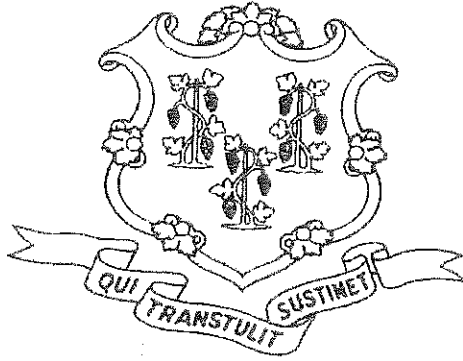


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Wintonbury Care Center LLC	
Address (No. & Street, City, State, Zip Code) 140 Park Avenue, Bloomfield, CT 06002	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2221-C	RHNS	(Specify)	Medicare Provider 07-5264
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Medicaid Provider Numbers:	CCNH 10876	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

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General Information

Name of Facility (as licensed) Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2015	Page 1	of 37
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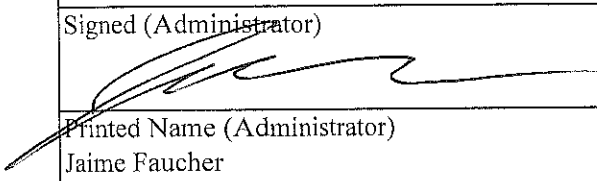
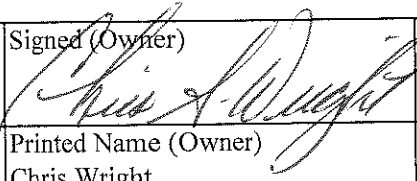
Administrator's/Owner's Certification


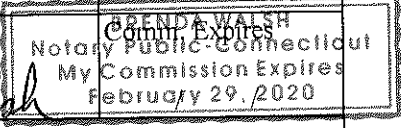
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Wintonbury Care Center LLC [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 2/10/16	Signed (Owner) 	Date 2/10/16
Printed Name (Administrator) Jaime Faucher		Printed Name (Owner) Chris Wright	

Subscribed and Sworn to before me: Jaime Faucher	State of CT	Date 2/10/16	Signed (Notary Public) 	
Address of Notary Public 341 Bidwell Street, Manchester, CT 06040				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Wintonbury Care Center LLC		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 140 Park Avenue, Bloomfield, CT 06002				
Report Prepared By Denise MacKinnon		Phone Number 860-570-2140 ext 15	Date	
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. 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.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-243-9591		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Wintonbury Care Center LLC		Address (No. & Street, City, State, Zip) 140 Park Avenue, Bloomfield, CT 06002		
License Numbers:	CCNH 2221-C	RHNS	(Specify)	Medicare Provider No. 07-5264
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Jaime Faucher		Nursing Home Administrator's License No.:	001701	
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 Wintonbury Care Center LLC		License No. 2221-C	Report for Year Ended 9/30/2015	Page 3	of 37
Legal Name of Partnership/LLC Wintonbury Care Center LLC		Business Address 140 Park Avenue, Bloomfield, CT 06002		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title		% Owned	
V. Robert Salazar	2500 18th Street, Suite 200, Denver, CO 80211	Member		31.3	
David Sebbag	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.4	
Ari Krausz	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.3	
Solomon Melamed	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		1	
Christopher Wright	341 Bidwell Street, Manchester, Ct 06040	Member		5	
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	
Global World Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	

General Information and Questionnaire
Corporate Owners

Name of Facility Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2015	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

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

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

Names of Stockholders Owning at Least 10% of Shares			

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

Related Parties*

Name of Facility		License No.	Report for Year Ended		Page	of	
Wintonbury Care Center, LLC			9/3/2015		4	37	
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040			Shared Employees		-	-
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105			Shared Employees		-	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Laundry Services	19 3	-	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Shared Employees		-	-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Bank Fees	16 M	800	(800)
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Shared Employees		1,496	(1,496)
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Laundry Services	19 3	-	-
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Shared Employees		-	-
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450			Shared Employees		-	-
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106			Shared Employees		3,983	(3,983)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040			Shared Employees		-	-
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002			Shared Employees		-	-
Secure Care Center LLC	60 West Street, Rocky Hill, CT 06067			Shared Employees		1,435	(1,435)
Touchpoints therapy	171 Main St. East Windsor, CT 06088			OT/PT/ST	13 5,8,10	479,183	(479,183)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040			Building Lease & Rent	22,22,27 10,9,14	824,794	(824,794)
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040			Postage & Legal	16, 15 M/E	43,909	(43,909)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040			Shared EEs not part of mgmt agmt		118,532	(118,532)
				Management Services, Direct	20 5	139,275	(139,275)
				Management Services, Indirect	20 5	49,481	(49,481)
				Management Services, Administrative	16 M12	287,816	(287,816)
All 9 Care Centers, mgmt co, realty cos				Share Common 401k, Pension and Insurance plans, courier, legal and various other services			

* 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 Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
See Attached		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2015	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.

- In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.
- Explain the allocation of related company expenses and attach copy of appropriate supporting data.
- 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 Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period?				
		<input checked="" type="radio"/> Yes If "No," explain. <input type="radio"/> No		
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 O'Connor, Davies LLP		100 Great Meadow Road, Ste 401, Wethersfield, CT 06109		
2				
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Taxes, financial statements, accounting support		\$		3,712
2		\$		
3		\$		
4		\$		
				Charge for Services Provided
				\$ 3,712
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 15D				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 iCare Health Management, LLC			860-570-2140	
2 Starble and Harris			860-678-7775	
3 Durant Nichols / Robinson & Cole, LLP			860-275-8200	
4 Various others (American Arbitration , Various Arbitration, Murtha Cullina,Robinson))				
5 Starble and Harris, iCare Health Management LLC				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 341 Bidwell Street, Manchester CT				
2 32 Main Street, Avon, CT				
3 280 Trumbull St, Hartford, CT				
4				
5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT				
Services Provided by This Firm (<i>describe fully</i>)				
1 Lease and contract issues, general legal advice, Labor Law		\$		39,362
2 Lease and contract issues, general legal advice, union funds advice		\$		3,174
3 Employment law, arbitrations, contract negotiations		\$		9,319
4 Employment Arbitrations, healthcare law		\$		8,421
5 Collections		\$		9,516
				Charge for Services Provided
				\$ 69,791
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 15E				

Schedule of Resident Statistics

Name of Facility Wintonbury Care Center LLC	License No. 2221-C		Report for Year Ended 9/30/2015				Page 8	of 37
	Total All Levels	Total CCNH Level	Total RHNS Level	Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		
				Total CCNH	RHNS (Specify)	Total CCNH	RHNS (Specify)	
1. Certified Bed Capacity								
A. On last day of PREVIOUS report period	150	150		150		150	150	
B. On last day of THIS report period	150	150		150		150	150	
2. Number of Residents								
A. As of midnight of PREVIOUS report period	148	148		148		143	143	
B. As of midnight of THIS report period	141	141		143		141	141	
3. Total Number of Days Care Provided During Period								
A. Medicare	4,453	4,453		3,784		669	669	
B. Medicaid (Conn.)	46,172	46,172		34,049		12,123	12,123	
C. Medicaid (other states)								
D. Private Pay	485	485		463		22	22	
E. State SSI for RCH								
F. Other (Specify) INSURANCE	359	359		277		82	82	
G. Total Care Days During Period (3A thru F)	51,469	51,469		38,573		12,896	12,896	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds								
A. Medicaid Bed Reserve Days								
B. Other Bed Reserve Days								
5. Total Resident Days (3G + 4A + 4B)	51,469	51,469		38,573		12,896	12,896	

Schedule of Resident Statistics (Cont'd)

Name of Facility Wintonbury Care Center LLC			License No. 2221-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	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	8		132		1								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	385.00		236.00		278.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,967	2,967				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								2,099	2,099				
C. Other								7,633	7,633				
D. Total Physical Therapy Treatments								12,699	12,699				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								451	451				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								110	110				
C. Other								382	382				
D. Total Speech Therapy Treatments								943	943				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,745	1,745				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								1,353	1,353				
C. Other								7,157	7,157				
D. Total Occupational Therapy Treatments								10,255	10,255				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Wintonbury Care Center LLC	2221-C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
		Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	132,221	1,981				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	186,046	8,772				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	53,400	2,042				
c. Dietary Workers	450,938	23,616				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	338,354	17,721				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	74,979	1,934				
b. Other Maintenance Workers	34,778	2,195				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	62,946	2,849				
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	185,101	3,528				
b. RN						
1. Direct Care	634,059	15,188				
2. Administrative**	235,418	6,281				
c. LPN						
1. Direct Care	1,205,354	43,462				
2. Administrative**						
d. Aides and Attendants	2,177,984	109,544				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	139,048	6,766				
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	170,413	5,644				
n. Marketing						
o. Other (Specify) See Attached Schedule	73,098	4,000				
<i>A-13. Total Salary Expenditures</i>	6,154,137	255,522				

* 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 Wintonbury Care Center LLC		License No. 2221-C		Report for Year Ended 9/30/2015		Page 11	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)							
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).									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Wintonbury Care Center LLC		License No. 2221-C		Report for Year Ended 9/30/2015		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)							
Section III - Administrators***									
Jaime Faucher	132,221		same as employees less union funds	Administrator	1,981	A2			
			same as employees less union funds	Administrator		A2			
			same as employees less union funds	Administrator		A2			
Section IV - Assistant Administrators									

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Wintonbury Care Center LLC	2221-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	41,600	832				
2. Dentist						
3. Pharmacist	10,977	242				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	236,394	3,291				
b. Other						
6. Social Worker	3,116	training				
7. Recreation Worker	16,825	53+Cable				
8. Physicians						
a. Medical Director (entire facility)	39,120	354				
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) Physician Care Contract Services	22,224	250				
9. Speech Therapist						
a. Resident Care	29,300	429				
b. Other						
10. Occupational Therapist						
a. Resident Care	192,493	2,647				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	53,836	685				
2. Administrative***	4,482	95				
b. LPN						
1. Direct Care	54,336	1,263				
2. Administrative***						
c. Aides	(2,908)	(204)				
d. Other						
12. Other (Specify) See Attached Schedule	154,900	4,091				
B-13 Total Fees Paid in Lieu of Salaries	856,696	13,974				

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 394,336	394,336		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 578,598	578,598		
5. Health Insurance	\$ 1,129,182	1,129,182		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 326,049	326,049		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 30,321	30,321		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 246,988	246,988		
d. Accounting and Auditing	\$ 3,712	3,712		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 69,791	69,791		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 20,540	20,540		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 27,340	27,340		
2. Cellular Phones	\$ 1,211	1,211		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 252	252		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,081,878	1,081,878		
Subtotal	\$ 3,910,201	3,910,201		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	3,910,201	3,910,201		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$	890	890	
5. Education Expenses Related to Seminars and Conventions	\$	4,715	4,715	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	1,790	1,790	
7. Other (<i>Specify</i>)	\$	448	448	
See Attached Schedule				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	6,675	6,675	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)***	\$	29,599	29,599	
See Attached Schedule				
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	\$	4,887	4,887	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	10,174	10,174	
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$	(19)	(19)	
10. Contributions***	\$	2,525	2,525	
See Attached Schedule				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	131,180	131,180	
12. Administrative Management Services**	\$	287,816	287,816	
13. Other (<i>Specify</i>)	\$	26,881	26,881	
See Attached Schedule				
C-14 Total Administrative & General Expenditures	\$	4,417,763	4,417,763	

* 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)
MEALS	\$ 448		\$ -
Total Other Travel and Entertainment	\$ 448	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
COMMUNICATIONS SPECIAL EVENTS	\$ 29,599		\$ -
Total Other Advertising	\$ 29,599	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues			
CAHCF Dues	\$ 10,173.96		\$ -
OTHER DUES			
Total Dues	\$ 10,174	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
CHARITABLE CONTRIBUTIONS	\$ 2,525		\$ -
Total Contributions	\$ 2,525	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
SOCIAL SERVICE SUPPLIES	\$ -		\$ -
SOC SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 2,759		\$ -
EMPLOYEE RELATIONS	\$ 5,304		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 31		\$ -
PERMITS & LICENSES	\$ 2,292		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 10,890		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ 3,180		\$ -
LATE FEES	\$ 2,403		\$ -
Rounding	\$ 21		
Total Other Administrative and General	\$ 26,881	\$ -	\$ -

Annual Report of Long-Term Care Facility

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Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2015	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 #	
iCare Management, LLC/iCare Health Management, LLC	287,816	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12	
iCare Management, LLC/iCare Health Management, LLC	139,275	MANAGEMENT FEES- DIRECT CARE	Pg 20 j	
iCare Management, LLC/iCare Health Management, LLC	49,481	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j	

* 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
Wintonbury Care Center LLC		2221-C	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 329,951	329,951			
2. Non-Food Supplies	\$ 33,571	33,571			
3. Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 23,791	23,791			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ (5,728)	(5,728)			
c. Management Services**	\$				
d. Other (Specify) _____ DIETARY MINOR EQUIPMENT	\$ 4,741	4,741			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 386,325	386,325			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	423	423			
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** 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 Wintonbury Care Center LLC		License No. 2221-C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	3,094	3,094		
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)	\$	211,613	211,613		
c. Management Services**	\$				
d. Other (Specify) LAUNDRY SUPPLIES	\$	5,638	5,638		
3E. Total Laundry Expenditures (3a + b + c + d)	\$	220,346	220,346		
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Wintonbury Care Center LLC		2221-C	9/30/2015		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.	\$ 23,712	23,712		
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.	\$ 42,401	42,401		
c.	Management Services*		\$			
d.	Other (<i>Specify</i>) HOUSEKEEPING MINIR EQUIPMENT		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 66,113	66,113		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from OMNICARE PHARMACY		\$ 194,652	194,652		
b.	Medicine Cabinet Drugs		\$ 24,563	24,563		
c.	Medical and Therapeutic Supplies		\$ 96,505	96,505		
d.	Ambulance/Limousine***		\$ 13,194	13,194		
e.	Oxygen					
	1. For Emergency Use		\$ 4,517	4,517		
	2. Other***		\$			
f.	X-rays and Related Radiological Procedures***		\$ 16,415	16,415		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 20,939	20,939		
i.	Recreation		\$			
j.	Other (Specify)**** See Attached Schedule		\$ 361,704	361,704		
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 732,489	732,489		

* 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)
NURSING ADMIN SUPPLIES	\$ 618		\$ -
NURSING MINOR EQUIP	\$ 7,341		\$ -
MEDICAL RECORDS SUPPLIES	\$ 811		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 139,275		\$ -
NON-COVERED PPS DR. VISITS	\$ 1,380		\$ -
RESIDENT CARE SUPPLIES	\$ 144		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 8,481		\$ -
PERSONAL CARE SUPPLIES	\$ 11,054		\$ -
INCONTINENCY SUPPLIES	\$ 34,215		\$ -
VACCINE RESIDENTS	\$ 2,118		\$ -
PATIENT SPECIAL NEEDS	\$ 353		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 67,458		\$ -
EQUIPMENT RENTAL: AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 4,627		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ 55		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ 319		\$ -
IV THERAPY SUPPLIES	\$ 25,919		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 4,293		\$ -
ACTIVITIES SUPPLIES	\$ 3,763		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 49,481		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$ -
Total Other Resident Care	\$ 361,704	\$ -	\$ -

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

Name of Facility Wintonbury Care Center LLC		License No. 2221-C	Report for Year Ended 9/30/2015	Total Cost/Page Ref.***			Page of 21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		Yes	No							
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	VENDOR	Housekeeping Services	42,364			20	4b
Health Services Group/Unitex	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	VENDOR	Laundry Services	211,429			19	3b
Textile Rental Services		<input type="radio"/>	<input type="radio"/>	VENDOR	Elevator Contract				22	6F
Eagle Elevator		<input type="radio"/>	<input type="radio"/>	VENDOR	Medical Waste	4,293			22	6F
Bioserve, Inc.		<input type="radio"/>	<input type="radio"/>	VENDOR	Snow Removal/Landscaping	22,817			22	6F
The Brickman Group/ Gileaus Lawn Srv		<input type="radio"/>	<input type="radio"/>	VENDOR	Trash removal	30,350			22	6F
Sommers Sanitations		<input type="radio"/>	<input type="radio"/>	VENDOR	Software Maintenance Contract	17,625			16	M11
American HealthTech		<input type="radio"/>	<input type="radio"/>	VENDOR	Payroll Services	51,575			16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	<input type="radio"/>	<input type="radio"/>	VENDOR	Resident Trust Software	3,662			16	M11
National Datacare Corp		<input type="radio"/>	<input type="radio"/>	VENDOR	Computer Consulting Services	34,581			16	M11
Prime Care Technology services		<input type="radio"/>	<input type="radio"/>	VENDOR	Courier Services	5,613			16	M11
Priority Express		<input type="radio"/>	<input type="radio"/>	VENDOR	Nursing Software	4,680			16	M11
Point Right Inc		<input type="radio"/>	<input type="radio"/>	VENDOR						
		<input type="radio"/>	<input type="radio"/>	VENDOR						

* 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
Wintonbury Care Center LLC	2221-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 20,149	20,149				
b. Heat	\$ 50,483	50,483				
c. Light & Power	\$ 90,247	90,247				
d. Water	\$ 36,788	36,788				
e. Equipment Lease (Provide detail on page 6)	\$ 46,018	46,018				
f. Other (itemize)	\$ 87,670	87,670				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 331,355	331,355				
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 86	86				
c. Non-Movable Equipment	\$ 1,511	1,511				
d. Movable Equipment	\$ 80,371	80,371				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 81,967	81,967				
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 178,590	178,590				
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 178,590	178,590				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 603,744	603,744				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 152,752	152,752				
c. Personal property taxes	\$ 19,388	19,388				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,036,441	1,036,441				

* 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)
PLANT SUPPLIES	\$ 9,185		\$ -
PLANT CONTRACT SERVICE LABOR	\$ 508		\$ -
ELEVATOR CONTRACT SERVICE	\$ -		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 4,125		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 9,523		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 13,294		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 30,350		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 10,197		\$ -
PLANT MINOR EQUIPMENT	\$ 10,487		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ -		\$ -
RENT OTHER	\$ -		\$ -
Total Other Repairs and Maintenance	\$ 87,670	\$ -	\$ -

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended		Page	of		
Wintonbury Care Center LLC		2221-C		9/30/2015		24	37		
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				1,832,551	661,029			178,330	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				6,039				260	
C-4. Subtotal									
D. Total Amortization									178,590
									178,590

* 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 Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	04/01/99			
4. Date of Initial Licensure	04/01/99			
5. Total Licensed Bed Capacity	150			
6. Square Footage	60,838			
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	FIXED HUD			
b. Date Mortgage Obtained	05/30/13			
c. Interest Rate for the Cost Year	3.25%			
d. Term of Mortgage (number of years)	24			
e. Amount of Principal Borrowed	3,622,200			
f. Principal balance outstanding as of 09/30/2015	3,417,098			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Wintonbury Care Center LLC		2221-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Wintonbury Care Center LLC		2221-C		9/30/2015			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$	55,802	55,802		
INTEREST								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	55,802	55,802		
14. Insurance								
a. Insurance on Property (buildings only)				\$	11,424	11,424		
b. Insurance on Automobiles				\$	2,291	2,291		
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	46,929	46,929		
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$	3,221	3,221		
14d. Total Insurance Expenditures (14a + b + c)				\$	63,866	63,866		
15. Total All Expenditures (A-13 thru C-14)				\$	14,321,332	14,321,332		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Wintonbury Care Center LLC			2221-C	9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 246,988	246,988		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 29,599	29,599		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 97,714	97,714		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 374,301	374,301		

* 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.

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Wintonbury Care Center LLC			2221-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 374,301	374,301		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 13,194	13,194		
29.			X-rays, etc	\$ 16,415	16,415		
30.			Laboratory	\$ 20,939	20,939		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 1,364	1,364		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ (0)	(0)		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 426,213	426,213		

*** 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.

Wintonbury Care Center LLC
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5J	NON-COVERED PPS DR. VISITS	1,379.59		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	(15)		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
Total Other Ancillary Costs			\$ 1,364	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	(0)		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	(0)		
22	6B	Heat (for outpatient Therapy see schedule)	(0)		
22	6C	Light and Power (for outpatient therapy see schedule)	(0)		
22	6D	water (for outpatient therapy see schedule)	(0)		
22	6A	Repair&Maint (for outpatient therapy see schedule)	(0)		
Total Other Adjustments			\$ (0)	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Wintonbury Care Center LLC	2221-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 10,920,744	10,920,744				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 1,897,397	1,897,397				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 296,631	296,631				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 170,326	170,326				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (170,326)	(170,326)				
c. Prescription Drugs - Non-Medicare	\$ 31,006	31,006				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (31,006)	(31,006)				
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	\$ 326,590	326,590				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (243,485)	(243,485)				
c. Physical Therapy - Non-Medicare	\$ 108,967	108,967				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (108,967)	(108,967)				
4. a. Speech Therapy - Medicare	\$ 60,383	60,383				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (26,185)	(26,185)				
c. Speech Therapy - Non-Medicare	\$ 13,389	13,389				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (13,389)	(13,389)				
5. a. Occupational Therapy - Medicare	\$ 305,487	305,487				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (254,632)	(254,632)				
c. Occupational Therapy - Non-Medicare	\$ 73,823	73,823				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (62,380)	(62,380)				
6. a. Other (Specify) - Medicare	\$ (1,310)	(1,310)				
b. Other (Specify) - Non-Medicare	\$ (721)	(721)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,292,341	13,292,341				
IV. Other Revenue*						
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 (Specify)	\$ 131	131				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 8,368	8,368				
V. Total Other Revenue (1 thru 8)	\$ 8,498	8,498				
VI. Total All Revenue (III +V)	\$ 13,300,839	13,300,839				

* 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)
	Lab Medicare	\$ 89,536		
	Lab Medicare CA	\$ (89,536)		
	Oxygen Medicare	\$ 660		
	Oxygen Medicare CA	\$ (660)		
	Equipment rental	\$ 7,805		
	Equipment rental CA	\$ (7,805)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 14,741		
	Radiology Medicare CA	\$ (14,741)		
	IV Therapy	\$ 28,315		
	IV Therapy CA	\$ (28,315)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ (1,310)		
	Total Other Resident Revenue - Medicare	\$ (1,310)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab	5,665.03		
	Lab CA	(5,665.03)		
	Oxygen	\$ 1,800		\$ -
	Oxygen CA	\$ (1,800)		\$ -
	Equipment rental	\$ 18,302		
	Equipment rental CA	\$ (18,302)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 1,604		
	Radiology CA	\$ (1,604)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 25,624		\$ -
	IV therapy CA	\$ (25,624)		\$ -
	Flu shot revenue	\$ -		
	Outpatient therapy	\$ -		
	PRIOR YEAR ADJ - ANCILLARY & OTHER	\$ (720)		
	rounding	\$ (9)		
	Total Other Resident Revenue	\$ (721)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	INTEREST INCOME		\$ 131		
	Total Interest Income		\$ 131	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	MEALS	\$ -		
	TELEVISION INCOME	\$ 8,280		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ 88		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ -		
	OPTUM DIVIDENDS REVENUE	\$ -		
	Total Other Revenue	\$ 8,368	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	66,875
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,441,198
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	20,580
4. Inventories			\$	19,383
5. Prepaid Expenses			\$	678,626
a. Prepaid Insurance	654,492			
b. Prepaid Property Taxes	13,826			
c. Prepaid Expenses Other	10,308			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(423,605)
Due From (to) Related Parties	(58,965)			
Other Owners reserves	(364,640)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,803,056
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	15,421	\$	15,335
	Accum. Depreciation	86	Net	
4. Leasehold Improvements	*Historical Cost	1,838,590	\$	998,970
	Accum. Depreciation	839,619	Net	
5. Non-Movable Equipment	*Historical Cost	12,259	\$	944
	Accum. Depreciation	11,315	Net	
6. Movable Equipment	*Historical Cost	805,392	\$	252,048
	Accum. Depreciation	553,344	Net	
7. Motor Vehicles	*Historical Cost	14,156	\$	
	Accum. Depreciation	14,156	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
Construction in Progress				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,267,298

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC		2221-C	9/30/2015	32	37
Account				Amount	
Total Brought Forward:				\$	4,070,353
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
\$					
2. Land Improvements					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
3. Buildings					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
5. Movable Equipment					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
6. Motor Vehicles					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable					
\$					
C-8 Total Leasehold or Like Properties (C1 thru 7)					
\$					
D. Investment and Other Assets					
1. Deferred Deposits					
\$					
2. Escrow Deposits					
\$					
3. Organization Expense					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)					
\$					
5. Investments Related to Resident Care (<i>itemize</i>)					
				\$	39,982
Patient Trust Funds				39,982	
Long Term Deposit - primecare					
6. Loans to Owners or Related Parties (<i>itemize</i>)					
Name and Address		Amount	Loan Date		
7. Other Assets (<i>itemize</i>)					
				\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)					
				\$	39,982
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)					
				\$	4,110,336

* 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
Wintonbury Care Center LLC		2221-C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	697,837
2. Notes Payable (<i>itemize</i>)				\$	1,611,738
Working Capital Line of Credit					1,611,738
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>)				\$	259,552
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	2,455,334
Related Party Payables			1,511,390		
Accrued Expenses			153,448		
Accrued Resident User Fees			256,981		
Accrued Workers Comp Expense			533,514		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	5,024,462

* 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 Wintonbury Care Center LLC		License No. 2221-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				5,024,462	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 39,982	
Patient Trust Funds		39,982			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 39,982	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 5,064,444	


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

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	1,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	65,363
6. Gain or Loss for Period 10/1/2014 thru 9/30/2015			\$	(1,020,493)
7. Total Net Worth			\$	(954,129)
C. Total Reserves and Net Worth			\$	(954,129)
D. Total Liabilities, Reserves, and Net Worth			\$	4,110,315

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	13,300,839
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,321,332
D. Net Income or Deficit			\$	(1,020,493)
E. Balance			\$	(1,020,493)
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. Balance at End of Period			\$	(1,020,493)

I. Preparer's/Reviewer's Certification

Name of Facility Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2015	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)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title VP Finance	Date Signed 2/10/16		
Printed Name of Preparer Denise MacKinnon				
Address Address 341 Bidwell Street, Manchester, CT 06040		Phone Number 860-570-2140 ext 15		