4. Inventories			\$	
5. Prepaid Expenses			\$	89,696
a. Prepaid Expenses	30,860			
b. Prepaid Insurance	58,836			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	3,606,263
B. Fixed Assets				
1. Land			\$	542,222
2. Land Improvements	*Historical Cost	213,166	\$	9,863
	Accum. Depreciation	203,303		Net
3. Buildings	*Historical Cost	11,231,807	\$	1,651,547
	Accum. Depreciation	9,580,260		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	174,826	\$	55,909
	Accum. Depreciation	118,917		Net
6. Movable Equipment	*Historical Cost	1,034,720	\$	118,965
	Accum. Depreciation	915,755		Net
7. Motor Vehicles	*Historical Cost	42,955	\$	28,302
	Accum. Depreciation	14,653		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,406,808

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	6,013,071
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____ Accum. Depreciation _____ Net	
3. Buildings			*Historical Cost _____ Accum. Depreciation _____ Net	
4. Non-Movable Equipment			*Historical Cost _____ Accum. Depreciation _____ Net	
5. Movable Equipment			*Historical Cost _____ Accum. Depreciation _____ Net	
6. Motor Vehicles			*Historical Cost _____ Accum. Depreciation _____ Net	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____ Accum. Depreciation _____ Net	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	5,348,766
Name and Address		Amount	Loan Date	
See attached		5,348,766	Various	
7. Other Assets (<i>itemize</i>)			\$	11,765
Deposits				11,765
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	5,360,531
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	11,373,602

* 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	9/30/2015	32a	37

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

<u>Name</u>	<u>Amount</u>	<u>Loan Date</u>
Greens at Greenwich	11,969	Various
TransCon Builders, Inc.	<u>5,336,797</u>	Various
Total	\$ 5,348,766	Pg. 32 D6

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of	
Wilton Meadows Health Care Center		2032C	9/30/2015	33	37	
Account				Amount		
Liabilities						
A.	Current Liabilities					
	1.	Trade Accounts Payable		\$	1,309,766	
	2.	Notes Payable (<i>itemize</i>)		\$		
	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>)		\$	794,667	
	5.	Accrued Payroll (<i>Owners and/or Stockholders only</i>)		\$		
	6.	Accrued Payroll Taxes Payable		\$	40,596	
	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>)		\$	704,798	
		Current Portion Capital Lease/Notes	101,963	Provider User Fee	212,071	
		Property, Real Estate & Sales Taxes	104,276	Deferred Income	47,312	
		Accrued 401k Employer Liability	21,531			
		Operating Expenses	217,645			
A-13.	Total Current Liabilities (Lines A1 thru 12)				\$	2,849,827

* 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 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,849,827	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 49,704	
Name and Address of Lender	Amount	Loan Date			
Wilton Retirement Housing, LLC	49,704	Various			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 51,947	
Long Term Portion of Capital Leases		1,644			
Long Term Portion of Notes Payable		50,303			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 101,651	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,951,478	

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	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	7,903,932
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	518,192
				10/1/2014 thru 9/30/2015
7. Total Net Worth			\$	8,422,124
C. Total Reserves and Net Worth			\$	8,422,124
D. Total Liabilities, Reserves, and Net Worth			\$	11,373,602

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	7,903,932
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	16,620,321
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	16,102,129
D. Net Income or Deficit			\$	518,192
E. Balance			\$	8,422,124
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 Withdrawals <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	8,422,124
				09/30/15