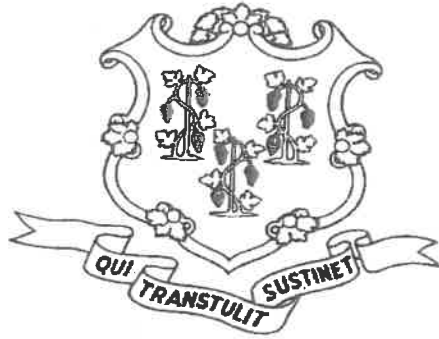


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2021

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 checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

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

## 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 9/30/2021	Page 1	of 37
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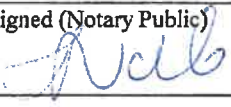
**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Wilton Meadows Health Care Center [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, 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
		2/9/22			
Printed Name (Administrator)			Printed Name (Owner)		
Ellen Casey					
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
Lizanne Wolff	CT	2/9/22		4/30/22	
Address of Notary Public					
435 Danbury Rd, Wilton, CT 06897					

(Notary Seal)

Lizanne Wolff  
 Notary Public-Connecticut  
 My Commission Expires  
 April 30, 2022

**General Information**

Name of Facility (as licensed) Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021	Page 1	of 37
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**Administrator's/Owner's Certification**

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

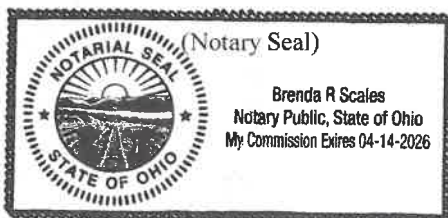
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Wilton Meadows Health Care Center [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, and that to the best 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.

Wilton Meadows Limited Partnership  
 By: Wilton Meadows Health Care Center Corp.

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Ellen Casey			Printed Name (Owner) Fred Rzepka, President	02-10-22
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public		25250 Rockside Road, Cleveland, OH 44146		



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 10/1/2020	To 9/30/2021
Address of Facility 439 Danbury Road, Wilton, CT 06897				
Report Prepared By CliftonLarsonAllen LLP		Phone Number 860-561-4000	Date 2/7/2022	
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 (As per page 10 of Report)</b>	\$			

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 9/30/2021	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.				
<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 9/30/2021	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 C	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 9/30/2021	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				





## General Information and Questionnaire Related Parties\*

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021	Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No						
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.						
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No						
If "Yes," provide the following information:						
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		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"/>	See Attached	169,744	169,744
Greenwich Retirement Housing, LLC	1155 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>	32 Line D6	2,919	N/A
TBI Profit Sharing Plan	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>	Pg 15 Line 1a7	32,006	32,006
Wilton Retirement Housing, LLC	435 Danbury Road, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>	See Attached	(54,596)	(54,596)
Wilton Retirement Housing, LLC	435 Danbury Road, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>	32 Line D6	4,021	N/A
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>	Pg 30 Line IV 5	44,888	44,888
Greenwich Retirement Housing, LLC	1155 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>	See Attached	(28,514)	(28,514)
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>	See Attached	495,941	495,941
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>	32 line D6	454,129	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 09/30/2021	Page 4b	of 37
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Description	A/C #	Amount		
<b>TransCon Builders, Inc.</b>				
Travel	75510	16,600	16	L4
Management Fees	75530	<u>153,144</u>	16	m12
		<u>169,744</u>		
Property Insurance	73530.BSC	24,994	27	14A
Worker's Comp Insurance	73250	351,286	15	1A1
General Liability Insurance	73530.BSC1	81,734	27	14C1
Excess Liability Insurance	73530.BSC1	22,253	27	14C1
EPLI	73530	<u>15,674</u>	16	M13
		<u>495,941</u>		
Loan Receivable	16100	<u>454,129</u>	32	D6
<b>Greens at Cannondale</b>				
Maintenance Services from WM To GC	72106/72155	(20,409)	10	A7A/A7B
Administration Svc from WM To GC	73156	<u>(42,115)</u>	10	A4
		<u>(62,524)</u>		
Loan Receivable	16600	<u>4,021</u>	32	D6
<b>Greens at Greenwich</b>				
Maintenance Services from WM To GG	72106/72155	(13,014)	10	A7A/A7B
Administration Svc from WM To GG	73156	<u>(17,089)</u>	10	A4
		<u>(30,103)</u>		
Loan Receivable	16700	<u>2,919</u>	32	D6
<b>TBI Profit Sharing Plan</b>				
401K Plan - Other Participants	73310	<u>32,006</u>	15	1a7
Hamden				
Greens at Greenwich				
Greens at Cannondale				
Greenwich Woods				
Candlewood				
Owners Management Co				
TransCon				
Danbury Commons				
<b>Crime, Cyber Insurance Policies - Wilton Meadows Held</b>				
Greens at Cannondale	73530	7,928	16	M13
Greens at Greenwich	73530	<u>1,589</u>	16	M13
		<u>9,517</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 9/30/2021	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**  
**Accounting Basis**

Name of Facility Wilton Meadows Health Care Cent	License No. 2032C	Report for Year Ended 9/30/2021	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.				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 See Attached				
2				
3				
4				
Services Provided by This Firm ( <i>describe fully</i> )				
1 See Attached		\$	51,280	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$ 51,280	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No    Page 15 Line 1d				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 See Attached				
2				
3				
4				
5				
Address ( <i>No. &amp; Street, City, State, Zip Code</i> )				
1				
2				
3				
4				
5				
Services Provided by This Firm ( <i>describe fully</i> )				
1 See Attached		\$	37,831	
2		\$		
3		\$		
4		\$		
5		\$		
			Charge for Services Provided	
			\$ 37,831	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No    Page 15 Line 1e				

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	09/30/2021	7a	37

<u>Ref</u>	<u>InterfaceName</u>	<u>Amount</u>	<u>Vendor Total</u>
CliftonLarsonAllen LLP	Under accrual 2020 Financial Statements Review	27,175	
CliftonLarsonAllen LLP	Prep 9/30/21 Financial Statements Audit	9,200	
CliftonLarsonAllen LLP	Prep 9/30/21 Medicaid Cost Report	9,300	<u>45,675</u>
Howard, Wershale & Co.	Under accrual 2020 Medicare Cost Report	225	
Howard, Wershale & Co.	Prep 9/30/21 Medicare Cost Report	4,500	<u>4,725</u>
RSM US LLP	2021 Income Tax Return	880	<u>880</u>
<b>Total Accounting Expense</b>			<u><u>51,280</u></u>

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2021	7b	37

Ref	Interface Name	Transaction Date	Amount	Disallow
Epstein Becker & Green	Professional Services-Former Employee	11/1/2020	297	297
Epstein Becker & Green	Professional Services-Former Employee	11/1/2020	3,069	3,069
Epstein Becker & Green	Professional Services-Former Employee	11/1/2020	1,683	1,683
Epstein Becker & Green	Professional Services-HR Matters	11/1/2020	765	
Epstein Becker & Green	Professional Services-Former Employee	1/1/2021	264	264
Epstein Becker & Green	Professional Services-HR Matters	1/1/2021	540	
Epstein Becker & Green	Professional Services-Former Employee	2/17/2021	99	99
Epstein Becker & Green	Professional Services-Former Employee	5/20/2021	165	165
Epstein Becker & Green	Professional Services-HR Matters	5/20/2021	438	
Epstein Becker & Green	Professional Services-HR Matters	6/17/2021	911	
Epstein Becker & Green	Professional Services-HR Matters	9/17/2021	428	
Epstein Becker & Green	Professional Services-HR Matters	8/18/2021	554	
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	875	875
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	880	880
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	175	175
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	281	281
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	140	140
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	70	70
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	560	560
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	527	527
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	365	365
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	100	100
Goldman Gruder & Woods, LLC	Legal Services - General Matters	11/1/2020	280	
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	2,565	2,565
Goldman Gruder & Woods, LLC	Legal Services - Collections	11/1/2020	490	490
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	420	420
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	136	136
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	550	550
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	840	840
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	350	350
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	105	105
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	140	140
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	449	449
Goldman Gruder & Woods, LLC	Legal Services - Collections	1/1/2021	633	633
Goldman Gruder & Woods, LLC	Legal Services - General Matters	1/1/2021	455	
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	890	890
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	2	2
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	35	35
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	294	294
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	1	1
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	35	35
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	280	280
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	175	175
Goldman Gruder & Woods, LLC	Legal Services - Collections	4/1/2021	35	35
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	976	976
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	105	105
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	294	294
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	385	385
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	317	317
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	598	598
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	1,020	1,020
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	2,097	2,097
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	163	163
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	140	140
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	175	175
Goldman Gruder & Woods, LLC	Legal Services - Collections	5/1/2021	673	673
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	220	220
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	940	940
Goldman Gruder & Woods, LLC	Legal Services - General Matters	9/1/2021	600	
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	1	1
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	1	1
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	7	7
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	28	28
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	665	665
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	7	7
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	315	315
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	260	260
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	140	140
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	1,401	1,401
Goldman Gruder & Woods, LLC	Legal Services - Collections	9/1/2021	46	46
Murtha Cullina LLP	Prof. Svcs. General matters-October 2020	11/18/2020	1,012	
Murtha Cullina LLP	Prof. Svcs. General Matters-November 2020	12/15/2020	1,150	
Murtha Cullina LLP	Prof. Svcs. General Matters-November 2019	1/1/2021	280	
Murtha Cullina LLP	Prof. Svcs. General Matters-August 2020	1/1/2021	78	
Murtha Cullina LLP	Prof. Svcs. General Matters-September 2020	1/1/2021	414	
Murtha Cullina LLP	Prof. Svcs. General Matters-December 2020	1/1/2021	364	
Wilton Meadows Petty Cash	State Marshall-Conservatorship	6/16/2021	56	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	6/16/2021	252	
Wilton Meadows Petty Cash	State Marshall-Conservatorship	6/16/2021	56	
Wilton Meadows Petty Cash	Treasurer State CT-Conservatorship	6/16/2021	252	
			<b>37,831</b>	<b>28,947</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 9/30/2021				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	
					CCNH	RHNS			Total	CCNH
1. Certified Bed Capacity										
A. On last day of PREVIOUS report period	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	102	102				102				
B. As of midnight of THIS report period	115	115				102	115			
3. Total Number of Days Care Provided During Period										
A. Medicare	6,222	6,222				4,555	1,667			
B. Medicaid (Conn.)	21,799	21,799				15,987	5,812			
C. Medicaid (other states)										
D. Private Pay	2,746	2,746				1,789	957			
E. State SSI for RCH										
F. Other (Specify) Hospice/Managed Care/Evercut	9,667	9,667				7,435	2,232			
G. Total Care Days During Period (3A thru F)	40,434	40,434				29,766	10,668			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds										
A. Medicaid Bed Reserve Days	10	10				10				
B. Other Bed Reserve Days										
5. <b>Total Resident Days (3G + 4A + 4B)</b>	40,444	40,444				29,776	10,668			

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

Name of Facility Wilton Meadows Health Care Center			License No. 2032C			Report for Year Ended 9/30/2021			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	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	14		61		40								
Per Diem Rate													
a. One bed rm.	PPS		267.68		588.98								
b. Two bed rms.	N/A		N/A		N/A								
c. Three or more bed rms.	PPS		267.68		557.14								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								885	885				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								97	97				
2. Restorative Treatments													
C. Other								13,608	13,608				
D. <b>Total Physical Therapy Treatments</b>								14,590	14,590				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								242	242				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								20	20				
2. Restorative Treatments													
C. Other								1,247	1,247				
D. <b>Total Speech Therapy Treatments</b>								1,509	1,509				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,018	1,018				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								157	157				
2. Restorative Treatments													
C. Other								12,580	12,580				
D. <b>Total Occupational Therapy Treatments</b>								13,755	13,755				

**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	9/30/2021	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)	152,970	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	478,396	14,094				
5. Dietary Service						
a. Head Dietitian	48,007	1,390				
b. Food Service Supervisor	58,160	2,108				
c. Dietary Workers	567,827	28,564				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	72,132	1,469				
b. Other Maintenance Workers	81,358	4,010				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	245,893	14,197				
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	216,501	3,552				
b. RN						
1. Direct Care	853,427	19,798				
2. Administrative**	289,720	5,854				
c. LPN						
1. Direct Care	1,798,729	56,379				
2. Administrative**	71,640	2,008				
d. Aides and Attendants	2,375,445	124,194				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	270,673	13,152				
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	207,235	6,704				
n. Marketing	3,880	50				
o. Other (Specify)						
See Attached Schedule	115,600	4,926				
<i>A-13. Total Salary Expenditures</i>	<i>7,907,593</i>	<i>304,535</i>				

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

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

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





**Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Related Parties\***

Name of Facility (as licensed) Wilton Meadows Health Care Center			License No. 2032C	Report for Year Ended 9/30/2021		Page 12	of 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	152,970		Non-preferential	Administrator	2,086	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.

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Wilton Meadows Health Care Center	2032C	9/30/2021	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	16,073	Disallowed				
3. Pharmacist	10,484	241				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	441,126	3,823				
b. Other						
6. Social Worker						
7. Recreation Worker	6,955	34				
8. Physicians						
a. Medical Director (entire facility)	46,800	254				
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) Other Medical Consultants	577	Disallowed				
9. Speech Therapist						
a. Resident Care	84,626	705				
b. Other						
10. Occupational Therapist						
a. Resident Care	407,103	3,598				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	78,531	1,020				
2. Administrative***						
b. LPN						
1. Direct Care	3,732	43				
2. Administrative***						
c. Aides	21,980	628				
d. Other						
12. Other (Specify) See Attached Schedule	43,455	Disallowed				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,161,442</b>	<b>10,346</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 9/30/2021	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"/>		
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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"/>		

\* 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 9/30/2021	Page 14a	of 37
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Category	Consultant	Total Paid	Total Hours	
Dentist	Healthdrive Dental	<u>16,073</u>	-	Disallow
Pharmacist	Value Health Care Services	<u>10,484</u>	<u>241</u>	
Physical Therapy	Preferred Therapy	440,725	3,819	
PT Outpatient	Preferred Therapy	401	4	
		<u>441,126</u>	<u>3,823</u>	
Entertainment	Various	<u>6,955</u>	<u>34</u>	45 Performances @ 45 min per
Medical Director	Alan Radin, MD	<u>46,800</u>	<u>254</u>	\$178.66/hr limit in 2021
Speech Therapy	Preferred Therapy	82,005	705	
	Mass Tex Imaging	101		1 Service
	SDX Dysphagia Experts	2,520	-	7 Services @ \$360 each
		<u>84,626</u>	<u>705</u>	
Occupational Therapy	Preferred Therapy	<u>407,103</u>	<u>3,598</u>	
Purchased Services	Value Health Care Service	11,640.00	-	Disallow
	Technical Gas Products, Inc.	9,320.95		Disallow - Med A
	Preferred Therapy Solutions	21,665.40		Disallow - Med A
	US Labs	580.00		Disallow - Med A
	Norwalk Hospital	52.78		Disallow - Med A
	Mobilex	53.00		Disallow - Med A
	HealthDrive EyeCare Group	142.81		Disallow - Med A
		<u>43,455</u>	-	
Other Medical Consultants	Healthdrive Audiology Group	62.00		Disallow - Med A
	Rehabilitation Consultants	514.56		Disallow - Med A
		<u>576.56</u>	-	
RNs - Direct Care	Agency RN	<u>78,531</u>	<u>1,020</u>	
LPNs - Direct Care	Agency LPN	<u>3,732</u>	<u>43</u>	
Aides	Agency Aides	<u>21,980</u>	<u>628</u>	
	<b>Total Fees in Lieu of Salaries</b>	<b>1,161,442</b>	<b>10,346</b>	

**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 9/30/2021	Page 14b	of 37
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Entertainer Name	Description	Amount
Lee Perry Gross Music	Entertainment 10/01/20	150.00
Larry Batter	Entertainment 10/07/20	145.00
Gary Kahn	Entertainment 11/11/20	175.00
Alfred Leone	Entertainment 11/25/20	150.00
Holleran Media Productions	Entertainment 12/02/20	180.00
Larry Batter	Entertainment 12/09/20	145.00
Holleran Media Productions	Entertainment 12/23/20	300.00
Alfred Leone	Entertainment 12/24/20	150.00
Khagan Entertainment Group	Entertainment 01/01/21	200.00
Holleran Media Productions	Entertainment 01/13/21	180.00
Shawn Taylor	Entertainment 02/03/21	150.00
Larry Batter	Entertainment 02/17/21	145.00
Holleran Media Productions	Entertainment 02/21/21	180.00
Billy Michael	Entertainment 03/18/21	100.00
Wendy Kerner	Entertainment 03/26/21	300.00
Khagan Entertainment Group	Entertainment 04/04/21	175.00
Larry Batter	Entertainment 04/21/21	145.00
Jeff Batter	Entertainment 04/28/21	135.00
Thomas Sansone	Entertainment 05/05/21	150.00
Khagan Entertainment Group	Entertainment 05/10/21	175.00
Holleran Media Productions	Entertainment 05/12/21	180.00
Khagan Entertainment Group	Entertainment 05/19/21	90.00
Billy Michael	Entertainment 05/26/21	100.00
Khagan Entertainment Group	Entertainment 05/31/21	175.00
Rita K. Wagner	Entertainment 06/02/21	145.00
Shalynn M. Sedgwick	Entertainment 06/08/21	150.00
Larry Batter	Entertainment 06/16/21	145.00
Khagan Entertainment Group	Entertainment 06/20/21	175.00
Larry Batter	Entertainment 06/23/21	135.00
Shawn Taylor	Entertainment 06/30/21	150.00
Billy Michael	Entertainment 07/07/21	100.00
Holleran Media Productions	Entertainment 07/14/21	180.00
Thomas Sansone	Entertainment 07/21/21	150.00
Khagan Entertainment Group	Entertainment 08/01/21	125.00
Alfred Leone	Entertainment 08/01/21	150.00
Holleran Media Productions	Entertainment 08/11/21	180.00
Larry Batter	Entertainment 08/18/21	145.00
Roger Young	Entertainment 08/19/21	125.00
Chris Merwin	Entertainment 08/24/21	125.00
Jeff Batter	Entertainment 08/25/21	135.00
Khagan Entertainment Group	Entertainment 09/01/21	90.00
Khagan Entertainment Group	Entertainment 09/06/21	175.00
Kayte Devlin	Entertainment 09/09/21	125.00
Thomas Sansone	Entertainment 09/15/21	150.00
Kayte Devlin	Entertainment 09/21/21	125.00
<b>Total Entertainment</b>		<b>6,955</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	9/30/2021		15	37
Item	Total	CCNH	RHNS	(Specify)	
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 351,286	351,286			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 87,152	87,152			
4. Social Security (F.I.C.A.)	\$ 496,705	496,705			
5. Health Insurance	\$ 1,079,212	1,079,212			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 32,006	32,006			
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 3,174	3,174			
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)*</b>	\$				
<b>c. Bad Debts*</b>	\$				
<b>d. Accounting and Auditing</b>	\$ 51,280	51,280			
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 37,831	37,831			
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)*</b>	\$				
<b>g. Office Supplies</b>	\$ 46,799	46,799			
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 25,033	25,033			
2. Cellular Phones	\$ 5,754	5,754			
<b>i. Appraisal (<i>Specify purpose and        attach copy</i>)*</b>	\$				
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$				
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 650,527	650,527			
<b>Subtotal</b>	\$ 2,866,759	2,866,759			

\* 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**

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
Group Benefits	\$ 3,174		
<b>Total</b>	\$ 3,174	\$ -	\$ -

**Schedule of Other Taxes**

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

**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	9/30/2021		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		2,866,759	2,866,759		
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$ 981	981			
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 8,874	8,874			
4. Employee Travel	\$ 22,785	22,785			
5. Education Expenses Related to Seminars and Conventions	\$ 15,622	15,622			
6. Automobile Expense (not purchase or depreciation)	\$ 5,087	5,087			
7. Other (Specify) See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted (all such expenses)	\$ 59,045	59,045			
2. Advertising Telephone Directory (all such expenses)***	\$ 1,528	1,528			
3. Advertising Other (Specify)*** See Attached Schedule	\$ 195,641	195,641			
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	\$ 13,194	13,194			
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 14,844	14,844			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 469	469			
9. Subscriptions	\$ 27,327	27,327			
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**	\$ 153,144	153,144			
13. Other (Specify) See Attached Schedule	\$ 317,353	317,353			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,702,653	3,702,653			

\* 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 - Disallowed	\$ 137,019		
Business Promotions - Disallowed	\$ 58,622		
<b>Total Other Advertising</b>	\$ 195,641	\$ -	\$ -

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues - See Page 16b	\$ 14,844		
<b>Total Dues</b>	\$ 14,844	\$ -	\$ -

## Schedule of Contributions

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

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Recruiting Expense	\$ 55,425		
Employee Background Checks	\$ 6,709		
Consulting Fees	\$ 54,982		
Data Processing Fees	\$ 37,050		
Software Maintenance	\$ 62,427		
ELPI, Crime, Cyber Insurance - Partially Disallowed	\$ 25,038		
Professional Liability Insurance	\$ 20,956		
Patient Trust Bond - Disallowed	\$ 350		
Facility Licenses	\$ 1,705		
Employee Licenses	\$ 2,359		
Bank Charges - Disallowed	\$ 9,880		
Late Charges - Disallowed	\$ 227		
Medical Records Supplies	\$ 7,875		
Purchased Services - Temporary Help	\$ 26,162		
IRS Penalties	\$ 918		
Computer Purchased Services	\$ 5,290		
<b>Total Other Administrative and General</b>	\$ 317,353	\$ -	\$ -



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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021	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.	153,144	See Page 4	See 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	9/30/2021	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 441,488	441,488			
2. Non-Food Supplies	\$ 58,788	58,788			
3. Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 931	931			
c. Other (Specify) _____ Chemicals / Cleaning Supplies	\$ 6,553	6,553			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 507,760</b>	<b>507,760</b>			
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
F. Resident Meals: Total no. of meals served per day:*					
G. Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
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 meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			If yes, specify cost.
K. Is any revenue collected 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)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			If yes, specify cost.
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
O. 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	9/30/2021		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. \$	16,801	16,801		
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 \$8,517; Supplies \$1,528		\$	10,045	10,045		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	<b>26,846</b>	<b>26,846</b>		
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	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 3D.

\*\*\* 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	9/30/2021		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. \$	30,000	30,000		
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. \$	424,973	424,973		
C.	Other ( <i>Specify</i> )		\$			
4D.	<b>Total Housekeeping Expenditures</b> (4a + b + c)		\$ 454,973	454,973		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	403,004	403,004		
	Medicare \$293,629, Medicaid \$8,017, Medicare OT \$2,223, Facility \$2,641, Managed Care \$96,494					
b.	Medicine Cabinet Drugs	\$	5,097	5,097		
c.	Medical and Therapeutic Supplies	\$	27,241	27,241		
d.	Ambulance/Limousine***	\$	3,171	3,171		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	28,500	28,500		
f.	X-rays and Related Radiological Procedures***	\$	13,934	13,934		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	18,968	18,968		
i.	Recreation	\$	12,902	12,902		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	518,213	518,213		
5M.	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	1,031,030	1,031,030		

\* 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 - Disallowed	\$ 28,202		
Cable TV - Disallowed	\$ 21,558		
PT Equipment - Disallowed	\$ 17,446		
Supplies	\$ 2,872		
Nursing Supplies - Partially Disallowed	\$ 233,895		
Glucose Testing Supplies	\$ 3,651		
Incontinent Care	\$ 47,772		
Gloves	\$ 68,431		
Wound Care Supplies	\$ 61,694		
Syringes	\$ 951		
Tube Feeding - Medicare - Disallowed	\$ 507		
Medical Supplies - Medicare - Disallowed	\$ 11,344		
Medical Supply Rental Medicare - Disallowed	\$ 1,756		
Nutritional Supplements	\$ 18,134		
<b>Total Other Resident Care</b>	<b>\$ 518,213</b>	<b>\$ -</b>	<b>\$ -</b>

## 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 9/30/2021	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
			Yes	No						
Name of Individual or Company	Address	Explanation of Relationship								
Oak Ridge Hauling	307 White St, Danbury, CT 06810		<input type="radio"/>	<input checked="" type="radio"/>	Trash Removal	25,080				22 6f
SMS Cleaning & Housekeeping	5140 Highway 9 S, Howell, NJ 07731		<input type="radio"/>	<input checked="" type="radio"/>	Housekeeping Services	424,973				20 4b
Shamrock Land Management	721 Cove Road, Stamford, CT 06902		<input type="radio"/>	<input checked="" type="radio"/>	Snow Plowing, Landscaping	47,955				22 6f
Daniels Equipment	445 Priscilla Lane, Auburn, NH 03032		<input type="radio"/>	<input checked="" type="radio"/>	Ozone Rental/Repair & Maintenance	27,806				22 6a, 6f
Saucier Mechanical	148 Norton St, Plantsville, CT 06479		<input type="radio"/>	<input checked="" type="radio"/>	Building Repair & Maintenance	24,916				22 6a, 6f
			<input type="radio"/>	<input checked="" type="radio"/>						
			<input type="radio"/>	<input checked="" type="radio"/>						
			<input type="radio"/>	<input checked="" type="radio"/>						
			<input type="radio"/>	<input checked="" type="radio"/>						
			<input type="radio"/>	<input checked="" type="radio"/>						
			<input type="radio"/>	<input checked="" type="radio"/>						
			<input type="radio"/>	<input checked="" type="radio"/>						
			<input type="radio"/>	<input checked="" type="radio"/>						
			<input type="radio"/>	<input checked="" type="radio"/>						
			<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	9/30/2021			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 64,306	64,306				
b. Heat	\$ 70,305	70,305				
c. Light & Power	\$ 128,673	128,673				
d. Water	\$ 56,171	56,171				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 229,079	229,079				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 548,534	548,534				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 8,243	8,243				
b. Building & Building Improvements	\$ 54,196	54,196				
c. Non-Movable Equipment	\$ 14,593	14,593				
d. Movable Equipment	\$ 53,028	53,028				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 130,060	130,060				
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>	\$					
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	\$ 119,948	119,948				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 12,247	12,247				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 262,255	262,255				

\* 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 - Partially Disallowed	\$ 13,970		
Equipment Rental	\$ 33,410		
Trash Removal	\$ 31,000		
Service Contracts	\$ 47,793		
Supplies	\$ 48,213		
Grounds Maintenance	\$ 36,559		
Grounds Landscaping	\$ 12,758		
Minor Decorating	\$ 1,974		
Copy Charges	\$ 3,402		
<b>Total Other Repairs and Maintenance</b>	\$ 229,079	\$ -	\$ -

State of Connecticut  
**Annual Report of Long-Term Care Facility**  
 CSP-23 Rev. 10/2006

**Depreciation Schedule**

Name of Facility		License No.		Report for Year Ended					Page	of
Wilton Meadows Health Care Center		2032C		9/30/2021					23	37
<b>Property Item</b>										
	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	
										Is a mileage logbook maintained?
Yes	No	Month	Year							
<b>A. Land Improvements</b>										
1. Acquired prior to this report period	258,058		258,058	221,392	Tax	Various	8,243			
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
A-4. Subtotal									8,243	
<b>B. Building and Building Improvements</b>										
1. Acquired prior to this report period	11,315,484		11,315,484	10,541,221	Tax	Various	54,196			
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
B-4. Subtotal									54,196	
<b>C. Non-Movable Equipment</b>										
1. Acquired prior to this report period	241,323		241,323	183,044	Tax	Various	14,231			
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	4,984		4,984		Tax	Various	362			
C-4. Subtotal									14,593	
<b>D. Movable Equipment</b>										
1. Motor Vehicles (Specify name, model and year of each vehicle)										
a. 1998 Ford	10,866		10,866	10,866	Tax	5				
b.										
c.										
d.										
2. Movable Equipment										
a. Acquired prior to this report period										
b. Disposals (attach schedule)	1,175,452		1,175,452	1,107,553	Tax	Various	26,926			
c. Acquired during this report period (attach schedule)										
D-3. Subtotal	86,161		86,161		Tax	Various	26,102			
<b>E. Total Depreciation</b>										
									53,028	
									130,060	



Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
2/11/2021	Hot Water Heat Exchanger	\$ 4,984	10	\$ 362
<b>Total additions for Non-Movable Equipment</b>		\$ 4,984		\$ 362 *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/1/2020	Dishwasher	\$ 28,906	7	\$ 9,440
10/1/2020	Copiers	\$ 32,450	5	\$ 14,278
2/8/2021	Bedside cabinet, 4 Drawer Chest (10)	\$ 8,918	7	956
2/24/2021	Negative Pressure Wound Therapy Pump	\$ 3,720	7	399
8/9/2021	Fire Panel Upgrade	\$ 7,237	10	289
2/3/2021	Camera System	\$ 4,930	5	740
<b>Total additions for Movable Equipment</b>		<b>\$ 86,161</b>		<b>\$ 26,102</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



**Amortization Schedule\***

Name of Facility Wilton Meadows Health Care Center	Date of Acquisition		License No. 2032C	Report for Year Ended 9/30/2021	Page 24	of 37		
	Month	Year						
<b>A. Organization Expense</b>				Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
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) - Interest**

Name of Facility		License No.	Report for Year Ended		Page	of
Wilton Meadows Health Care Center		2032C	9/30/2021		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 Cente		2032C		9/30/2021		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 ( <i>Specify</i> )				\$			
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 ( <i>Specify</i> ) Interest Expense				\$	3,906	3,906	
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	3,906	3,906	
14. Insurance							
a. Insurance on Property (buildings only)				\$	24,994	24,994	
b. Insurance on Automobiles				\$	3,280	3,280	
c. Insurance other than Property (as specified above)							
1. Umbrella ( <i>Blanket Coverage</i> )				\$	103,987	103,987	
2. Fire and Extended Coverage				\$			
3. Other ( <i>Specify</i> )				\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	132,261	132,261	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	15,739,253	15,739,253	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center				2032C	9/30/2021	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	\$ 44,198	44,198		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	b10	Occupational Therapy	\$ 407,103	407,103		
7.			Other - See attached Schedule	\$ 61,525	61,525		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 28,947	28,947		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 4,314	4,314		
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	\$ 6,546	6,546		
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)	\$ 241	241		
18.	16	m2/m	Unallowable Advertising *	\$ 197,169	197,169		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 153,144	153,144		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 49,210	49,210		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 952,397	952,397		

\* 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	\$ 1,893		
10	a2	Administrator Salary over Allowable Amount	\$ 42,305		
<b>Total Other Salaries Adjustment</b>			\$ 44,198	\$ -	\$ -

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b2	Dentist	\$ 16,073		
13	b12	Purchased Services - Medicare A and IV Nurse (See Page 13a)	\$ 43,455		
13	b8	Medical Consultant	\$ 577		
13	b8a	Medical Director	\$ 1,420		
<b>Total Other Fees Adjustments</b>			\$ 61,525	\$ -	\$ -

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Late Fees	\$ 227		
16	m13	Bank Charges	\$ 9,880		
16	m8a	Chamber of Commerce	\$ 469		
16	13	Employee Relations	\$ 5,124		
16	m13	Crime Insurance Policy	\$ 4,017		
16	m9	Newspapers	\$ 2,785		
15	1a	Benefits and Taxes on Disallowed Marketing & Recruiting Salary Noted Above	\$ 379		
15	1a	Benefits on Disallowed Administrator Salary Noted Above	\$ 8,461		
16	L4	Condo Rent	\$ 16,600		
16	m13	Patient Trust Bond - Disallowed	\$ 350		
16	m13	Penalties	\$ 918		
<b>Total Other A&amp;G Adjustments</b>			\$ 49,210	\$ -	\$ -

**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	9/30/2021	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 952,397	952,397		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 403,004	403,004		
28.	20	5d	Ambulance/Limousine	\$ 3,171	3,171		
29.	20	5f	X-rays, etc	\$ 13,934	13,934		
30.	20	5h	Laboratory	\$ 18,968	18,968		
31.	20	5c	Medical Supplies	\$ 27,241	27,241		
32.	20	5e2	Oxygen (non emergency)	\$ 28,500	28,500		
33.	20	5L	Occupational Therapy	\$ 2,872	2,872		
34.			Other - See Attached Schedule	\$ 75,511	75,511		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,907	1,907		
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	\$ 24,676	24,676		
<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	\$ (139,169)	(139,169)		
<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>				\$ 1,413,012	1,413,012		

\*\*\* 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.

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5c	Nursing Supplies	\$ 16,256		
20	5j	Medical Supplies - Medicare	\$ 11,344		
20	5j	Medical Equipment Rental	\$ 28,202		
20	5j	PT Equipment Rental	\$ 17,446		
20	5j	Tube Feeding - Medicare	\$ 507		
20	5j	Medical Supply Rental Medicare	\$ 1,756		
<b>Total Other Ancillary Costs</b>			<b>\$ 75,511</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	d2	Excess Movable Equipment Depreciation	\$ 1,907		
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ 1,907</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Cable TV	\$ 21,558		
22	6f	TV's for Resident Rooms	\$ 3,118		
<b>Total Other Property Adjustments</b>			<b>\$ 24,676</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest Expense	\$ 3,906		
18	2a	Meals on Wheels Disallowance	\$ 17,175		
		Outpatient Utility	\$ 5		
30	IV8	Other Misc. Income	\$ (164,668)		
		Barber and Beauty Disallowance	\$ 4,413		
<b>Total Other Adjustments</b>			\$ (139,169)	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Wilton Meadows Health Care Center	2032C	9/30/2021			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>	\$ 12,166,887	12,166,887				
b. Medicaid Room and Board Contractual Allowance **	\$ (6,827,939)	(6,827,939)				
2. a. Medicaid <i>(All other states)</i>	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents <i>(all inclusive)</i>	\$ 3,471,459	3,471,459				
b. Medicare Room and Board Contractual Allowance **	\$ 1,063,979	1,063,979				
4. a. Private-Pay Residents and Other	\$ 6,465,332	6,465,332				
b. Private-Pay Room and Board Contractual Allowance **	\$ (2,352,455)	(2,352,455)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 234,250	234,250				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (234,669)	(234,669)				
c. Prescription Drugs - Non-Medicare	\$ 91,323	91,323				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (85,907)	(85,907)				
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	\$ 356,013	356,013				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (334,166)	(334,166)				
c. Physical Therapy - Non-Medicare	\$ 229,295	229,295				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (195,614)	(195,614)				
4. a. Speech Therapy - Medicare	\$ 73,397	73,397				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (56,181)	(56,181)				
c. Speech Therapy - Non-Medicare	\$ 41,249	41,249				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (29,220)	(29,220)				
5. a. Occupational Therapy - Medicare	\$ 330,030	330,030				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (303,022)	(303,022)				
c. Occupational Therapy - Non-Medicare	\$ 251,774	251,774				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (216,301)	(216,301)				
6. a. Other <i>(Specify)</i> - Medicare	\$ (35)	(35)				
b. Other <i>(Specify)</i> - Non-Medicare	\$ 381	381				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,139,860	14,139,860				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income <i>(Specify)</i>	\$ 46,532	46,532				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other <i>(Specify)</i>	\$ 870,075	870,075				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 916,607	916,607				
<b>VI. Total All Revenue</b> (III +V)	\$ 15,056,467	15,056,467				

\* 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	\$ 4,394		
	Lab	\$ 12,014		
	Oxygen	\$ 3,432		
	Contractual Adjustment - X-Ray and Lab	\$ (16,437)		
	Contractual Adjustment - Oxygen	\$ (3,438)		
<b>Total Other Resident Revenue - Medicare</b>		\$ (35)	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray	\$ 1,968		
	Lab	\$ 1,790		
	Oxygen	\$ 2,948		
	Contractual Adjustment - X-Ray and Lab	\$ (3,513)		
	Contractual Adjustment - Oxygen	\$ (2,812)		
<b>Total Other Resident Revenue</b>		\$ 381	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		1,644		
	Interest Income - Intercompany		44,888		
<b>Total Interest Income</b>			\$ 46,532	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	CARES Provider Relief Funding	\$ 588,725		
	Coronavirus Relief Funding	\$ 116,682		
	Miscellaneous Income	\$ 164,668		
<b>Total Other Revenue</b>		\$ 870,075	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2021	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	Payroll Tax Refund			
Location on Balance Sheet	Cash	Cash	Cash	Resident A/R				
Oct-20		-				-	-	-
Nov-20		-				-	-	-
Dec-20		-				-	-	-
Jan-21		-			1,608	1,608	1,608	-
Feb-21		-				-	-	-
Mar-21		-				-	-	-
Apr-21		-			36	36	36	-
May-21		-				-	-	-
Jun-21		-				-	-	-
Jul-21		-				-	-	-
Aug-21		-				-	-	-
Sep-21		-				-	-	-
<b>Totals</b>		-	-	-		<b>1,644</b>	<b>1,644</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-20	4,961.00				4,961	4,961	-	
Nov-20	4,814.00				4,814	4,814	-	
Dec-20	4,986.00				4,986	4,986	-	
Jan-21	4,489.00				4,489	4,489	-	
Feb-21	4,065.00				4,065	4,065	-	
Mar-21	4,002.00				4,002	4,002	-	
Apr-21	3,882.00				3,882	3,882	-	
May-21	3,512.00				3,512	3,512	-	
Jun-21	3,408.00				3,408	3,408	-	
Jul-21	2,638.00				2,638	2,638	-	
Aug-21	2,645.00				2,645	2,645	-	
Sep-21	1,486.00				1,486	1,486	-	
<b>Totals</b>	<b>44,888</b>	-	-	-	<b>44,888</b>	<b>44,888</b>	<b>-</b>	
					<b>Total Interest</b>	<b>46,532</b>	<b>46,532</b>	

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2021	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	387,638
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,453,265
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	163,011
4. Inventories			\$	
5. Prepaid Expenses			\$	220,190
a. Prepaid Expenses	124,641			
b. Prepaid Insurance	95,549			
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)			\$	3,224,104
<b>B. Fixed Assets</b>				
1. Land			\$	542,222
2. Land Improvements	*Historical Cost	261,937	\$	32,302
	Accum. Depreciation	229,635		Net
3. Buildings	*Historical Cost	11,315,783	\$	720,366
	Accum. Depreciation	10,595,417		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	246,911	\$	49,244
	Accum. Depreciation	197,667		Net
6. Movable Equipment	*Historical Cost	1,270,200	\$	95,968
	Accum. Depreciation	1,174,232		Net
7. Motor Vehicles	*Historical Cost	10,866	\$	
	Accum. Depreciation	10,866		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)			\$	1,440,102

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



Schedule of Prepaid Expenses Page 31 Line A5

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

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

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

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

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

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

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

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center		2032C	9/30/2021	32	37
Account			Amount		
Total Brought Forward:			\$	4,664,206	
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					
\$					
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>					
\$					
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> )					
\$ 461,069					
Name and Address		Amount	Loan Date		
See Attached		461,069	Various		
7. Other Assets ( <i>itemize</i> )					
Deposits		91,195		\$ 91,195	
_____					
See Schedule					
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>					
\$ 552,264					
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>					
\$ 5,216,470					

\* 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	9/30/2021	32a	37

6. Loans to Owners or Related Parties (itemize)

<u>Name</u>	<u>Amount</u>	<u>Loan Date</u>
Wilton Retirement Housing, LLC	4,021	Various
Greenwich Retirement Housing, LLC	2,919	Various
TransCon Builders, Inc.	<u>454,129</u>	Various
<b>Total</b>	<b>\$ 461,069</b>	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	9/30/2021	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,137,623
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> )				\$	681,011
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	25,328
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> )				\$	425,288
Current Portion of Capital Lease/Not		5,655	Provider Use Fee	169,568	
Property, Real Estate & Sales Taxes		68,155			
Accrued 401k Employer Liability		21,301			
Operating Expenses		160,609	See Schedule		
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>2,269,250</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 9/30/2021	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,269,250	
<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> )				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
Capital Lease Obligation, net of current portion		19,567	19,567		
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 19,567	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,288,817	

**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	9/30/2021	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			\$	3,610,431
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	(682,786)
	10/1/2020	thru 9/30/2021		
7. Total Net Worth			\$	2,927,645
<b>C. Total Reserves and Net Worth</b>			\$	2,927,645
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	5,216,462

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2021	36	37
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2020		\$	3,884,048
B.	Total Revenue <i>(From Statement of Revenue Page 30)</i>		\$	15,056,467
C.	Total Expenditures <i>(From Statement of Expenditures Page 27)</i>		\$	15,739,253
D.	Net Income or Deficit		\$	(682,786)
E.	Balance		\$	3,201,262
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>	09/30/21	\$	3,201,262

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

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2021	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>CliftonLarsonAllen LLP</i>		Title		Date Signed 2/7/2022	
Printed Name of Preparer CliftonLarsonAllen LLP					
Address Address 29 South Main Street, 4th Floor West Hartford, CT 06107				Phone Number 860-561-4000	
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink				Phone Number 860-561-4000	
Contact Email Address jonathan.fink@claconnect.com					