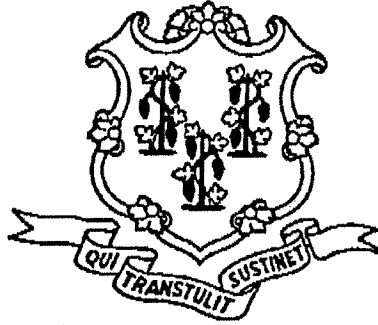


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Wadsworth Glen Health Care and Rehabilitation Center, Inc	
Address (No. & Street, City, State, Zip Code) 30 Boston Rd, Middletown, CT 06457	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2025C	RHNS	(Specify)	Medicare Provider No. 07-5312
------------------	---------------	------	-----------	----------------------------------

Medicaid Provider Numbers:	CCNH 2025C	RHNS	ICF-MR
----------------------------	---------------	------	--------

For Department Use Only

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



**MYERS AND
STAUFFER** LLC
CERTIFIED PUBLIC ACCOUNTANTS

December 11, 2013

Mr. Michael E. Mosier
Chief Financial Officer
Athena Health Care Systems
135 South Road
Farmington, CT 06032

Subject: Alternative Annual Report Approval

Dear Mr. Mosier:

This letter is a follow-up to your verbal approval regarding your request for alternative annual report utilization. We have reviewed your request for approval of the Athena Health Care Systems version of the 2013 Annual Report for the State of Connecticut. Based on our review, your version of the annual report has been approved.

It is not necessary to request approval on an annual basis. This approval will remain in effect until modifications have been made to the Annual Report by the Department of Social Services. The provider community will be notified should such changes occur. At that time, you will be required to submit a new request for approval based on the modified annual report.

Should you have any questions, please feel free to contact me at (860) 687-0790.

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA
CC: Chris Lavigne

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

7 Waterside Crossing, Ste 202 | Windsor, CT 06095
PH 860.687.0790 | PH 855.716.9377 | FX 860.687.0810
www.mslc.com

Table of Contents

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

General Information

Name of Facility (as licensed) Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2017	Page 1	of 37
---------------------------------------------------------------------------------------------	----------------------	------------------------------------	-----------	----------

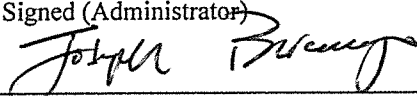
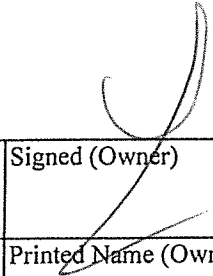
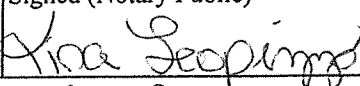
Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Wadsworth Glen Health Care and Rehabilitation Center, Inc [facility name] for the cost report period beginning October 01, 2016 and ending September 30, 2017, 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 penalties 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 2/9/18	Signed (Owner) 	Date 2/9/18	
Printed Name (Administrator) Joseph Bray		Printed Name (Owner) Lawrence G. Santilli		
Subscribed and Sworn to before me:	State of CT	Date 2-9-18	Signed (Notary Public) 	Comm. Expires 6/30/21
Address of Notary Public		505 Pensieid Hill Rd Portland, CT 06480		

State of Connecticut
Department of Social Services
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 30 Boston Rd, Middletown, CT 06457				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/8/2018		
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 860-346-9299		Report for Year Ended 09/30/17		Page 2	of 37
Name of Facility (as shown on license) Wadsworth Glen Health Care and Rehabilitation Center, Inc			Address (No. & Street, City, State, Zip) 30 Boston Rd, Middletown, CT 06457		
License Numbers:		CCNH 2025C	RHNS (Specify)	Medicare Provider No. 07-5312	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> PROFIT CORP. <input type="checkbox"/> NON-PROFIT CORP. <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> TRUST					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Joseph Bray			Nursing Home Administrator's License No.:	001873	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
Not Applicable					

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2017	Page 3A	of 37
--------------------------------------------------------------------------------------	-----------------------------	-------------------------------------------	-------------------	-----------------

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

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
Wadsworth Glen, Inc	30 Boston Rd, Middletown, CT 06457	CT	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Lawrence G Santilli	30 Boston Rd, Middletown, CT 06457	President	484.9
Michael E Mosier	30 Boston Rd, Middletown, CT 06457	Treasurer	
Debra M Soucey	30 Boston Rd, Middletown, CT 06457	Secretary	
Names of Stockholders Owning at Least 10% of Shares			
None other than listed above			

General Information and Questionnaire Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2017	4	37

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 #	Actual Cost to the Related Party
		Yes	No %**			
Shady Knoll Health Care Center	41 Skokorat Street, Seymour, CT 06483	<input checked="" type="checkbox"/>	<input type="checkbox"/> >98%	SWAP Interest Mortgage Payments	P 22, L 9	\$1,738
Athena Captive	135 South Rd, Farmington, CT 06032	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Workers Comp Captive	Pg 15 1a1	\$439,573
CT Health Center of Middletown	30 Boston Rd, Middletown, CT 06457	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rental of Property	Pg 22, Ln 9, 10b; Pg 27 ln 14	\$665,041
Athena Health Care Assoc 410k Plan	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Facility Participates in common 401k plan		
Laurel Ridge HCC	642 Danbury Rd, Ridgefield, CT 06877	<input checked="" type="checkbox"/>	<input type="checkbox"/> >98%	Bank Fees	P16 L m13	\$7,808
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/> >50%	See Attached		
Athena Health Care Insurance	135 South Rd, Farmington, CT 06032	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Self Insured Employee Health & Dental Insurance	Pg 15, 1a5	\$1,011,741
Northbridge Healthcare	2875 Main St, Bridgeport, CT 06606	<input checked="" type="checkbox"/>	<input type="checkbox"/> >98%	Legal Fee Reimbursement	Pg 15 1e	\$450
ProCare LTC	1492 Highland Ave, Cheshire, CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/> >50%	Pharmacy	Pg 20 5a2, Pg13b3	\$369,405

* Use additional sheets if necessary.

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

Wadsworth Glen
 RELATED PARTIES QUESTIONNAIRE
 PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party	
		Yes	No					%**
Athena Health Care	135 South Road Farmington, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>50%	MDS Fill In, Insurance Employee Relations, Business Promotion, Lobbying, Payroll Processing Fees, Data Processing Fees, Management Fees, Repairs & Maintenance, Help Wanted	Pg 13 11a2, Pg 15 1e, 1g; Pg 16 13, 15; Pg 16 m3, m13; Pg 17; Pg 22 6a; Pg 31 B6;	\$559,144	\$229,463
Miscellaneous Facilities	Various	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>98%	Interfacility Loans	Pg 33 A2		

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2017	Page 5	of 37
--------------------------------------------------------------------------------------	-----------------------------	-------------------------------------------	------------------	-----------------

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

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

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

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

Not Applicable

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

N/A

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

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

Not Applicable: No Non-Nursing Home Cost Centers

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.	Report for Year Ended		Page	of	
Wadsworth Glen Health Care and Rehabilitation Center, Inc		2025C	9/30/2017		6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Pitney Bowes, PO Box 7150M, St Louis, MO 63195	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Postage Machine	01/27/05	66 months	\$1,219	\$1,219
HP Financial, 200 Connell Drive, Suite 5000, Berkeley Heights, NJ 07922	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PCC Equipment	08/16/13	60 Months	\$5,948	\$5,948
Graybar Financial, PO Box 644006, Cincinnati, OH 45264	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Upgrade Lease	11/25/14	60 Months	\$4,714	\$4,670
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copier	06/07/16	48 Months	\$13,213	\$11,812
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
						Total ***	\$23,649

Is a Mileage Log Book Maintained for All Leased Vehicles? Yes No **Not Applicable - No Vehicles**

* 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 Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2017	Page 7	of 37
--------------------------------------------------------------------------------------	-----------------------------	-------------------------------------------	------------------	-----------------

The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Dworken, Hillman, LaMorte & Sterczala	Four Corporate Dr, Shelton, CT 06484 555 Long Wharf Dr, 12th Floor, New Haven, CT 06511
2 Marcum LLP	
3	
4	

Services Provided by This Firm (*describe fully*)

1 2017 Audit, Year End Financials & Tax Return	\$ 9,500
2 Medicare Cost Report Preparation	\$ 2,675
3	\$ -
4	\$ -
Charge for Services Provided	
\$12,175	

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

Yes No **Pg 15, Line1d**

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Franklin Pilicy P.C./State Of CT Marshall Fees	860-274-0018
2 Schiff Harden	312-258-5500
3 Murtha Cullina, LLP	860-240-6000
4 Goldman, Gruder, & Woods, LLC	203-899-8900
5 Shipman & Goodwin LLP	860-251-5000

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

- 1 **P.O. Box 760 365 Main St, Watertown, CT 06795**
- 2 **6600 Sears Tower, Chicago, IL 60606**
- 3 **185 Asylum St, Hartford, CT 06103**
- 4 **200 Connecticut Avenue, Norwalk, CT 06854**
- 5 **One Constitution Plaza, Hartford, CT 06103**

Services Provided by This Firm (*describe fully*)

1 A/R Collections/Conservator Fees - Disallowed	\$ 131
2 Line of Credit: Disallowed	\$ 449
3 Audit Letters & Secretary of State Annual Reports \$575:Allow, Misc S2057:Disallow	\$ 2,632
4 A/R Collections - Disallowed	\$ 16,642
5 Legal Fees - Lawsuit - Disallowed	\$ 12,648
Charge for Services Provided	
\$32,502	

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

Yes No **Pg 15, Line1e**

Schedule of Resident Statistics

Name of Facility	License No.		Report for Year Ended		Page of	
	2025C		09/30/17			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30	Period 7/1 Thru 9/30
1. Certified Bed Capacity						
A. On last day of PREVIOUS report period.....	102	102			102	102
B. On last day of THIS report period.....	102	102			102	102
2. Number of Residents						
A. As of midnight of PREVIOUS report period.....	93	93			91	93
B. As of midnight of THIS report period.....	100	100			96	100
3. Total Number of Days Care Provided During Period						
A. Medicare.....	5,848	5,848			4,754	1,094
B. Medicaid (Conn.).....	26,079	26,079			18,830	7,249
C. Medicaid (other states).....						
D. Private Pay.....	2,609	2,609			2,179	430
E. State SSI for RCH.....						
F. Other (Specify) Managed Care	464	464			404	60
G. Total Care Days During Period (3A thru F).....	35,000	35,000			26,167	8,833
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds						
A. Medicaid Bed Reserve Days.....	292	292			253	39
B. Other Bed Reserve Days.....	15	15			15	
5. Total Resident Days (3G + 4A + 4B).....	35,307	35,307			26,435	8,872

Schedule of Resident Statistics (Cont'd)

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc			License No. 2025C			Report for Year Ended 9/30/2017			Page 9	of 37			
4. Were there any changes in the certified bed capacity during the report year? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change.....													
2nd change.....													
3rd change.....													
4th change.....													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	13		79		4		4						
Per Diem Rate													
a. One bed rm.	551.32		232.34		532.00		368.60						
b. Two bed rms.	551.32		232.34		514.00		368.60						
c. Three or more bed rms.	551.32		232.34		502.00		368.60						
7. Total Number of Physical Therapy Treatments					TOTAL	CCNH	RHNS	(Specify)					
A. Medicare - Part B					5,085	5,085							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					1,124	1,124							
2. Restorative Treatments													
C. Other					15,095	15,095							
D. <i>Total Physical Therapy Treatments</i>					21,304	21,304							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					792	792							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					169	169							
2. Restorative Treatments													
C. Other					2,138	2,138							
D. <i>Total Speech Therapy Treatments</i>					3,099	3,099							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					4,490	4,490							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					986	986							
2. Restorative Treatments													
C. Other					16,365	16,365							
D. <i>Total Occupational Therapy Treatments</i>					21,841	21,841							

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)	82,437	1,280				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	190,131	9,310				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	64,555	2,101				
c. Dietary Workers	327,677	23,889				
6. Housekeeping Service						
a. Head Housekeeper	47,739	1,937				
b. Other Housekeeping Workers	160,388	13,158				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	66,287	2,167				
b. Other Maintenance Workers	38,867	1,733				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	83,115	6,303				
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	188,572	4,027				
b. RN						
1. Direct Care	585,444	14,778				
2. Administrative**	468,754	18,548				
c. LPN						
1. Direct Care	878,583	31,065				
2. Administrative**						
d. Aides and Attendants	1,360,707	78,335				
e. Physical Therapists	522,448	15,287				
f. Speech Therapists	89,210	2,211				
g. Occupational Therapists	338,089	9,825				
h. Recreation Workers	128,316	5,555				
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	179,157	6,605				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	5,800,476	248,114				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Physician: Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility	License No.		Report for Year Ended		Page	of			
	2025C	9/30/2017	2025C	9/30/2017					
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									
Not Applicable									
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).									
Not Applicable									

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

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of		
Wadsworth Glen Health Care and Rehabilitation Center, Inc		2025C		9/30/2017		12	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Thomas Walkuski (10/1/16-3/9/17)			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.			Athena Health Care 135 South Rd Farmington, CT	832	72,001
Joseph Bray (3/10/17-9/30/17)	82,437		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,279	A2			
Section IV - Assistant Administrators									

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2017	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.....	37,229	1,045				
2. Dentist.....	6,274	89				
3. Pharmacist.....	10,720	168				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....						
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	56,084	700				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	6,513					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care.....	6,480	18				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	3,466	25				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides.....						
d. Other.....						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	126,766	2,045				

* 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.

Wadsworth Glen
Medical Director Schedule
9/30/2017

Name	Expense	Hours	Title
Prakash Huded, MD	32,084.00	423	Medical Director
Dr. Glendo Tangarorang	<u>24,000.00</u>	<u>277</u>	Assistant Medical Director
	<u>56,084.00</u>	<u>700</u>	

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

Name of Facility		License No.	Report for Year Ended		Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc		2025C	9/30/2017		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Debra Morelli, 440 Old Reservoir Rd, Wethersfield, CT 06109	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
T. Nuzzolo, 26 Breeds Hill Rd, Glastonbury, CT 06033	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Prakash Huded MD, 28 Marlborough St, Portland, CT 06480	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Central CT Cardiologist, 19 Woodland St, Ste 47, Hartford, CT 06105	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Great Lakes Med, P.O. Box 8000 Dept 658, Buffalo, NY 14267	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Middlesex Eye Physicians, 400 Saybrook Rd Ste 100, Middletown, CT 06457	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Healthdrive Audiology, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Starling Physicians, 2110 Silas Deane Hwy, Rocky Hill, CT 06067	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
New England Retina Associates, 2200 Whitney Ave, Hamden, CT 06518	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Open MRI, P.O. Box 230, Glastonbury, CT 06033	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Healthdrive Dental, 888 Worcester Street, Suite 130, Wellesley, MA 02482	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Southern CT Vascular Center, P.O. Box 10, Windsor, CT 06095	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Middlesex Hospital, 28 Crescent St, Middletown, CT 06457	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Healthdrive Podiatry, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Middlesex Cardiology, 520 Saybrook Road, Middletown, CT 06457	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
SDX Dysphagia Experts, 21 Waterville, Avon, CT 06001	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Middlesex Orthopedic Surgery, 410 Saybrook Rd, Middletown, CT 06457	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
St Francis CB, P.O. Box 417088, Boston, MA 02241	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Athena Health Care, 135 South Rd, Farmington, CT 06032	MDS Fill In	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners		
ProCare, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners: Minority Interest		
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2017		Page 15	of 37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$	439,573	439,573		
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$	102,687	102,687		
4. Social Security (F.I.C.A.).....	\$	432,543	432,543		
5. Health Insurance.....	\$	853,490	853,490		
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$	29,222	29,222		
8. Uniform Allowance.....	\$				
9. Other (<i>Specify</i>)..... See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	59,363	59,363		
d. Accounting and Auditing.....	\$	12,175	12,175		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$	32,502	32,502		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies.....	\$	55,426	55,426		
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$	40,743	40,743		
2. Cellular Phones.	\$	741	741		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>).	\$	250	250		
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	\$	617,988	617,988		
Subtotal	\$	2,676,703	2,676,703		

* 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
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,676,703	2,676,703			
1. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 4,847	4,847			
3. Gifts to Staff and Residents.....	\$ 8,912	8,912			
4. Employee Travel.....	\$ 1,165	1,165			
5. Education Expenses Related to Seminars and Conventions	\$ 5,164	5,164			
6. Automobile Expense (<i>not purchase or depreciation</i>).....	\$				
7. Other (<i>Specify</i>).....	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>).....	\$ 4,940	4,940			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 938	938			
3. Advertising Other (<i>Specify</i>)***.....	\$ 31,797	31,797			
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.....	\$ 10,704	10,704			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 7,310	7,310			
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$				
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**.....	\$ 338,403	338,403			
13. Other (<i>Specify</i>)	\$ 69,081	69,081			
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$ 3,159,964	3,159,964			

* Do not include Subscriptions, which should go in item 9.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 31,797		
Total Other Advertising	\$ 31,797	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 7,310		
Total Dues	\$ 7,310	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Physicals/Background Checks	\$ 17,383		
Bank Charges	\$ 7,838		
Payroll Processing Fees	\$ 22,337		
Licenses	\$ 1,160		
Energy Audit	\$ 549		
Facility Design	\$ 250		
Data Processing	\$ 19,564		
Total Other Administrative and General	\$ 69,081	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2017	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 #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$471,700	Contract Attached to a Prior Year	See Below
Allocation of the above	\$311,322 \$75,472 \$84,906	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$27,081	Admin/Gen - Other Exp	Pg 16, Line 12

* 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.

Annual Report of Long-Term Care Facility

CSP-18 Rev. 9/2002

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs

(See Note on Page 5)

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc		License No. 2025C	Report for Year Ended 9/30/2017		Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food.....	\$ 217,248	217,248			
2.	Non-Food Supplies.....	\$ 24,294	24,294			
3.	Other (<i>Specify</i>) _____	\$ 3,579	3,579			
Dishes = \$3,579						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**.....		\$ 75,472	75,472			
d. Other (<i>Specify</i>) _____		\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 320,593	320,593			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*		288	288			
H. Is cost of employee meals included in 2E?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
I. Did you receive revenue from employees?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify cost. = \$851		
L. Is any revenue collected from these people?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify amount. = \$329		
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)		Pg 18 ln 2a1				
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="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
O. Is any revenue collected from employees?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
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 Wadsworth Glen Health Care and Rehabilitation Center, Inc		License No. 2025C	Report for Year Ended 9/30/2017	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. \$			
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. \$	10,687	10,687	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**.....		\$			
d. Other (Specify) Supplies = \$7,800		\$	7,800	7,800	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	18,487	18,487	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
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="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
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 Wadsworth Glen Health Care and Rehabilitation Center, Inc		License No. 2025C	Report for Year Ended 9/30/2017		Page 20	of 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. \$	35,838	35,838		
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. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)...	\$	35,838	35,838		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy.....	\$				
2.	Purchased from ProCare	\$	293,366	293,366		
b.	Medicine Cabinet Drugs.....	\$	45,843	45,843		
c.	Medical and Therapeutic Supplies.....	\$	252,210	252,210		
d.	Ambulance/Limousine***.....	\$	8,061	8,061		
e.	Oxygen					
1.	For Emergency Use.....	\$				
2.	Other***.....	\$	19,511	19,511		
f.	X-rays and Related Radiological Procedures***.....	\$	34,797	34,797		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>).....	\$				
h.	Laboratory***.....	\$	17,636	17,636		
i.	Recreation.....	\$	14,821	14,821		
j.	Other (Specify)**** See Attached Schedule	\$	230,993	230,993		
5K.	Total Resident Care Expenditures (5a - 5j).....	\$	917,238	917,238		

* 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)
Management Fee Direct	\$ 84,906		
Physical Therapy Supplies	\$ 43,572		
Medical Equip Rentals-Medicaid	\$ 30,954		
Cable TV Services	\$ 18,979		
Oxygen Rental	\$ 22,357		
Medical Equip Rentals-Other	\$ 30,225		
Total Other Resident Care	\$ 230,993	\$ -	\$ -

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

Name of Facility		License No.		Report for Year Ended		Page of				
Wadsworth Glen Health Care and Rehabilitation Center, Inc		2025C		9/30/2017		21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Ct Waste Processing	PO Box 99, Plainville, CT 06062	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rubbish Removal	17,165			22	6f
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Payroll Processing	17,995			16	m13
Allen Lawn Care	16 Sunset Drive, Rockfall, CT 06481	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Snow Removal & Landscaping	12,706			22	6f
Winterberry Landscape Management	2070 West St, Southington, CT 06489	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Groundskeeping	15,969			22	6f
ProCare	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners: Minority Interest	Pharmacy	386,742			20	5a2
Otis Elevator	PO Box 905454, Charlotte, NC 28290	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Elevator Maintenance	12,775			22	6a
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							

* 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
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	107,403	107,403				
b. Heat..... \$	51,726	51,726				
c. Light & Power..... \$	125,401	125,401				
d. Water..... \$	47,143	47,143				
e. Equipment Lease (Provide detail on page 6)..... \$	23,649	23,649				
f. Other (itemize)..... \$	68,779	68,779				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)..... \$	424,101	424,101				
7. Depreciation (complete schedule page 23*)						
a. Land Improvements..... \$						
b. Building & Building Improvements..... \$						
c. Non-Movable Equipment..... \$	26,570	26,570				
d. Movable Equipment..... \$	58,041	58,041				
*7e. Total Depreciation Costs (7a + b + c + d)..... \$	84,611	84,611				
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$						
c. Leasehold Improvements..... \$	79,372	79,372				
d. Other (Specify)..... \$						
*8e. Total Amortization Costs (8a + b + c + d)..... \$	79,372	79,372				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	429,533	429,533				
10. Property Taxes						
a. Real estate taxes paid by owner..... \$						
b. Real estate taxes paid by lessor..... \$	169,176	169,176				
c. Personal property taxes..... \$	13,040	13,040				
11. Total Property Expenses (7e + 8e + 9 + 10)..... \$	775,732	775,732				

* 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)
Groundskeeping	\$ 15,969		
Rubbish Removal	\$ 17,165		
Supplies	\$ 22,939		
Snow Removal	\$ 12,706		
Total Other Repairs and Maintenance	\$ 68,779	\$ -	\$ -

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended				Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc		2025C		9/30/2017				23	37
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal.....									
B. Building and Building Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal.....									
C. Non-Movable Equipment									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal.....									
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a.									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal.....									
E. Total Depreciation									
				26,570			26,570		
				1,158,742			1,158,742		
				12,803			12,803		
				887,036			887,036		
				57,223			57,223		
				818			818		
				58,041			58,041		
				84,611			84,611		

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility	License No.	Report for Year Ended		Page	of			
		2025C	9/30/2017			24	37	
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	Date of Acquisition		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. Deferred Finance Fees								
2. Finance Fees								
3. Finance Fees								
B-4. Subtotal.....								
C. Leasehold Improvements and Other (Specify)								
1. Acquired prior to this report period		9	2016	1,119,045	SL	Var	75,324	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)		9	2017	44,120	SL	Var	4,048	
C-4. Subtotal.....								79,372
D. Total Amortization								79,372

* 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.

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility	License No.	Report for Year Ended		Page	of
		2025C	9/30/2017		
Wadsworth Glen Health Care and Rehabilitation Center, Inc					
C. Leasehold Improvements					
(Specify)					
1. Acquired prior to this report period	9	2016	1,075,881	SL	75,324
2. Disposals (attach schedule)					
3. Acquired during this report period	9	2017	44,120	SL	4,048
C-4. Subtotal.....					79,372
C. Other (Specify)					
1. Intangible Asset-Bed Purchase	9	1998	43,164	SL	0
2.					
C-4. Subtotal.....					
Total Acquired prior to this report period	9	2016	1,119,045	SL	75,324
Total Disposals					
Total Acquired during this report period	9	2017	44,120	SL	4,048

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

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2017	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="checkbox"/> Yes <input type="checkbox"/> 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				
4. Date of Initial Licensure	06/01/87			
5. Total Licensed Bed Capacity	102			
6. Square Footage				
7. Acquisition Cost				
a. Land	200,000			
b. Building	5,160,429			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%			
d. Term of Mortgage (number of years)	31			
e. Amount of Principal Borrowed	5,400,000			
f. Principal balance outstanding as of 9/30/2017	4,799,055			
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 Wadsworth Glen Health Care and Rehabilitation Center, Inc		License No. 2025C	Report for Year Ended 9/30/2017			Page 26	of 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
Wadsworth Glen Health Care and Rehabilitation Center, Inc		2025C		9/30/2017			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)..... \$				8,783	8,783			
A. Item		Rate	Amount					
Boiler/Lighting Capital Lease		7.42%	201,784					
Lender								
Graybar Financial Services								
Address of Lender								
PO Box 644006, Cincinnati, OH 45264								
B. Item		Rate	Amount					
			-					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)..... \$				8,783	8,783			
12. D. Other Interest Expense (Specify)..... \$				28,931	28,931			
Vender Interest = \$13,969; Line of Credit Interest = \$6,475; KeyBank Term Loan Int & Fees = \$8,487								
13. Total All Interest Expense (12B7 + 12C3 + 12D).....\$				37,714	37,714			
14. Insurance								
a. Insurance on Property (buildings only).....			\$	68,307	68,307			
b. Insurance on Automobiles.....			\$					
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage).....			\$					
2. Fire and Extended Coverage.....			\$					
3. Other (Specify).....			\$					
14d. Total Insurance Expenditures (14a + b + c)...				\$ 68,307	68,307			
15. Total All Expenditures (A-13 thru C-14).....				\$ 11,685,216	11,685,216			

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Wadsworth Glen Health Care and Rehabilitation Center, Inc			2025C	9/30/2017	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.	10	A12g	Occupational Therapy.....	\$ 338,089	338,089		
4.	Var	Var	Other - See attached Schedule.....	\$ 16,265	16,265		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **.....	\$ 6,513	6,513		
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.	15	1a9	Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 59,363	59,363		
10.	15	1d&e	Accounting & Legal.....	\$ 31,927	31,927		
11.			Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 48	48		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	L3	Gifts, flowers and coffee shops.....	\$ 8,912	8,912		
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.	16	m2&3	Unallowable Advertising *.....	\$ 32,735	32,735		
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 217,589	217,589		
	18	2c		\$ 52,749	52,749		
	20	5j		\$ 59,343	59,343		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 8,088	8,088		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 522	522		
Page 19 - Laundry Expenditures							
25.	19	3d	Laundry services to employees, guests and others who are not residents.....	\$			
Page 20 - Housekeeping Expenditures							
26.	20	4d	Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 832,143	832,143		

* 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
Wadsworth Glen Health Care and Rehabilitation Center, Inc				2025C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 832,143	832,143		
Page 20 - Resident Care Supplies ***							
27.	20	5a1&2	Prescription Drugs.....	\$ 293,366	293,366		
28.	20	5d	Ambulance/Limousine.....	\$ 8,061	8,061		
29.	20	5f	X-rays, etc.....	\$ 34,797	34,797		
30.	20	5h	Laboratory.....	\$ 17,636	17,636		
31.	20	5c	Medical Supplies.....	\$ 25,806	25,806		
32.	20	5e2	Oxygen (non emergency).....	\$ 19,511	19,511		
33.			Occupational Therapy.....	\$			
34.	Var	Var	Other - See Attached Schedule.....	\$ 30,225	30,225		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 2,887	2,887		
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.	20	5j	Radio and Television Revenue.....	\$ 15,379	15,379		
44.	30	iv8	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.	30	iv5	Interest Income on Accounts Rec.....	\$ 194	194		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
Not For Profit Providers Only							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,280,005	1,280,005		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Ebox	30,225		
Total Other Ancillary Costs			\$ 30,225	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Moveable Equip Carry Forward	2,887		
Total Excess Movable Equipment Depreciation			2,887		

Schedule of Other Property Adjustments

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

Schedule of Other Adjustments

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>).....	\$ 13,542,288	13,542,288				
b. Medicaid Room and Board Contractual Allowance **.....	\$ (7,415,983)	(7,415,983)				
2. a. Medicaid (<i>All other states</i>).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents (<i>all inclusive</i>).....	\$ 2,388,792	2,388,792				
b. Medicare Room and Board Contractual Allowance **.....	\$ 315,053	315,053				
4. a. Private-Pay Residents and Other.....	\$ 2,120,574	2,120,574				
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (193,264)	(193,264)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare.....	\$ 370,947	370,947				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (364,337)	(364,337)				
c. Prescription Drugs - Non-Medicare.....	\$ 172,274	172,274				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (172,274)	(172,274)				
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.....	\$ 655,750	655,750				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (506,049)	(506,049)				
c. Physical Therapy - Non-Medicare.....	\$ 163,655	163,655				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (163,655)	(163,655)				
4. a. Speech Therapy - Medicare.....	\$ 182,289	182,289				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (146,397)	(146,397)				
c. Speech Therapy - Non-Medicare.....	\$ 59,791	59,791				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (59,791)	(59,791)				
5. a. Occupational Therapy - Medicare.....	\$ 701,505	701,505				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (582,093)	(582,093)				
c. Occupational Therapy - Non-Medicare.....	\$ 170,004	170,004				
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (170,004)	(170,004)				
6. a. Other (<i>Specify</i>) - Medicare.....	\$ 46,407	46,407				
b. Other (<i>Specify</i>) - Non-Medicare.....	\$ 780	780				
III Total Resident Revenue (Section I.thru Section II.).....	\$ 11,116,262	11,116,262				
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 (<i>Specify</i>)	\$ 26,264	26,264				
6. Private Duty Nurses' Fees.....	\$					
7. Barber, Coffee, Beauty and Gift shops.....	\$					
8. Other (<i>Specify</i>).....	\$					
V. Total Other Revenue (1 thru 8).....	\$ 26,264	26,264				
VI. Total All Revenue (III + V).....	\$ 11,142,526	11,142,526				

* 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)
	IV Therapy MC	\$ 46,407		
Total Other Resident Revenue - Medicare		\$ 46,407	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	\$ 780		
Total Other Resident Revenue		\$ 780	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 31, L A2	Interest on A/R	N/A	\$ 194		
pg 32, L6	Interest on Related Party Note	\$ 733,279	\$ 26,070		
Total Interest Income			\$ 26,264	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Revenue		\$ -	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>).....			\$	47,491
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	1,296,178
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4. Inventories.....			\$	17,266
5. Prepaid Expenses.....			\$	209,962
a. Prepaid Insurance	193,090			
b. Prepaid Other	3,277			
c. Prepaid Health Insurance	13,595			
d.				
6. Interest Receivable.....			\$	12,961
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets (<i>itemize</i>).....			\$	171,044
A/R Related Parties	170,562			
A/R Non Related Parties	482			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,754,902
B. Fixed Assets				
1. Land.....			\$	
2. Land Improvements	*Historical Cost.....		\$	
	Accum. Depreciation			
	Net.....			
3. Buildings	*Historical Cost.....		\$	
	Accum. Depreciation			
	Net.....			
4. Leasehold Improvements	*Historical Cost.....	1,627,328	\$	472,075
	Accum. Depreciation	(1,155,253)		
	Net.....			
5. Non-Movable Equipment	*Historical Cost.....	498,482	\$	107,760
	Accum. Depreciation	(390,722)		
	Net.....			
6. Movable Equipment	*Historical Cost.....	1,160,679	\$	215,602
	Accum. Depreciation	(945,077)		
	Net.....			
7. Motor Vehicles	*Historical Cost.....		\$	
	Accum. Depreciation			
	Net.....			
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets (<i>itemize</i>).....			\$	10,866
Moveable Equip Carry Forward Adj	10,866			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	806,303

* 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
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	2,561,205
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).....			\$	26,836
5. Investments Related to Resident Care (<i>itemize</i>).....			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	700,162
Name and Address		Amount	Loan Date	
Related Party Note		700,162	3/29/2012	
7. Other Assets (<i>itemize</i>).....			\$	39,417
Deposit IRS			11,176	
Deferred Finance Fees			2,500	
Project Development			25,741	
D-8. Total Investments and Other Assets (Lines D1 thru 7).....			\$	766,415
D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....			\$	3,327,620

* 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
Wadsworth Glen Health Care and Rehabilitation Center, Inc		2025C	9/30/2017	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable.....				\$	1,835,127
2. Notes Payable (<i>itemize</i>).....				\$	763,000
Loans					763,000
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>).....				\$	139,688
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....				\$	
6. Accrued Payroll Taxes Payable.....				\$	4,791
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>).....				\$	266,277
Acc'd Operating Expenses					87,614
Acc'd Expense - CT Sales Tax					801
Provider Taxes Due					163,494
Accrued Health Insurance					14,368
A-13. Total Current Liabilities (Lines A1 thru 12).....				\$	3,008,883

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

(Carry Total forward to next page)

** Interest Bearing - Do Not Include in Return on Equity Calculation.

**WADSWORTH GLEN
ACCRUED EXPENSES-OPERATIONS
September 30, 2017**

ACCT. # 2170

Accounting FY17 Audit	9,500.00
Health Ins. 12/31/16	38,987.22
Relay Health Sept	123.45
Management Fee Adjustment	(17,045.56)
Leaf Lease	1,101.08
Leaf Lease	1,101.08
ADP Payroll Services	1,100.00
Starling Physicians	2,000.00
ProCare Pharmacy	22,413.72
H&R HealthCare Medicaid Medical Equip	5,838.63
Direct Energy	1,614.12
Eversource	1,449.46
ProCaire Oxygen	1,668.42
ProCaire Oxygen	2,084.14
ProCaire Oxygen	1,614.60
ProCaire Oxygen	926.62
Winterberry Landscaping	1,774.32
Lobbying	246.84
ADP Payroll Services	490.03
Ciccarello Painter	1,002.24
Shipman Goodman: Legal	8,783.83
Murtha Cullina: Legal	650.55
Shipman Goodman: Legal	3,864.56
Food Rebate	(3,675.56)
Balance 9/30/17	<u>87,613.79</u>

G. Balance Sheet (cont'd)

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc		License No. 2025C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
				Total Brought Forward:	
				3,008,883	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>).....				\$	96,652
Name of Lender		Purpose	Amount	Date Due	
Graybar Capital Lease - Boiler			96,652		
2. Mortgages Payable.....				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>).....				\$	1,333,107
Name and Address of Lender		Amount	Loan Date		
Due to Partnership		1,333,107			
4. Other Long-Term Liabilities (<i>itemize</i>).....				\$	

B-5. Total Long-Term Liabilities (Lines B1 thru 4).....				\$	1,429,759
C. Total All Liabilities (Lines A-13 + B-5).....				\$	4,438,642

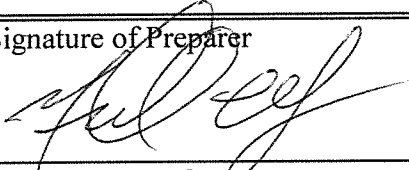
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2017	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.....			\$	
2. Capital Stock.....			\$	
3. Paid-in Surplus.....			\$	
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	(568,332)
6. Gain or Loss for Period			\$	(542,690)
	10/1/2016	thru	9/30/2017	
7. Total Net Worth.....			\$	(1,111,022)
C. Total Reserves and Net Worth			\$	(1,111,022)
D. Total Liabilities, Reserves, and Net Worth			\$	3,327,620

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Wadsworth Glen Health Care and Rehabilitation Center, Inc	2025C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(591,954)
B. Total Revenue (From Statement of Revenue Page 30)			\$	11,142,526
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	11,685,216
D. Net Income or Deficit.....			\$	(542,690)
E. Balance.....			\$	(1,134,644)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
		21,958		
Change in Swap		1,666		
Rounding		(2)		
2. Other (<i>itemize</i>)				
F-3. Total Additions.....			\$	23,622
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	09/30/17		\$	(1,111,022)

I. Preparer's/Reviewer's Certification

Name of Facility Wadsworth Glen Health Care and Rehabilitation Center, Inc	License No. 2025C	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
CCNH	RHNS	Other (<i>Specify</i>)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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 CFO	Date Signed 2/9/18		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		

Cost report forms generated by Athena Health Care Associates, Inc as approved in letter dated 12/11/2013.