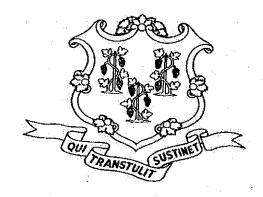
State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as	licensed)	· · · · · · · · · · · · · · · · · · ·						
Cook Willow Conval	,	ıl, Inc.						
Address (No. & Stree	et, City, State, Z	Zip Code)				•		
81 Hillside Avenue,	Plymouth, CT 0	6782						
Type of Facility								
Chronic and C	Convalescent		Rest Home wit	h Nursing				
☑ Nursing Home	e only		Supervision or	ıly		(Specify)		
(CCNH)			(RHNS)					
Report for Year Begi	nning		Report for Yea	r Ending	1002-11			
10/1/2014			9/30/2015					
License Numbers:		CCNH 932-C	RHNS		(Specify)]]		dicare Provider 07-5349
Medicaid Provider N	and and	~~	CNH	тут	NS		TOT	7 1115
Medicald Provider N	umbers:	7226948	NI N	KI	IND		ıcr	7-IID
For Department Us	e Only							
Sequence Number	Signed and	Date	Sequence N	lumber	G' 1	137 / '	,	D . D . 1
Assigned	Notarized	Received	Assign		Signed a	nd Notarized	1	Date Received
		·						

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	1	

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Cook Willow Convalescent Hospital, Inc.	932-C	9/30/2015	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 Cook Willow Convalescent Hospital, Inc. [facility name], 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
Swamacas	Ald	2/4/15	Secomadoral.	2/4/16
Printed Name (Administrator)			Printed Name (Owner)	
Susan MacDonald			Susan MacDonald	
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me:	CT	2/4/16	July Shoth	1.31.12018
Address of Notary Public	1. The second se		//	
155 mainst tho	MASton C	704787		<u> </u>

(Notary Seal)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-1A Rev. 6/95

State of Connecticut **Department of Social Services**

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjus	tm	ent		Page 1A	of 37
Name of Facility	****	Period Cov	ered:	From	To
Cook Willow Convalescent Hospital, Inc.				10/1/2014	9/30/2015
Address of Facility 81 Hillside Avenue, Plymouth, CT 06782					
Report Prepared By		Phone Nun		Date	
Craig J. Lubitski Consulting LLC		860-610-90	009	2/15/2015	
Item 1. Dietary wages paid	\$	Total	CCNH	RHNS	(Specify)
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

State of Connecticut

Annual Report of Long-Term Care Facility

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General Information and Questionnaire Type of Facility - Organization Structure

	l	ility Report for Year Er	1	of
	860-283-8208	9/30/2015	2	37
Name of Facility (as shown on license)	,	o. & Street, City, State, Z		
Cook Willow Convalescent Hospital, Inc.		Avenue, Plymouth, CT 0		. 15 37
CCNH	RHNS	(Specify)	1	rovider No.
License Numbers: 932-C			07-5349	
Type of Facility (Check appropriate box(es))				
Chronic and Convalescent	Rest Home with		cify)	
Nursing Home only (CCNH)	Supervision only	(RHNS)		
Type of Ownership (Check appropriate box)	*****			
O Proprietorship O LLC O Partnership	Profit Corp.	O Non-Profit Corp.	O Government	O Trust
		Date Opened Date	c Closed	
If this facility opened or closed during report year provi	de:			
Has there been any change in ownership				
or operation during this report year?	O Yes		es," explain fully	у.
				•
Administrator				
Name of Administrator		Nursing Home		
Susan MacDonald		Administrator's	631	
		License No.:		
Other Operators/Owners who are assistant administrato	rs (full or part time	of this facility.		
Name		License No.:		
N/A				

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of
Cook Willow Convalescent Ho	ospital, Inc.	932-C	9/30/2015		3 37
Legal Name of Partn	ership/LLC	Business A	Address	State(s) and/o Which R	
N/A					
					·
				-	
Name of Partners/Members	Business Ac	ddress	,	Γitle	% Owned
N/A					,
, 1/11					
					. !
	,				
		*	 		
					·
·					
				•	
		•			

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	ded	Page of
Cook Willow Convalescent Hospital, Inc.	932-C	9/30/2015	-	3A 37
If this facility is owned or operated as a corp				
Legal Name of Corporation		ess Address	State(s) in Which	ch Incorporated
Cook Willow Convalescent	81 Hillside Ave	nue, Plymouth, CT	CT	
Hospital, Inc.	06782			
Name of Directors, Officers	Busin	ess Address	Title	No. Shares Held by Each
Susan MacDonald	61 Maple Aven 06782	ue, Plymouth, CT	resident/Directo	100
Walter MacDonald	61 Maple Aven 06782	ue, Plymouth, CT	Vice President	
Jennesa LeClair	210 West Hill R 06787	Load, Thomaston, CT	Secretary	
			·	
Names of Stockholders Owning at Least 10% of Shares				
Susan MacDonald	61 Maple Aven 06782	ue, Plymouth, CT	resident/Directo	100

State of Connecticut

Annual Report of Long-Term Care Facility
CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility Cook Willow Convalescent Hospital, Inc.	License No. 932-C	Report for Year Ended 9/30/2015	Page of 3B 37
If this facility is owned or operated as an individu			
Ov	vner(s) of Facility		
N/A			
			شون
			and a
	Autor		
	· · · · · · · · · · · · · · · · · · ·		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			y 101 - 110
			anno de la companya d
			W-1
			m-se-"-**

State of Connectiont
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

Name of Facility Cook Willow Convalescent Hospital, Inc.	License No. 932	No. 932-C	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals receiving compensation from the facility related the marriage, ability to control, ownership, family or business association?	ility relat s associa	related through	gh	If "Yes," provide the Name/Address and complete the information on Page 11 of	e the Name/Ado ormation on Pa	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.
which provide goods of the loaning of funds to common ownership, orerators, or officials of	r services this faci control, o	s, lity, r busines lity?	ss © Yes O No	If "Yes," provid	e the following	information:
•						
	Also J Goods/8	Provides services	to	Indicate Wher Costs are Include	e led	
Business Address	Non-Rel	ated Part No %		···-	ort Cost # Reported	Actual Cost to the Related Party
	•	0		•		-
	0	•				
	0	0				
	0					
	0	•				
	0	•		·		
	0	0				
	0	•				,
	0	0				•
	Business Address Address	nuch provide goods or service the loaning of funds to this faci common ownership, control, of erators, or officials of this faci also and a service of the s	Are any individuals or companies which provide goods of 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? Name of Related Name of Related Address See Attached O O O O O O O O O O O O O	des ces to %***	O Yes O No Bescription of Goods/Services Provided	O Yes O No If "Yes," provide the Indicate Where Costs are Included in Annual Report Provided Page #/Line #

^{*} Use additional sheets if necessary.

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

Cook Willow Convalescent Hospital, Inc. 9/30/2015 Related Party Transactions

Where Costs are Included in Artual Cost to Annual Report Cost the Related Annual Report Cost the Related Nutsing Equipment 20%5c 20%5c 20%5c Where Costs Actual Cost to Annual Report Cost the Related Page# / Line# Reported Party 20%5c	22/9 524,000 524,000	ance 63,485 63,485	Real Estate & Property Taxes 22/10a 74,780 74,780	Cell Phone 125 125	ance 2,031 2,031	Nursing Equipment 20/5c. 21	Grounds Maintenance 22/6f 8,111 8,111	Plants and Vegtables 22.6F/18.2a2 250	Housekeeping Help 20/4a1 184 184	Housekeeping Help 20/4a1 178 178	Multiple Loans and Receivables 32/D6 1,482,004 1,482,004
Name of Related Individual or Conpany Cook & MacDonald Business Address Cook & MacDonald Business Address Cook & MacDonald Business Address Parties Description Nursin	Cook Willow Realty 81 Hillside Avenue, Plymouth CT 06782 No. Rent Percentage North Related 0.00%	Cook-Willow Realty 81.Hillside Avenue, Plymouth CT 06782 No Percentage Non-Related 0.00%	Cook Willow Realty 81 Hillside Avenue, Plymouth CT 06782 No Position 0.00%	Cooks Home Health 81 Hillside Avenue, Plymouth CT 06782 Yes Cell Pl Percentage Non-Related 0.00%	Cooks Home Health 81. Hillside Avenue, Plymouth CT 06782 Yes Insurance Percentage Non-Yelated 0.00%	Cooks Home Health 81 Hillside Avenue, Plymouth CT 06782 No No 0.00%	Pine Hill Building 42 South St. Plymouth, CT-06782 No. Groun Groun Percentage Non-Related 0.0055	Old MacDonalds Fairm 51 Maple Ave. Plymouth, CT 06782 No. Plants Percentage Nort-Related 0.00%	Courtney LeClair 81 Hillside Avenue, Plymouth,CT 06782 No Houss No Percentage Non-Related 0:0099	Morgan LeClair 81 Hillside Avenue, Plymouth, CT 06782 No Houss Percentage Non-Related 0.00%	Various Percentage Non-Related 0.00%

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-6 Rev. 9/2002

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals

of 37 Amount Claimed Page 9 ofLease Annual Amount Term of Report for Year Ended Lease 9/30/2015 Date of Lease** Description of Items Leased 932-C License No. Related * to ž 0 • 0 0 0 0 0 0 0 0 Operators, Officers Owners, Yes 0 O O 0 0 0 0 0 0 0 should not be included in these amounts. Cook Willow Convalescent Hospital, Inc. Name and Address of Lessor Name of Facility

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Total ***

% O

O Yes

^{*} Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

^{**} Attach copies of newly acquired leases.

^{***} Amount should agree to Page 22, Line 6e.

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Cook Willow Convalescent Hospit		9/30/2015		7	37
		t were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this		******			
F	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm				***	*****
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Craig J. Lubitski Consulting L	LC	225 Pitkin Street, East Hartford, CT 061			
2 Gene Prentiss, P.C.		25 North St., Bristol, CT 06010			
3 Honkam, Krueger					
4 A/R Solutions LLC 5		PO Box 592, Wallingford, CT 06492			
Services Provided by This Firm (de	escribe fully)				
1 Monthly bookkeeping, Cost Reporting	ng		\$	17,457	
2 Tax Services			\$	840	
3 Employer Tax Issues			\$	4,924	
4 A/R Services			\$	1,387	
5			\$		
			Charge for	Services Pro	ovided
			\$	24,608	
H .	nditure Portion of This Report?	If Yes, Specify Expense Classification and Line No.			
O Yes O No Legal Services Information	13/14				
Name of Legal Firm or Independen	nt Attorney		Telephone	Number	
1 Murtha Cullina			860-240-60		
2					
3					
4					
5		, , quant			
Address (No. & Street, City, State, City Place I, 185 Asylum St., 1					
2	•				
3					
4					
5					
Services Provided by This Firm (de	escribe fully)				*****
1 Collections			\$	13,309	
2			\$		
3			\$		
4			\$		
5			\$	~	., .
			1	Services Pro	ovided
			\$	13,309	
	nditure Portion of This Report?	If Yes, Specify Expense Classification and Line No.			
⊙ Yes O No	15/1e				

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

Schedule of Resident Statistics

Name of Facility			License No.	O			Report for	Report for Year Ended	g		Page	of
Cook Willow Convalescent Hospital, Inc.			99	932-C			9/30/2015				8	37
					I	eriod 10/	Period 10/1 Thru 6/30	30		Period 7/1 Thru 9/30	Thru 9/3	0
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	REINS	(Specify)
Certified Bed Capacity A. On last day of PREVIOUS report period	09	99			99	99			09	09		·
B. On last day of THIS report period	09	09			09	09			99	09		
1 🗎	\$\$	55			55	55			54	54		
	85	58			54	54			58	58		-
3. Total Number of Days Care Provided During Period												
A. Medicare	2,089	2,089			1,682	1,682			407	407		
B. Medicaid (Conn.)	15,413	15,413			11,497	11,497			3,916	3,916		-
C. Medicaid (other states)												
D. Private Pay	2,046	2,046			1,435	1,435			611	611		
E. State SSI for RCH												
F. Other (Specify) Insurance / Managed Care	790	790			644	644			146	146		
G. Total Care Days During Period (3A thru F)	20,338	20,338			15,258	15,258			5,080	5,080		
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved												٠
B. Other Bed Reserve Days								·				
5. Total Resident Days (3G + 4A + 4B)	20,338	20,338			15,258	15,258			5,080	5,080		

Schedule of Resident Statistics (Cont'd)

Name of Facil	lity			Licer	ise No.				-	for Year			Page	of
Cook Willow	Conval	escent F	Hospital, Inc.	9	32-C					9/30/201	5		9	37
			in the certified l		pacity du	iring t	he repo	ort yea	ır?	•	Yes	0	No	
H 1150			Change		Cl	iange	in Bed	s .		Ca	pacity Afte	r Change		
D.46		RHNS	(Specify)		Lost	lungo		Gaine						
Date of	CUNFI	KHNS	(Specify)		LASI				1					
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	r Change
	(-)	(-/	<u> </u>	`				` _	`					
			· · ·											
·						l .								
			in certified bed 90 days followi			g the r	report y	ear (a	s repor	ted in iter	n 4 above)	provide the nur	nber of	
			Change in R	esider	nt Days					CC	CNH	RHNS	(Spe	cify)
1st chan 2nd char														
3rd chan														
4th chan	ge	***												
6. Number	of Resi	dents an	d Rates on Sept	ember			ar				10.5		0.1 0.1	
			Medicare	1	Medi	caid		ļ		St	lf-Pay		Other Stat	e Assisted
				İ				İ						
											27.0	(0 '0)	ъсп	TOP IID
	Item		CCNH	9	CNH	R	HNS	C	CNH	Ri	INS	(Specify)	R.C.H.	ICF-IID
No. of R		3												
Per Dier a, One					100000000000000000000000000000000000000				300.00	3 parameter 2000 co		76		
b. Two)		t					270.00					
c. Three												- "		
bed														
										770	TD 4 T	CONT	DIDIG	(Cassifi)
			al Therapy Trea	tment	S					10	TAL 1,253	CCNH 1,253	RHNS	(Specify)
		are - Par	t B Jusive of Part B	``							1,233	1,233		_
В.		•	ce Treatments)										
			Treatments								492	492		
C	Other										6,256	6,256		
D	. Total	Physical	l Therapy Treat	ments	7					VIOLENCE STATE OF THE SECOND STATE OF THE SECO	8,001	8,001		
			h Therapy Treat	ments										
A	. Medic	are - Pa	rt B								112	112		
В			clusive of Part B	3)										
			Treatments											
	. Other	storative	Heatments								799	799		
$\frac{D}{D}$	Total	Speech	Therapy Treatn	nents						i	911	911		
			national Therapy		lments									
A	. Medic	are - Pa	rt B								1,112	1,112		Name of the second
В	. Medic	aid (Exc	clusive of Part F	3)										
			ce Treatments									271		
			Treatments	_							361 5,757	361 5,757		
<u>C</u>	. Other	Ocarre	tional Therapy	Tveat	ments					 	7,230	7,230		
	ara)	• 4::::1113/5	uonai ineradv	x i Cul.	11161113					1	,,	.,		1

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Report of Ex		- Salaire				
Name of Facility	License No.		Report for Year	Ended	Page	of
Cook Willow Convalescent Hospital, Inc.	932-C		9/30/2015		10	37
Are time records maintained by all individuals receiving co	mpensation?	•	Yes	0	No	
			Total Cost a	nd Hours		
	2863					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
 Operators/Owners (Complete also Sec. I 						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III	94,786	2,067				
of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV	54,760	2,007				
of Schedule A1)						
4. Other Administrative Salaries (telephone						16.5
operator, clerks, receptionists, etc.)	128,039	5,945				
5. Dietary Service						
a. Head Dietitian				-		
b. Food Service Supervisor	525 222,036	18,422				
c. Dietary Workers 6. Housekeeping Service	222,036	10,422	W. C.			
a. Head Housekeeper						
b. Other Housekeeping Workers	90,930	8,011				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance		0.700				
b. Other Maintenance Workers	54,418	3,790				
Laundry Service a. Supervisor						
b. Other Laundry Workers	61,449	4,775				
Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant				<u> </u>		1
b. Other Accountants 12. Professional Care of Residents						No.
a. Directors and Assistant Director of Nurses	84,391	2,021				
b. RN						
Direct Care	562,198					<u> </u>
2. Administrative**	110,532	3,002	9.			
c. LPN	270 027	12,390				
1. Direct Carc 2. Administrative**	270,937	12,390	,,			
d. Aides and Attendants	807,935	64,702	2			
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists	60.100	2.05				
h. Recreation Workers	53,176	3,052	31			
i. Physicians 1. Medical Director			2 23 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
2. Utilization Review		· · · · · · · · · · · · · · · · · · ·				
3. Resident Care***						
4. Other (Specify)						
		<u> </u>				1
j. Dentists		 	1			
k. Pharmacists 1. Podiatrists	 		 	-	<u> </u>	
m. Social Workers/Case Management	40,236	2,09	0			
n. Marketing						
o. Other (Specify)						
See Attached Schedule	24,797				 	-
A-13. Total Salary Expenditures	2,606,386	152,25	71	.l	<u> </u>	

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

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

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

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RE	INS	(Sp	ecify)
Position	\$	Hours	\$	Hours	\$	Hours
Unit Clerk	\$ 24,797	1,690		198 (47) (65) (63)		
	488888			#258 FC (4.8E	0.000.000.000.000	
	PP62 (300000 000000 00000		10.35 25 25 25 25	56.00		
		11 (1.5 of 16 of 1		1505-7-100-003-100-100-003-	200 200 200 200 200 200 200 200 200 200	
		0.0000000000000000000000000000000000000	50.50.00+6.00	55		
		7 (5 (5) (6) (6) (6)		£0.55.55.55.55		
				89 18 10 10 15		
		10 3 2 2 2	70.00.000.000.000		0.015110554.0558.055.05	
				-2010	1000 000 000 000	
			200			
		14.06 (4.05)	5 55 55 55 54 5	36.00	100 00 00 00 00	
		100 000 Sec. 03. 55			100000000000000000000000000000000000000	
		288 484 QB1 (\$4.184)	50.050.000.000.00	(68.00E) (50.00E) (50.00E)		
				100	3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
		0.0000000000000000000000000000000000000		1954 ST 1954 S		
Total	\$ 24,797	1,690	\$ -	· ·	\$ -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Schedule of Other Fees (Page 13)

	CC	NH	RH	NS	(Spe	cify)
Service	\$	Hours	\$	Hours	\$	Hours
		10.00			0.0000000000000000000000000000000000000	
			2 42 42 45 46 06	\$20 COLUMN COLUM	Fire us the	
		Ago (St. St. St. St.			0.000	
		5000000			2013 G 1015	
		(1) At (1) (1)			0.000	
		515 agains 100			2009h02900	* S. S. S. S. S. S. S. S. S. S. S. S. S.
		3.5.5.5.6.6				e os seccionados
			100 200 000	6 A E 5		1 (2007) 6
		3.40		(2-200-40-10-10-10-10-10-10-10-10-10-10-10-10-10	1000	2020/02/04/04
				20 12 12 12 12 12 12 12 12 12 12 12 12 12		3.036.036.03
				50 C C C C C C C C C C C C C C C C C C C		4.524.55
					00.0000.0000	85055-65
			12.65.00	######################################		
en en en en en en en en en en en en en e		380 ACC - COLLEGE 115	- 10 T T	E 40 00 00 00	100000000000000000000000000000000000000	5735 20 107 127
		32 (19 1.0)	100000000000000000000000000000000000000	500 Sec. 30 Cent		
	\$ -	150 180 100 100	\$ -	867 US 25 11 176 1	\$ -	
Total	3 -	ig agverage • va	<u> \$ </u>		\$ -	les es

State of Connecticut
Annual Report of Long-Term Care Facility
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Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

	-	7	Assistani	t Administra	Assistant Administrators and Other Kelated Parties:	Kelate	rarnes.			
Name of Facility	-			License No.		Report for	Report for Year Ended		Page	of
Cook Willow Convalescent Hospital, Inc.	ital, Inc.			932-C		9/30/2015			11	37
		Salary Paid	1							
		7 2 8	Ś	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHINS	(Specify)	(describe fully)	Services Rendered	Worked	rage 10	Other Employment**	Worked	Kecelved
Section I - Operators/Owners										
	· ·			·						
										-
										-
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Jennesa LeClair	59,539			Standard	Administrative Assistance	2,389 A4	A4			
Ernie LeClair	39,682			Standard	Maintenance	2,021 A75	A7b			
Walter MacDonald	8,175			Standard	Office, Housekeeping, Maintenance	563	563 A4, A6b, A7I			
				-						-
		,								

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

^{**} Include all employment worked during the cost year.

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*

	-	IJ.	SSISTALL	Auminisha	Assistant Auministrators and Other Inciated Lance	Noraco	בשווה ד			
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	jo
Cook Willow Convalescent Hospital, Inc.	tal, Inc.			932-C		9/30/2015			12	37
		Salary Paid	77							
				Fringe Benefits and/or Other		Total	Line Where		Total	
			<u>:</u>	Payments	Full Description of	Hours		Name and Address of All	Hours	Compensation
Name	CCNH	KHINS	(Specify)	(describe fully)	Services Kendered	Worked	Page 10	Other Employment**	worked	Keceived
Section III - Administrators***									,	
Susan MacDonald	94,786			Standard	Administrator	2,067 A2	A2			
	,									
							•			-
	-								1	
Section IV - Assistant										
Administrators										
										-
										٠
	-									
φντ 111 C 11 t	- ;		1 1	TT Reference of the	Land to the state of the state	1				

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

^{**} Include all other employment worked during the cost year.

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

B. Report of E		es - Proi			7	
Name of Facility	License No.	a	Report for Y	ear Ended	Page	of 1 27
Cook Willow Convalescent Hospital, Inc.	932	-C	9/30/2015	1.77	13	37
Philippe Annual parties and a property of the parties of the contract of the c			Total Cost	and Hours	1	!
		TT	DIDIO	77	(0:6)	TT
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee					100	
for service basis in lieu of salary						
(For all such services complete Schedule B1)	0.260	200				
1. Dietitian	9,360	208				
2. Dentist	6,060	96				
3. Pharmacist	4,387	.96			<u> </u>	
4. Podiatrist						
5. Physical Therapy	166 114	0.025				
a. Resident Care	166,114	2,835	<u> </u>			<u> </u>
b. Other	<u></u>					
6. Social Worker						
7. Recreation Worker						
8. Physicians	14.400	102				
a. Medical Director (entire facility)	14,400	102				
b. Utilization Review			CAN THE SECOND			
(Title 18 and 19 only) monthly meeting						
c. Resident Care**				To the second		
d. Administrative Services facility 1. Infection Control Committee						
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee		-	-			
(Once annually)						
e. Other (Specify)						
O Garage Thomasius						
Speech Therapist a. Resident Care	39,952	635	1			
b. Other	39,932	022	<u> </u>			
10. Occupational Therapist a. Resident Care	149,263	2,294				
b. Other	147,203	2,27				
11. Nurses and aides and attendants						
a. RN						
a. KN 1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***				1		
c. Aides						
d. Other		1			 	
12. Other (Specify)						
See Attached Schedule				Z 1230 200 200 200 200 200 200 200 200 200		
B-13 Total Fees Paid in Lieu of Salaries	389,535	6,266				
D-X3 FORM FEES FARM IN LIEU Of BURNIES	207,222	L	<u> </u>		<u> </u>	

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

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

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

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

Name of Facility	License No.		Report for Y	Year]	Ended	Page		of
Cook Willow Convalescent Hospital, Inc.	932-C		9/30/2015	,		14		37
Name & Address of Individual	Full Explanation of Service		to Owners, rs, Officers No		Expla	nation of	Relati	onship
Sheiri Lane CK-N MSRD, PO Box 82, Tariffville, CT	Dictary Consultant	0	•	N/A				
Dr. David Delucia, 134 Grandview Ave., Waterbury CT	Medical Director	0	•	N/A				
Medstat Pharmacy, 41 Northwest Drive, Plainville, CT	Pharmacy	0	•	N/A				
Health Drive Medical and Dental, 85 Barnes Rd., Suite 207, Wallingford, CT 06492	Podiatrist / Audiology / Hearing	0	0	N/A				
Preferred Therapy, 850 Silas Deanne Hwy., 2nd Fl., Wethersfield, CT 06109	PT, ST, OT	0	0	N/A				
Precision Rehab, 62 Ridge Road, Terryville, CT 06786	PT, ST, OT	0	· •	N/A			<u>.</u>	
		0	0					***
		0	• •					
		0	0					
		0	0					
		0	0					
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		0	0					
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		0	0					-2.0
		0	0					

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

Annual Report of Long-Term Care Facility CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	icense No.		Report for Ye	ear Ended	Page	of
Cook Willow Convalescent Hospital, Inc.	932-C	1	9/30/2015		15	37
Item			Tota l	CCNH	RHNS	(Specify)
1. Administrative and General						
a. Employee Health & Welfare Benefits						
Workmen's Compensation		\$	96,042	96,042		
2. Disability Insurance		\$				
3. Unemployment Insurance		\$	49,640	49,640		
4. Social Security (F.I.C.A.)		\$	197,115	197,115		
5. Health Insurance		\$	156,325	156,325		-
6. Life Insurance (employees only)						
(not-owners and not-operators)		\$	11,654	11,654		
7. Pensions (Non-Discriminatory)		\$	883	883		
(not-owners and not-operators)						
8. Uniform Allowance		\$				
9. Other (Specify)		\$				
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and		Total Control Control				
Operators (Discriminatory)*						
		<u>_</u>	(100)	(100)		
c. Bad Debts*		\$	(100)	(100)		
d. Accounting and Auditing	D 7)	\$	24,608	24,608		
e. Legal (Services should be fully described of	n Page 7)	\$ \$	13,309	13,309		
f. Insurance on Lives of Owners and		3	25,548	25,548		
Operators (Specify)*		6	r 200	5.200		
g. Office Supplies		\$	5,208	5,208		
h. Telephone and Cellular Phones		_d ,	C 054	6.054		
1. Telephone & Pagers		\$	6,954	6,954		
2. Cellular Phones		\$ \$	4,530	4,530		
i. Appraisal (Specify purpose and		ф				
attach copy)*						
j. Corporation Business Taxes (franchise tax		_\$				
k. Other Taxes (Not related to property - See	rage 22)	 dr				
1. Income*		<u>\$</u>	102	102		
2. Other (Specify)		Þ	102	102		
See Attached Schedule		φ.	260.602	160 627		
3. Resident Day User Fee		\$		368,627		
Subtotal		\$	960,444	960,444		

^{*} 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

Cook Willow Convalescent Hospital, Inc. 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
		et so so so	
		and the second s	
		10 (E)	
		200	
	2 9 2 10 2 10 6 7	Er fall o	48 (2)
		6 A	
			All Comments
	75 W 15 15 C 15 E 15		
			Carrier
			200 (200)
		State 10	
			APPLICATION STORY
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales tax adjustment	\$ 102	0 15 25 28 25 75 50 C	255255
	55.5		
	881 (20)		de estretistados. Talvalentos
		2017 S-100	2007 (no.)
Total	\$ 102	\$ -	\$ -

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Cook Willow Convalescent Hospital, Inc.	932-C		9/30/2015		16	37
Item			Total	CCNH	RHNS	(Specify)
Subtota	ls Brought Forward	d:	960,444	960,444		
1. Trayel and Entertainment						
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$	780	780		
3. Gifts to Staff and Residents		\$	6,943	6,943		-
4. Employee Travel		\$	3,618	3,618		
5. Education Expenses Related to Seminars an	d Conventions	\$	9,034	9,034		
6. Automobile Expense (not purchase or depr		\$	2,806	2,806		
7. Other (<i>Specify</i>)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense	s)	\$	1,001	1,001		
2. Advertising Telephone Directory (all such	expenses)***	\$				
3. Advertising Other (Specify)***		\$	3,648	3,648		INDICATED AND SALVER AND INVESTIGATION OF THE PROPERTY OF THE
See Attached Schedule						
4. Fund-Raising***		\$		<u></u>		
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service	is supplied	\$				
directly and not by contract or fee for service	ce)***					
7. Postage		\$	2,746	2,746		
* 8. Dues and Membership Fees to Professional		\$	2,388	2,388		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	.llowable Org.***	\$				
9. Subscriptions		\$	60	60		
10. Contributions***		\$	1,650	1,650		
See Attached Schedule						
11. Services Provided by Contract (Specify and		\$	2,695	2,695		
Schedule C-2, Page 21 for each firm or ind	ividual)					
12. Administrative Management Services**		\$				
13. Other (Specify)		\$	56,732	56,732		
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	1,054,544	1,054,544		

^{*} 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)
	\$35.550 S\$3.6646		4.68 % 82.5
	\$4.880.884.1584.X	358-35 VQ-460	8.00000000000
		435 XXV (\$116)	15.0500000000
			0.000,000,000
	19490 BB (8848		54-55-50-56-5
	Andreas	64465.6446	\$4.055.050.054VB
	(6) (5) (5)	488.45 (81.26)	
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS.	(Specify)
Advertising/Marketing	\$ 3,648		Assessment Burn
	STAGESTANIS IN	encys of the	20.00 S 05.1
		4	40-40 (CC) (CA) (A
Total Other Advertising	\$ 3,648	\$ -	\$ -

Schedule of Dues

Description	CCNII	RHNS	(Specify)
CAHCF	\$ 1,888	100000000000000000000000000000000000000	
AANAC	s 110		50,504,040,000
ALTOFM	\$ 80		
ACHA	\$ 310	(4504) **** (2504) \$	
		20 6 20 63	
	200		100 450 200 200 200
	-		
and the state of t	CE 100 (00 (00 (00 (00 (00 (00 (00 (00 (00		construction and additional
	100000000000000000000000000000000000000		
	50 S. S. S. S. S. S. S. S. S. S. S. S. S.	100 v 70 v 100 se	200300000000000000000000000000000000000
Total Dues	\$ 2,388	\$	S

Schedule of Contributions

Description	CCNII	RHNS	(Specify)
Donation	\$ 1,650	7.00 L 10 S 10 S 10 S 10 S 10 S 10 S 10 S	2 - 3 - 3 - 3 - 3 - 3 - 4 - 4 - 4 - 4 - 4
	7 7 F140 5	00 08: EXCHERN	SHANGENESSE
Tetal Centributions	\$ 1,650	\$ -	\$

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Consultant	\$ 8,284		545 (325 b) (325 c)
Computer Expense	\$ 25,701		
Licenses, Fees	\$ 1,695		
Late Charges	\$ 10,348	W. Else G	
Bank Charges	\$ 1,492	20,000,000	
Other Administrative	\$ (2,457)		39.9
Payroll Processing	\$ 11,669		
	50005		
200 C	2000 (B) (B) (C) (C) (C)	2864100 (SS 05)	
1 (10 kg) 1 (1 kg) 1 (1 kg) 1 (1 kg) 1 (1 kg) 1 (1 kg) 1 (1 kg) 1 (1 kg) 1 (1 kg) 1 (1 kg) 1 (1 kg) 1 (1 kg) 1	3 Sec. 1987 1988 1988 1989 1989 1989 1989 1989		200000000000000000000000000000000000000
200 mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 2 9	The Control of	33 69 566
Total Other Administrative and General	\$ 56,732	\$	\$ -

Schedule C-1 - Management Services*

Name of Facility Cook Willow Convalescent Hospital, Inc	License No. 932-C	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 #
N/A			

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

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

				rage 5)			1-2	
	ne of Facility	1	License		Report for Y		Page	of
Coo	k Willow Convalescent Hospital, Inc.			932-C	9/30/2015		18	37
	Item			Total	CCNH	RHNS	(S _I	ecify)
2.	Dietary							
	a. In-House Preparation & Service							
	1. Raw Food		\$	162,846	162,846			
	2. Non-Food Supplies		\$	22,480	22,480			
	3. Other (Specify)		\$	134,052	134,052			
	Cook Willow Only Food (non-Meals	on W	Theels)					
-								
	b. Purchased Services (by contract other		\$					
	than through Management Services)						100	
	(Complete Schedule C-2 att. Page 21)					100		
	c. Management Services**		\$					
	d. Other (Specify)		\$					
2E.	Total Dietary Expenditures (2a + b + c + d)		\$	319,378	319,378			
οT	District Constitutions			Total	CCNH	RHNS	(Sı	ecify)
	Dietary Questionnaire		.1.	10141	CCMI	i King	(6)	JCC11y)
G.	Resident Meals: Total no. of meals served per							
H.	Is cost of employee meals included in 2E?	<u> </u>	Yes		No			
I.	Did you receive revenue from employees?	0	Yes		No	If yes, specify		
1,						amt.		
J.	Where is the revenue received reported in the	Cost	t Repor	t? (Page/Line	Item)			
	Is cost of meals provided to persons other					If yes, specify		
K.	than employees or residents (i.e., Board	① `	Yes	0	No	cost.		
	Members, Guests) included in 2E?					COSt.		
_		•	X7		NI.	If yes, specify		\$102,408
L.	Is any revenue collected from these people?	①	y es	O	No	amt.		\$102,400
M.	Where is the revenue received reported in the	Cost	t Repor	t? (Page/Line	Item)		30/IV1	
	Is cost of food (other than meals, e.g.,						***	
l	snacks at monthly staff meetings, board		×7	^	N.,	If yes, specify		
N.	meetings) provided to employees included	•	Yes	O	No	cost.		
	in 2E?							
						If yes, specify		
Ο.	Is any revenue collected from employees?	0	Yes	•	No	amt.		
			(D)	40. (D /r·	Tt\			
Ρ.	Where is the revenue received reported in the	Cost	і кероі	ii (Page/Line	цешј			

^{*} 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 Cook Willow Convalescent Hospital, Inc.	License	No. 32-C	Report for Y 9/30/2015	ear Ended	Page 19	of 37
Cook whow convaiescent Hospital, me.	<u> </u>	<u> </u>	3.00			I
Item		Total	CCNH	RHNS	(S ₁	pecify)
Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.					
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	754	754	-		
 Employee items including uniforms, gowns, etc. washed, ironed and/or 	Lbs.					
processed.***	Amt. \$		·			
3. Personal clothing of residents	Lbs.					
washed, ironed, and/or processed.***	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**	\$ \$	0.740	9,749			
d. Other (Specify)	2	9,749	9,749			
Laundry Supplies 3E. Total Laundry Expenditures (3a + b + c + d)	\$	10,503	10,503			
3F. Laundry Questionnaire						• •
	Yes	0	No	If yes, specify cost.		
H. Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.		
I. Where is the revenue received reported in the Cos	t Report?		(Page/Line	Item)		
In Cost of laundry provided to persons other	Yes		No	If yes, specify cost.		
K. Did you receive revenue from these people? O	Yes		No	If yes, _ specify amt.		
L. Where is the revenue received reported in the Cos	t Report?		(Page/Line	tem)		

^{*} 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.	Repo	ort for Year E	nded	Page	of
Cook Willow Convalescent Hospital, Inc.	932-C		9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel	-				
1. Supplies - Cleaning (Mops, pails, brooms, etc.)	Amt.	\$	24,355	24,355		
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel	l				
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)						
c. Management Services*		\$				
d. Other (Specify)		\$				
4E. Total Housekeeping Expenditures (4a	+ b + c + d)	\$	24,355	24,355		
5. Resident Care (Supplies)**				La Campan		VENEZO (10.00)
a. Prescription Drugs***						
Own Pharmacy		\$				
2. Purchased from		\$	104,205	104,205	TOTAL CONTROL OF THE STATE OF T	
Value Health Care		-				
b. Medicine Cabinet Drugs		\$	20,063	20,063		
c. Medical and Therapeutic Supplies		\$	103,090	103,090	· · · · · · · · · · · · · · · · · · ·	
d. Ambulance/Limousine***		\$				
e. Oxygen		Ī				
For Emergency Use		\$				
2. Other***		\$	1,793	1,793		
f. X-rays and Related Radiological		\$	2,555	2,555		
Procedures***						
g. Dental (Not dentists who should be in	cluded under	\$				
salaries or fees)						
h. Laboratory***		\$				
i. Recreation		\$	9,578	9,578		
j. Other (Specify)****		\$	24,330	24,330		
See Attached Schedule						
5K. Total Resident Care Expenditures (5a -		\$	265,704	265,704		.l

^{*} 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)
IV Therapy Expense	\$ 5,485		
Outside Med Services Med A	\$ 16,549		5 5 5 5 5 5 5 5 5
Med Supplies Medicare A	\$ 1,467		
Social Service	\$ 829		
		0.00	Situação em solvento
		100	
			2, 12 (27.2)
			Control of the contro
		6100	2 2 2
		123	
			201-1-10 (2010)
			Strategic Strate
Total Other Resident Care	\$ 24,330	\$ -	\$ -

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Annual Report of Long-Term Care Facility
CSP-21 Rev. 10/2001

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

Pull Explanation of Full Explanation of Relationship Pull Explanation of Relationship Service Provided* CCNH RFINS Specify) Pg Lin Pull Explanation of Relationship Service Provided* CCNH RFINS Specify) Pg Lin Pull Explanation of Relationship Service Provided* CCNH RFINS Specify) Pg Lin Pull Explanation of Pull Explanation of Relationship Pg Lin Pull Explanation of Pull Explanation	1231	Name of Facility Cook Willow Convalescent Hospital, Inc.			License No. 932-C	Report for Year Ended 9/30/2015	7.			Page 21	of 37
Explanation of Rull Explanation of Service Provided* CCNH RHNS (Specify) Pg Se		Related ** Operators	ی ک∔ ∣	o Owners, Officers				Total Cost	Page Ref.***	3 2	
	Address	Yes		N _o	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	REINS	(Specify)		Line
	0	0		0							
	0	0		0	· · · · · · · · · · · · · · · · · · ·						
	0	0		0							
	0	0		0							
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	0	0		0							
	0	0		0							
0 0	0	0		0							
0	0	0		0							
	0	0		0							l

^{*} 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 Y	ear Ended		Page	of
Cook Willow Convalescent Hospital, Inc. 932-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specif	y)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 36,386	36,386			
b. Heat	\$ 28,531	28,531		:-	
c. Light & Power	\$ 57,528	57,528			
d. Water	\$ 38,103	38,103			·
e. Equipment Lease (Provide detail on page 6)	\$				
f. Other (itemize)	\$ 21,264	21,264			
See Attached Schedule	100				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 181,813	181,813			
7. Depreciation (complete schedule page 23*)					
a. Land Improvements	\$ 51	51			
b. Building & Building Improvements	\$ 144,613	144,613			
c. Non-Movable Equipment	\$ 5,527	5,527			
d. Movable Equipment	\$ 31,931	31,931			
*7e. Total Depreciation Costs (7a+b+c+d)	\$ 182,122	182,122			
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$ ·				
b. Mortgage Expense	\$ 27,779	27,779			
c. Leasehold Improvements	\$ 4,770	4,770			
d. Other (Specify)	\$ 				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 32,549	32,549			
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$ 524,000	524,000			
10. Property Taxes					
a. Real estate taxes paid by owner	\$ 74,780	74,780			
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$ 7,454	7,454			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 820,905	820,905			

^{*} 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)
Garbologist	\$ 12,518		2 (2-1
Ground Maintenance	\$ 8,746		
	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
			5 7 7
			i Sa
ALONES.			
		100	
	The state of the second		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	With the second	
			S RECOGNADO COMO SE SE SE SE SE SE SE SE SE SE SE SE SE
		Paris Control	
Total Other Repairs and Maintenance	\$ 21,264	\$ -	\$

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

Depreciation Schedule

							ŝ	
Name of Facility	License No.			Keport for Year Ended	nded		rage	o l
Cook Willow Convalescent Hospital, Inc.	932-C	C		9/30/2015			7.3	3/
	Historical			Accumulated				
	Cost	Less		Depreciation to	Method of			
	Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totais
A. Land Improvements					-			
1. Acquired prior to this report period	3,509		3,509	3,115	SL	10	51	
2. Disposals (attach schedule)								
A_4 Subtotal								51
B. Building and Building Improvements								
	5,413,714		5,413,714	3,631,638	SL	Var	144,613	
					-			
								144,613
C Non-Movable Equipment								
	60,081		60,081	38,589	SL	3	4,922	
2. Disposais (attach schedule)								
3. Acquired during this report period (attach schedule)	7,860						605	
C-4. Subtotal								5,527
Is a mileage logbook Date of maintained? Acquisition	Historical	35 6 . [Accumulated Degreciation to	Method of			
\bot	Durolandian of	Colvoor	Cot to Be	Beginning of	Compating	Trefit	Depreciation	
Yes No Month Year		Value	Depreciated	Year's Operations			for This Year	Totals
D. Movable Equipment								
1. Motor Vehicles (Specify name, model								
	00000		30 30	017.00	51			
2005 Chevy Traublazer	20,510		44.851	20,010		3 14	3.738	
D. 2014 Folia Exploret	10041							
C.								
2. Movable Equipment								
a. Acquired prior to this report period	609,310		609,310	482,886	SI	Var	27,014	
b. Disposals (attach schedule)								
c. Acquired during this report period					T.			
(attach schedule)	9,551		-				1,179	
D-3. Subtotal								31,931
E. Total Depreciation								182,122

Cook Willow Convalescent Hospital, Inc. 9/30/2015

Schedule of Land Improvements Acquired during this report period

	ns Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
	45 25 4 25 4 25 4 25 4 25 4 25 4 25 4 2		3.90.03.65(8)	
2272				1,541,541,51
			10.000000000000000000000000000000000000	100 N - 20 N
			5. 100 020 000 000	0.0000000000000000000000000000000000000
		200000000000000000000000000000000000000	20 00 00 00 00 00	V/800-4250036-V00
Total additions for Land Impr	ovements	\$ -	20.00	\$ -
Deletions:				
		30.550.650.460 PH.54-4		
researce		STATES STATES		2000 A
8.25.25 (0.00)			2 An October 1985	v251251513
		60.25 (60.65) Since (20.5)	- 300 (51, 657, 588)	
				0.00
			1 10 10 13 13	
Total deletions for Land Impr	ovements	- \$ -	to several day	\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

	rements Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
A STATE OF THE STA				
AND THE PROPERTY OF THE PROPER				
			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2.68. 100.161.161.1
otal additions for Building	Improvements	S		\$ -
Deletions:				
		3.5 6 5 6 6		45.45.72.55
A A BOOK STANDARD CONTRACTOR				200 Sec. 65.05
	and the second s	Control of the second	500000000000000000000000000000000000000	and the second
		50 (00 (00 (00 (00 (00 (00 (00 (00 (00 (2000 0000000000000000000000000000000000	00300400500E
		100000000000000000000000000000000000000		Company of the Co
l'otal deletions for Building	Improvements	\$ -	5 5 6 5 6 6 5 6	\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Soportprish of the			
11/17/2014	Dishwasher Motor	2,315	- 5	424
5/15/2015	Shed Shed	4,000	10	142
7/1/2015	Compressor Replacement	1,545	10	39
100 CE 1020 EG 100CE				1035-53-53-53-53
The state of the s	200 TETRADO - 120 CONTROL TETRA - 120 CONTROL			
		The second second		
Total additions for	Non-Movable Equipment	\$ 7,860		\$ 605
Deletions:				
8.5 6.5		Avan samanara	eraja (s. deroja).	25 (50.05), 36-3
		5.50 (4.6)	9 (50 (50 (52) 45) A	2.490.000.000.0000
9472 NOT 26 FEE 18		S125 150 (S. 16)	0.000,000,000,000,000	44.5.2.2.3
1988 (4)		2.3.2		
		and the second		
5-09-5: 00-65-5				1.52 (W. 45 A) (1
Total deletions for	Non-Movable Equipment	\$ -		\$ -

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

			Oscial	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Var	Kitchen Equipment	1,476	5	142
Var	Chairs	6,269	5	736
Var	Computers	1,806	5	301
<u></u>		200	E 450 min 100 min 1	
\$1.00 to 120 per second	y control of the cont		3 (24 (25 (25 (25 (25 (25 (25 (25 (25 (25 (25	
Total additions fo	r Movable Equipment	\$ 9,551		\$ 1,179
Deletions:				
		8 84495 (Strain see	hely Cause and	10 No. 10 May 25 L
			\$ 150 EEEE 150 150 150 150 150 150 150 150 150 150	
		8 2000 S 455 SS		30 90 50 50 5
			2 19 20 30 20	300000
Total deletions for	Movable Equipment	\$	2.000 020 000 000	\$ -

^{*}Ties to Page 23, Line D2c **Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/30/2014	Glass Dividers	\$ 2,388	10	\$ 239
20 20 CH S. C.				100000000000000000000000000000000000000
		\$145-2450-00 and		
复形 医多数菌素		G260 G0 G0		0.000
V 70 0 0 0 0 0 0		Series on the		5 3 S E E
Total additions for I	Leasehold Improvement	\$ 2,388		\$ 239
Deletions:				
		E - 50 0 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
		PA 400 (10) 150 (15)		
		5.45.55.65.55		
55. SECTION SECTION 54.50		50 (Selection 1994)	90.000	
Total deletions for I	easchold Improvement	\$ -	0.000.000.000.000	\$ -

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

Nan	Name of Facility		License No.		Report for Year Ended	r Ended		Page	of
၀	Cook Willow Convalescent Hospital, Inc.		932-C		9/30/2015			24	37
					Accumulated				
		Date of			Amort. to				
		Acquisition			Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate /	Rate Amortization	
	Item	Month Year	Amortization	Amortized	Operations	Amortization**	¥ %	for This Year	Totals
Ą	Organization Expense								
	1.								
	2.								
	3.								
A-4.	. Subtotal								
<u>м</u>	Mortgage Expense								
	1. HUD Mortgage Aq Fees - New	9 2001	2001 30 yrs	329,805	143,830			10,994	
	2. HUD Mortgage Aq Fees - Extension	9 2001	2001 30 yrs	453,482	197,768			15,116	
	3. Extension Fees	12 2002	2002 30 yrs	50,070	21,279			1,669	
B-4.	. Subtotal								27,779
ن ن	Leasehold Improvements and Other								
	1. Acquired prior to this report period			132,867	89,810 SL	$_{ m SL}$		4,531	
	2. Disposals (attach schedule)					-			
	3. Acquired during this report period								
	(attach schedule)			2,388				239	
C-4	C-4. Subtotal								4,770
D.	Total Amortization								32,549

* 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	License No.	Report for Year En	ded		Page of
Cook Willow Convalescent Hospital,	932-C	9/30/2015			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the		⊙ Yes	0	NA	If "Yes," complete Part B.
or leased from a Related Party?*				110	If "No," complete Part C.
*If any owner or operator of this fa					
business association to any person a related party transaction.	or organization from w	nom buildings are leased, in	en it is considered		
Description		Total	4.7.39.19		
Date Land Purchased		07/30/74			
2. Date Structure Completed		07/30/74			
3. If NOT Original Owner, Dat	e of Purchase				
4. Date of Initial Licensure		07/30/74			
5. Total Licensed Bed Capacity	<i>T</i>	60			
6. Square Footage 7. Acquisition Cost	· ·	34,196			
a. Land		19,780			
b. Building		95,220			
Part B - Owner and Related Pa	arties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing			1000		
a. Type of Financing (e.g., f	fixed, variable)	Fixed			-
b. Date Mortgage Obtained		08/20/10			
c. Interest Rate for the Cost		4.85%			
d. Term of Mortgage (numb		27			
e. Amount of Principal Born	······································	3,987,600 3,576,621			
f. Principal balance outstan		3,370,021		Statistics were	
Complete if Mortgage was During Current Cost Y					
g. Type of Financing (e.g.,				Company Commission of the Comm	
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (numb					
k. Amount of Principal Born					
I. Principal Outstanding on					
Part C - Arms-Length Leas				lm er	
Name and Address of Lesso	OI	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
				<u> </u>	

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 Yes	Page of		
Cook Willow Convalescent Hospital, 932-C		9/30/2015			26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable	•				
Equipment					
First Mortgage Name of Lender	\$ Rate				
Name of Lender	Rate				Fried Block by
Address of Lender	<u> </u>				
Second Mortgage	\$				The state of the s
Name of Lender	Rate				
Address of Lender				1.10	
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender	l				
4. Fourth Mortgage	\$				
Name of Lender	Rate	- No. 16		1168 (128)	
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					The state of the s
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 N	Vo.			Report for Year Ended			of
Cook Willow Convalescent Hospit 933	2-C		9/30/2015			27	37
<u>.</u>			m . 1	COLU	DIDIG	(0	
Item	. 1 15	1.15	Total	CCNH	RHNS	(Spe	city)
	otals Brot	ight Forward;					
12. C. Movable Equipment		dr	42.6	436			
1. Automotive Equipment	D-4-	\$	436	430			
A. Item Huntington National Bank	Rate	Amount					
Lender							
Address of Lender							
2. Other (Specify)		\$					
2. Other (Specify) A. Item	Rate	Amount					
Lender							
Address of Lender							
Address of Lender							
B. Item	Rate	Amount					
Lender		<u> </u>					
Address of Lender							
12. C. 3. Total Movable Equipment Inter	est		3777798		And the second		
Expense $(C1 + 2)$		\$	436	436	·		
12. D. Other Interest Expense (Specify)		\$	2,509	2,509			
Misc. Interest Expense							
13. Total All Interest Expense (12B7 + 12	C3 + 12D)\$	2,945	2,945			
14. Insurance				/		}	
a. Insurance on Property (buildings o	nly)	\$		63,485		}	
b. Insurance on Automobiles		\$	772	772			
c. Insurance other than Property (as s							
Umbrella (<i>Blanket Coverage</i>) Fire and Extended Coverage		\$.).				
3. Other (Specify)		Ф \$				1	
5. Onioi (specify)		Ψ					
14d. Total Insurance Expenditures (14a +	b+c)	\$	64,257	64,257	The state of the s		
15. Total All Expenditures (A-13 thru C-1		\$	5,740,324	5,740,324			

D. Adjustments to Statement of Expenditures

Name	e of Fa	cility		Lie	cense No.	Report for Yea	ır Ended	Page	of
Cook	Willo	w Co	nvalescent Hospital, Inc.	<u> </u>	932-C	9/30/2015		28	37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	cify)
Page	10 - S	alari	es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$				ļ	
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$					
Page	13 - I	rofes	sional Fees					150000000000000000000000000000000000000	
5.			Resident Care Physicians **	\$					
6.	13	B10a	Occupational Therapy	\$	149,263	149,263			
7.			Other - See attached Schedule	\$					
Page.	s 15 &	: 16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$		(100)			
10.	15	le	Accounting & Legal	\$	13,309	13,309			4.000
11.			Telephone	\$					
12.	15	1h2	Cellular Telephone	\$	3,450	3,450			(1)
13.	15	1f	Life insurance premiums on the life		4. 4. 6.000				
•			of Owners, Partners, Operators	\$	25,548	25,548			
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					La const	
			conferences or seminars outside the						
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$			\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{		
17.	16	16	Automobile Expense (e.g. personal use)	\$	2,806	2,806			
18.	16	m3	Unallowable Advertising *	\$	3,648	3,648			
19.			Income Tax / Corporate Business Tax	\$					
20.	16	m10	Fund Raising / Contributions	\$	1,650	1,650			
21.		— —	Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.	<u> </u>		Other - See attached Schedule	\$	8,051	8,051			
		Dietar	y Expenditures						
24.		2a	Meals to employees, guests and others			Out have seen			
			who are not residents	\$	52,735	52,735		<u> </u>	
Page	19 - 1	Launa	lry Expenditures						
25.		T	Laundry services to employees, guests						
			and others who are not residents	\$			701		
Paga	20 -	House	ekeeping Expenditures						
26.			Housekeeping services to employees, guests						
20,	Ί		and others who are not residents	\$					
<u> </u>	1		Subtotal (Items 1 - 26) \$	260,360	260,360			
			Datatat (110tha 1 20	, 4		any Subtotal fa	¥ .		

^{*} 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)
Serie de la				
2 (S. C.)			0.000	29.45.43.83.65.64.65.6
200100000000000000000000000000000000000				
STATE OF STATE				
				20.00
92598-458-5725				
				5- (25 c) (4-) (71 c) (6 77 - 6 7
Total Othe	r Salaries Adjustment	\$	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
					8,91 % 37 6 9
0.0000000000000000000000000000000000000			200		
1 00 00 14 4				100 000 000 000 000 000 000 000 000 000	
			200000	1 1 1 1 1 E	5.15
5 60 00 00	1996 TO 150 TO			2.25	
					88 Maria
	16 E S		5 N 30 S 50	200 AND AND	
Total Othe	r Fees Adj	ustments	\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Linc Ref	Description	CCNH	RHNS	(Specify)
16	m13	Late Charges	\$ 9,548		
Transferrance to the production of	18 CHARLES - 18 CONTROL OF STREET	Other Administrative	\$ (2,457)		
16	m13	Penalties	\$ 800		A 3 (5) (C) (2)
The Contract Contract Contract Contract	Conclusion and the Conclusion	Misc. Income	\$ 159	45.002	5 S 2 Hz 3
36.03.53.53			20.000 max	52,52	200 (200 (200 (200 (200 (200 (200 (200
	\$ 65.50£		2332		OMBOSICS -
Total Otho	er A&G Ac	ljustments	\$ 8,051	\$ -	\$ -

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

Cook Willow Convalescent Hospital, Inc.		D. Adjustments to Statement of Expenditures (contra)									
Item Page Line No. Subtotals Brought Forward \$ 260,360 2					Lic					of	
Item Page Line No. No. No. Item Description Subtotals Brought Forward \$ 260,360 260,36	Cook	Willo	w Co	nvalescent Hospital, Inc.			9/30/2015		29	37	
No. No. No. No. Item Description Decrease CCNH RHNS (Specify)											
Subtotals Brought Forward \$ 260,360 260,360	Item										
Page 20 - Resident Care Supplies *** 20 5a2 Prescription Drugs \$ 104,205 104,205	No.	No.	No.					RHNS	(Spe	ecify)	
27, 20 5a2 Prescription Drugs \$ 104,205					\$	260,360	260,360				
28.	Page	20 - J									
29, 20 5f X-rays, etc \$ 2,555 2,555 3 30 20 5h Laboratory \$ 89 89 89 31 Medical Supplies \$	27.	20	5a2			104,205	104,205				
30, 20 5h Laboratory \$ 89 89 89 31.	28.			Ambulance/Limousine							
31.	29.	20	5f	X-rays, etc		2,555	2,555				
32. 20 5e2 Oxygen (non emergency) \$ 1,793 1,793 33. Occupational Therapy \$ 23,501 Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 36. 22 7d Depreciation on Unallowable Motor Vehicles \$ 3,738 3,738 3,738 37. 22/27 Unallowable Property and Real Estate Taxes \$ 4,689 4,689 4,689 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ 7,229 7,229 Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ 44. Property Insurance \$ 44. Vending Machine Revenue \$ 44. Vending Machine Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only See Attached Schedule \$ Not For Profit Providers Only See Attached Schedule \$ Not For Profit Providers Only See Attached Schedule \$ See Attached Schedule \$ Not For Profit Providers Only See Attached Schedule \$ 30.	20	5h .	Laboratory	_	. 89	. 89.					
33. Occupational Therapy \$ 34. Other - Sec Attached Schedule \$ 23,501 23,501	31.			Medical Supplies							
34. Other - See Attached Schedule \$ 23,501 23,501 Page 22 - Maintenance and Property	32.	20	5e2	Oxygen (non emergency)	\$	1,793	1,793				
Page 22 - Maintenance and Property 35.	33.			Occupational Therapy	\$						
Excess Movable Equipment Depreciation See Attached Schedule \$	34.			Other - See Attached Schedule	\$	23,501	23,501				
See Attached Schedule 36. 22 7d Depreciation on Unallowable Motor Vehicles 37. 22/27 Unallowable Property and Real Estate Taxes 38. Rental of Building Space or Rooms 39. Other - See Attached Schedule 40. Mortgage Insurance 40. Mortgage Insurance 41. Property Insurance 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 Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ 3,738	Page	22 - A	Maint	enance and Property							
36. 22 7d Depreciation on Unallowable Motor Vehicles \$ 3,738	35.			Excess Movable Equipment Depreciation			<u> </u>				
Motor Vehicles	Ì			See Attached Schedule	\$						
Motor Vehicles	36.	22	7d	Depreciation on Unallowable							
Estate Taxes					\$	3,738	3,738				
Estate Taxes	37.	22/27		Unallowable Property and Real							
38. Rental of Building Space or Rooms \$				_ · ·	\$	4,689	4,689				
39. Other - See Attached Schedule \$ 7,229 7,229	38.				\$						
Page 27 - Insurance 40. Mortgage Insurance \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			l -		\$	7,229	7,229				
40. Mortgage Insurance \$ 41. Property Insurance \$ 5	Page	27 - 1	nsure	ınce							
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 \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$					-\$			-			
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 \$ Not For Profit Providers Only \$ 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	41.				\$						
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 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Othe	r - Mi	scella								
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 \$ \$ Not For Profit Providers Only \$ 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	$\overline{}$				\$						
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 \$ Not For Profit Providers Only \$ 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ \$ 49. See Attached Schedule \$ 49. See Attached Schedule \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1			7	\$				<u> </u>		
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 \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$		1		Vending Machine Revenue	\$						
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 \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$		 		Duplications of functions or services	\$						
enhancement or promotion of the providers interest \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			<u> </u>	2	•						
48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$		1		1 - "							
48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - Sce Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$		İ			\$						
49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	48			1	\$						
costs unrelated to resident care) - Sce Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$			T								
Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ See Attached Schedule	'				•						
Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$		1		1	\$						
50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	Not	For P	rofit F	<u> </u>							
Unallowable Building Interest - See Attached Schedule \$			1								
See Attached Schedule \$	30.										
				_	\$						
1 1001 200.130 TUO.130 100.130 100.130 1	51	Tota	I Ama		- \$	408,158	408,158				

^{***} 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.

Cook Willow Convalescent Hospital, Inc. 9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5ì	IV Therapy Expense	\$ 5,485		
20		Outside Med Services Med A	\$ 16,549		
20	are constituted and discussion for both	Med Supply Med A	\$ 1,467		
	60 600 600 600 8 88 89 60				62,000,000,000
54 85 AA 555					
	SVENST NO			0 04 57 6 00.	
	9.025.000.000				
	50 50 15 00 00 00 00 00 00 00 00 00 00 00 00 00				
	5 50 30 500		500 80 80 80 84	ASSOCIATION OF THE PROPERTY OF	
Total Othe	r Ancillar	y Costs	\$ 23,501	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			2.20		
					64
			0.70 72 = 0.00		
	12.05				(2) (2) (2) (3) (3) (3)
10.000,630,530					
			5 30 20 50 10 31		27.45.22.22.22.22
	7.050 (SMA)				
Total Exce	ss Movabl	e Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22		Apartment Allocation	\$ 5,808		
22	and the second state of the second state	MOW Allocation	\$ 649		
27	100.00.00	Motor Vehicle Insurance	\$ 772		
(6.50)	100000				(5) (5) (6) (6) (6)
100000000000000000000000000000000000000					and the second
P 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1.040.000.000				
	A				
				5 0 2 26 3	
D 100 00 1					
Total Othe	r Pronerts	Adjustments	\$ 7,229	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			Social Company Company		Znastos as
200000000000000000000000000000000000000	Service				
				75-69 100-65 200-65	
40.00					
	6.8.00			8 8 8 8 8 9	
\$2000 P. 650	30423500				
	200200000000000000000000000000000000000			2012/05/05/05/05	
			A Province (Section 1985)	Security of the Security	
	\$ 52 SEES	201000000000000000000000000000000000000		62 65 66 HB 666 86	
			0 20 5 30 5 5	12-00 s 25140 je	Gregoria de la
Total Othe	r Adiustm	ents	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
28.250 (A) (A)		Aug Personal Commencer	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
84573.59	6 888 8580		900000000000000000000000000000000000000		
	SAME AGENCES				(5) (6) (7)
steelida tali isaa			0.0000000000000000000000000000000000000		#2550 ST 12
200000000000000000000000000000000000000					Appendix of the control of the contr
8020.8000			30.00 PS (45.05.05		484 665 08 08 08
2000 EAST					868346
544687/504-50	comideiras			500200000000000	120 March (8-10)
Y-15153-12-15-15				A - 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5. Carson (C.					
Total Una	lowable B	uilding Interest	\$ -	\$ -	\$

Cook Willow Convalescent Hospital 9/30/2015 Apartment Calculation

Apartment Allocation Percentage

Total Square Apartment S Apartment S	42,541 1,990 4.68%	
Expenses		
A&G	Heat	28,531
	Light and Power	57,528
	Water	38,103
	Total	124,162
	Apartment Allocation	4.68%
	Unallowable Amount	5,808
Capital		
	Property Insurance Only (No Liab)	15,398
	Real Estate Taxes	74,780
	Total	90,178
	Apartment Amount	4.68%
	Unallowable Amount	4,218
Total Disallo	owed Expenses	10,026

Cook Willow Convalescent Hospital 9/30/2015

Meals On Wheels Calculation

Calculation of	Meals	
Facility Pacidont Dave		20,338
Resident Days Meals per day		3
Meals per yea		61,014
Employee mea	• •	14,320
MOW meals p	•	35,365
2 snacks equa	l 1 meal per year	20,338
Total dietary r	meals per year	131,037
Total Square F	Footage of Facility	40,551
Square Footag	ge of the Kitchen	824
Kitchen Space	as a % of Total Space	2.03%
Total meals se	erved	131,037
MOW meals		35,365
MOW as % of	dietary	26.99%
MOW Allocati	on of Kitchen Space	0.55%
Expenses		
A&G	Heat	28,531
	Light and Power	57,528
	Water	38,103
	Less: Apartment Allocation	(5,808)
	Total	118,354
	MOW Allocation	0.55%
	Unallowable Amount	649
Capital	Property Insurance	15,398
	Real Estate Taxes	74,780
	Less Apartment Amount	(4,218)
	Total .	85,960
	MOW Allocation	0.55%
	Unallowable Amount	471
Diretary	1/2 Cook & 1 Aide @ Ave Wage	32,552
•	Dietary Fringes	19.63%
	Raw Food	162,846
	Total	195,398
	Meal Served Allocation	26.99%
		52,735
Total Disallow	vance Expenses	53,856
	*Fringe benefit calculation:	
	Total Fringe	511,659
	Total Salaries	2,606,386
		19.63%

F. Statement of Revenue

Name of Facility License No.			ear Finded		Page o	f
Cook Willow Convalescent Hospital, Inc 932-C		Report for Year Ended 9/30/2015			30 37	
COOK WHOW CONVAICSCENT TROSPINA, INC 732-C		7/30/2013			30 21	_
Thomas		Total	CCNH	RHNS	(Specify)	
Item I. Resident Room, Board & Routine Care Revenue		10(a)	CCIVII	KHINB	(бреспу)	
	ф	1025.640	4.025.640			
1. a. Medicaid Residents (CT only)	\$	4,235,640	4,235,640			
b. Medicaid Room and Board Contractual Allowance **	\$	(805,700)	(805,700)			_
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$				<u> </u>	
3. a. Medicare Residents (all inclusive)	\$	938,767	938,767			
b. Medicare Room and Board Contractual Allowance **	\$	180,494	180,494			
4. a. Private-Pay Residents and Other	\$	778,020	778,020			
b. Private-Pay Room and Board Contractual Allowance **	\$	78,757	78,757			este an
II. Other Resident Revenue				10.00		
a. Prescription Drugs - Medicare	\$	115,850	115,850			
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$	3,007	3,007			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$	(224)	(224)			
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	172,274	172,274			
b. Physical Therapy - Medicare Contractual Allowance **	\$	-				
c. Physical Therapy - Non-Medicare	\$	132,586	132,586			_
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$,			_
4. a. Speech Therapy - Medicare	\$	39,200	39,200			_
b. Speech Therapy - Medicare Contractual Allowance **	\$	35,200	37,200			_
c. Speech Therapy - Non-Medicare	\$	45,907	45,907			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	43,707	43,507			
	\$	166.014	166,014			
5. a. Occupational Therapy - Medicare		166,014	100,014			_
b. Occupational Therapy - Medicare Contractual Allowance **	\$	100 000	100.000			
c. Occupational Therapy - Non-Medicare	\$	120,290	120,290			_
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					_
6. a. Other (Specify) - Medicare	\$	(503,264)	(503,264)			
b. Other (Specify) - Non-Medicare	\$	(32,659)	(32,659)			
III. Total Resident Revenue (Section I. thru Section II.)	\$	5,664,958	5,664,958			
IV. Other Revenue*						
Meals sold to guests, employees & others	\$	102,408	102,408			
2. Rental of rooms to non-residents	\$					
3, Telephone	- \$					٠
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$	523	523			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$	159	159			
V. Total Other Revenue (1 thru 8)	\$	103,090	103,090	*******		
	\$					_
VI. Total All Revenue (III +V)	Φ	5,768,048	5,768,048		L	

 $^{{\}color{blue}*} \ \textit{Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.}$

^{**} Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6a	X-Ray - Medicare A	\$ 3,559		
30/II6a	Lab - Medicare A	\$ 16,444		
30/II6a	Contractual Allowance Medicare A	\$ (506,949)		
	Contractual Allowance Ancillary Medicare B	\$ (16,318)		5. Sec. 10. 10. 11.
25000000000				
		0.00(0) 420 230 340	35,089,094,400,00	30.00
Total Oth	er Resident Revenue - Medicare	\$ (503,264)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Save Save		0.00000000000	\$403 65 Sec.	28.00 500 500 600
30/II6b	X-Ray	\$ 201	321.731.031 S. 33	30.50.00.00.00
30/II6b	Lab	\$ 18,343		100000000000000000000000000000000000000
30/II6b	Contractual Allowance Ancillary Insurance	\$ (68,948)		
Carlot Arten Charles at the	Contractual Allowance Evercare	\$ (1,255)		
30/Цбъ	Evercare Dividends	\$ 19,000	3 50 60 5 9	
9001/15/10/15/10/2				
(2) (2)				
To 25 102 10 1		98.12-69.59.59		120 000 000 000
ABCOTO HE CONTRACTOR		100 500 000 000	#0191414-1-124-44	
Total Oth	er Resident Revenue	\$ (32,659)	\$ -	\$ -

Interest Income

Account

Page Ref Account	Balance	CCNH	RHNS	(Specify)
30/IV5 Interest Income		\$ 523		
		0.0000000000000000000000000000000000000		
	7,597,557,537,535		81 50 KY 100 TO	
	100 (00 (00 (00)			
Total Interest Income	9/69/3013/5/45534	\$ 523	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30/IV8	Misc. Revenue	\$ 159		
				690 S
		Sec. (2014)		
3.000		4 6 6 60 60	61,620,650,650	
5.00000		4.000 NO. 1804 NO.	ing Columbia	(a) (b) (b) (c) (b)
3 150 804 8		30 (0.00) (0.00)		50.02.02036685
5 6 8 8				3.3 3.3 3.3
Q 500 35 A		32 100 St 180 180	Section (Section	
5000000			30 (50 (00 (00 (8)	(2 talk 16) (a car
Total Oth	er Revenue	\$ 159	\$ -	\$ -

G. Balance Sheet

Nam	ne of	Facility	License No.	Report for Year Ended	Page	e of
Cool	k W	illow Convalescent Hospital,	I 932-C	9/30/2015	31	37
			Account			Amount
Asse	ets					
A.	Cu	rrent Assets				
	1.	Cash (on hand and in banks)		\$	425,230
	2.	Resident Accounts Receivab	le (Less Allowance fo	or Bad Debts)	\$	1,304,103
	3.	Other Accounts Receivable ((Excluding Owners or	Related Parties)	\$	
	4	Inventories	-		\$	4,807
-	5.	Prepaid Expenses			\$	14,841
		a. Prepaid Insurance		31,243		To a Control of
		b. Prepaid Interest		174		
		c. Prepaid Personal Property	/ Taxes	2,492		
		d. Prepaid Expenses		(19,067)		
	6.	Interest Receivable			\$	
	7.	Medicare Final Settlement R	eceivable		\$	•
	8.	Other Current Assets (itemiz	e)		\$	71,510
		Due from Employees		100		
		Webster Receivable		71,410		
		- market stable 3.4	****		-	
A-9.	To	tal Current Assets (Lines A1	thru 8)		\$	1,820,492
В.		ced Assets				
		Land			\$	
		Land Improvements	*Historical Cost	3,509	\$	343
			Accum. Depreciation			
	3.	Buildings	*Historical Cost		\$	
	٥.	2 4 aBe	Accum. Depreciation	on Net		
	4.	Leasehold Improvements	*Historical Cost	135,255	\$	40,675
	••		Accum. Depreciation			ĺ
	5.	Non-Movable Equipment	*Historical Cost	67,941	\$	23,825
	٠.	1,011 1.10 (do 10 = 4,00-p	Accum. Depreciation			,
	6	Movable Equipment	*Historical Cost	618,861	\$	107,782
	0.	Mother Education	Accum. Depreciation			,
	7	Motor Vehicles	*Historical Cost	65,461	\$	41,113
	• * *	THE TOTAL PROPERTY OF THE PROP	Accum. Depreciation			
	8.	Minor Equipment-Not Depre		<u>-</u>	\$	
	9.				\$	(7,854)
	2.	Book Vs Cost Report	,	(7,854)	ľ	(7,007)
		Door As Cost Kohort		(7,500 1)	_	
B-1(0.	Total Fixed Assets (Lines B	11 thru 9)		\$	205,884

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

G. Balance Sheet (cont'd)

Nam	e of	Facility	License No.	Report for Year Ended		Page	of
Cool	W	illow Convalescent Hospital, I	932-C	9/30/2015		32	37
			Account			Am	ount
				Total Brought Forward:	\$		2,026,376
C.	Lea	asehold or like property record	ed for Equity Purpose	S.			
	1.	Land			\$		96,281
	2.	Land Improvements	*Historical Cost				
			Accum. Depreciation	Net	\$		
	3.	Buildings	*Historical Cost	5,413,714			
			Accum. Depreciation	3,776,251 Net	\$		1,637,463
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciation	Net Net	\$		
	5.	Movable Equipment	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	Net	\$		
	7.	Minor Equipment-Not Depres	ciable		\$		
C-8	To	tal Leasehold or Like Propert	ies (C1 thru 7)		\$		1,733,744
D.	Inv	vestment and Other Assets					
	1.	Deferred Deposits			\$		470,480
		Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost		Π		
			Accum. Depreciation	Net	\$		
	4.	Goodwill (Purchased Only)			\$		
	5.	Investments Related to Resident	ent Care (itemize)	-	\$		
			` ,				
	6.	Loans to Owners or Related I	Parties (itemize)		\$		1,482,004
		Name and Address	Amount	Loan Date			
	-						
		Various	1,482,004			and the second	
77.	7.	Other Assets (itemize)			\$		
D-8.	To	tal Investments and Other Ass	sets (Lines D1 thru 7)		\$		1,952,484
		otal All Assets (Lines A9 + B1)			\$		5,712,604

^{*} 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 Fac			License No.	Report for Year I	inded	Page	of
Cook Willow	w Cor	valescent Hospital, Inc.	932-C	9/30/2015		33	37
			Account			An	nount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			\$		1,094,032
	2.	Notes Payable (itemize)			<u> \$</u>		45,647
		United Bank		(1,617	7 3002		
		Value Health		4,934	-		
		Huntington National Bank		42,330	J		Acres (Sec.)
	3.	Loans Payable for Equipn	nent (Current portion	ı) (itemize)	\$		
		Name of Lender	Purpose	Amount	Date Due		
	4.	Accrued Payroll (Exclusiv	ve of Owners and/or	Stockholders only)	\$		230,550
	5.	Accrued Payroll (Owners			\$		
	6.	Accrued Payroll Taxes Pa			\$		22,823
	7.	Medicare Final Settlemen			\$		
	8.	Medicare Current Financi			\$		
	9.	Mortgage Payable (Curre		<u> </u>	\$		
		. Interest Payable (Exclusiv		elated Parties)	\$		
		. Accrued Income Taxes*	e of Onner unarer 11		\$		
		. Other Current Liabilities	(itomize)				113,544
	12		itemize j	(A2) D/D Dieability Incurance	130 IS		,
		Resident Fund Payments	(2	(42) P/R Disability Insurance 789) P/R Life Insurance	2,152		
		Patient Refund		,580 P/R Garnishment	2,132		
		Due to Medicaid User Fce		485 Due to Resident Trust			
	. T	P/R 401(K) otal Current Liabilities (Lin		485 Dale to Kesident Prust	Ca 14,002 \$		1,506,596
A-13	5. It	nai Carreni Liavianes (En	IOS AT UIIU 12)				1,000,000

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

G. Balance Sheet (cont'd)

Name of Facility	License No. Report for Year Ended		Ended	Page	of
Cook Willow Convalescent Hospital, Inc.	932-C	9/30/2015		34	37
A		A	mount		
		Total Brougl	nt Forward:		1,506,596
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment		·		\$	
Name of Lender	Purpose	Amount	Date Due		
Mortgages Payable				\$	
Loans from Owners or Relation	ated Parties (itemize)		9		
Name and Address of Lender	Amount	Loan D			
4. Other Long-Term Liabilitie	es (itemize)		4	\$	1
Rounding		1			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$	1 50 (507
C. Total All Liabilities (Lines A-	13 + B-3}		5	Þ	1,506,597

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

4	ne of Facility	License No.	Report for Year Ended	Page	
Coo	k Willow Convalescent Hospit	Account	9/30/2015	35	37
	n		Amount		
A,	Reserves				
	1. Reserve for value of lease	d land		\$	96,281
	2. Reserve for depreciation v				
	to be amortized			\$	1,637,463
	3. Reserve for depreciation v	alue of leased perso	onal property (Equity)	\$	****
	4. Reserve for leasehold real	properties on which	n fair rental value is based	\$	470,480
	5. Reserve for funds set aside	e as donor restricted		\$	
	6. Total Reserves			\$	2,204,224
В.	Net Worth				
	1. Owner's Capital			\$	1,820
	2. Capital Stock			\$	515,923
	3. Paid-in Surplus		·	\$	9,340
	4. Treasury Stock			\$	
	5. Cumulated Earnings			\$	1,274,585
	6. Gain or Loss for Period	10/1/20	014 thru 9/30/2015	\$	200,115
	7. Total Net Worth			\$	2,001,783
C.	Total Reserves and Net Wort	h		\$	4,206,007
D.	Total Liabilities, Reserves, ar	ıd Net Worth		\$	5,712,604

H. Changes in Total Net Worth

2,001,783				\$1/08/60	Balance at End of Period	H.	
	\$				3. Total Deductions		
		111	nomy		əsodın _d		
	\$	JunomA		2. Other Withdrawings (Specify)			
	φ				(Airean) prominent differ no dio		
		ìnuomA	əliiT	(dız 'əsvs	Name and Address (No., City, A		
	\$		*	1. Drawings of Owners/Operators/Partners (Specify)			
					Deductions	G.	
	\$				anoitibbA latoT	F-3.	
					2. Other (itemize)		
		"					
				(T		
			•	(əziməji)	L. Additional Capital Contributed		
2,001,783	6				SolitibA	F.	
200,115	\$ \$				Balance of Deficit	E D C	
££6'L95'\$	\$	Total Expenditures (From Statement of Expenditures Page 27) Net Income or Deficit					
840,887,8	\$					B.	
899,108,1 \$		A. Balance at End of Prior Period as shown on Report of 09/30/2014					
tanomA			, , , , , , ,	Account		\dashv	
	98		\$107/08/6	937-C	k Willow Convalescent Hospital, In	C00	
to ag	ьа	Ended	Report for Year	1	ne of Facility		

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page of					
Cook Willow Convalescent Hospital, Inc.	932-C	9/30/2015	37 37					
Check appropriate category								
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)	(Specify)					
Preparer/Reviewer Certification								
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.								
Signature of Preparer	Title Partner	Date Signed Q-15	-1-6					
Printed Name of Preparer								
Craig J. Lubitskí Consulting LLC								
Address		Phone Number						
		• A Paragraphy of the second						
225 Pitkin Street, East Hartford, CT 06108		860-610-9009						