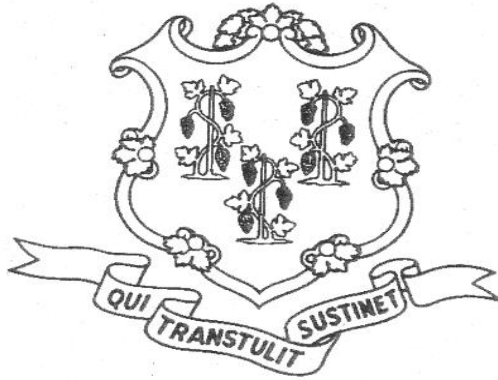


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) New Milford Rehabilitation, LLC	
Address (No. & Street, City, State, Zip Code) 30 Park Lane East, New Milford, CT 06776	
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 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2207C	RHNS	(Specify)	Medicare Provider 07-5416
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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For Department Use Only

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

Table of Contents

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

General Information

Name of Facility (as licensed) New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2017	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 New Milford Rehabilitation, LLC [facility name], for the cost report period beginning October 1, 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 the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) David Segal			Printed Name (Owner) Moshe Bernstein		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(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 New Milford Rehabilitation, LLC	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 30 Park Lane East, New Milford, CT 06776				
Report Prepared By Blum Shapiro & Company, P.C.	Phone Number (203) 944-2100	Date 2/15/2018		
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 860-355-0971		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) New Milford Rehabilitation, LLC		Address (No. & Street, City, State, Zip) 30 Park Lane East, New Milford, CT 06776		
License Numbers:	CCNH 2207C	RHNS	(Specify)	Medicare Provider No. 07-5416
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 checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input 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 4/1/2016	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 David Segal		Nursing Home Administrator's License No.:	002042	
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 New Milford Rehabilitation, LLC		License No. 2207C	Report for Year Ended 9/30/2017	Page 3	of 37
Legal Name of Partnership/LLC New Milford Rehabilitation, LLC		Business Address 30 Park Lane East, New Milford, CT 06776		State(s) and/or Town(s) in Which Registered Connecticut	
Name of Partners/Members	Business Address	Title		% Owned	
YMW CT, LLC	1165 King Street, Greenwich, CT 06831	Owner		7.06	
SJJJ, LLC	1165 King Street, Greenwich, CT 06831	Owner		7.06	
GW Holdings, LLC	1165 King Street, Greenwich, CT 06831	Owner		54.11	
IK Greenwich, LLC	1165 King Street, Greenwich, CT 06831	Owner		7.06	
WCTHC, LLC	1165 King Street, Greenwich, CT 06831	Owner		24.71	

General Information and Questionnaire
Corporate Owners

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2017	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	
N/A			

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

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

General Information and Questionnaire Related Parties*

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2017	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	%**				
Moshe Bernstein	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	16 m12	60,000	60,000
Mordi Blass	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	16 m12	60,000	60,000
Sparkle	1165 King Street, Greenwich, CT 06831	<input checked="" type="radio"/>	<input type="radio"/>	33%	Housekeeping	20 4b	272,222	252,405
NMHC Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Rental Expense	22 line 9	960,000	960,000
Skilled Marketing Solutions		<input checked="" type="radio"/>	<input type="radio"/>	98%	Website service	16 line m11	495	495 - Disallowed
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input 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 New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire 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
New Milford Rehabilitation, LLC			2207C	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						
RICOH/GE Capital	<input type="radio"/>	<input checked="" type="radio"/>	Copier	11/04/13	60 months	6,775	6,775	
	<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"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							6,775	

* 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 New Milford Rehabilitation, LLC	License No. 2207C	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: <input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm 1 See attached 2 3 4		Address (No. & Street, City, State, Zip Code)		
Services Provided by This Firm (<i>describe fully</i>)				
1 See attached		\$	34,725	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$	34,725
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No Pg 15 line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 See attached 2 3 4 5			Telephone Number	
Address (<i>No. & Street, City, State, Zip Code</i>) 1 2 3 4 5				
Services Provided by This Firm (<i>describe fully</i>)				
1 See attached		\$	5,165	
2		\$		
3		\$		
4		\$		
5		\$		
			Charge for Services Provided	
			\$	5,165
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No Pg 15 line 1e				

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation	2207C	9/30/2017	7a	37

Vendor	Description	Amount
Blum Shapiro & Company, P.C.	Medicare and Medicaid cost report preparation, review	18,000
Cornerstone Accounting	Month end close	1,725
SY Consultant	Consulting	<u>15,000</u>
		<u><u>34,725</u></u>

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation	2207C	9/30/17	7b	37

Ref	Description	Amount	Disallowed
Goldman, Gruder & Woods, LLC	Collections	\$ 3,698	3,698
Murtha Cullina LLP	General Legal Matters	1,467	
		<hr/>	
		\$ 5,165	\$ 3,698

Schedule of Resident Statistics

Name of Facility New Milford Rehabilitation, LLC			License No. 2207C		Report for Year Ended 9/30/2017				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	148	148			148	148			148	148			
B. On last day of THIS report period	148	148			148	148			148	148			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	131	131			131	131			138	138			
B. As of midnight of THIS report period	138	138			138	138			138	138			
3. Total Number of Days Care Provided During Period													
A. Medicare	6,173	6,173			4,765	4,765			1,408	1,408			
B. Medicaid (Conn.)	33,901	33,901			25,427	25,427			8,474	8,474			
C. Medicaid (other states)													
D. Private Pay	8,446	8,446			6,054	6,054			2,392	2,392			
E. State SSI for RCH													
F. Other (Specify) VA	265	265			23	23			242	242			
G. Total Care Days During Period (3A thru F)	48,785	48,785			36,269	36,269			12,516	12,516			
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	34	34			26	26			8	8			
5. Total Resident Days (3G + 4A + 4B)	48,819	48,819			36,295	36,295			12,524	12,524			

Schedule of Resident Statistics (Cont'd)

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2017	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes 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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	16	96		26				
Per Diem Rate								
a. One bed rm.	N/A	N/A		N/A				
b. Two bed rms.	PPS	223.82		450.00				
c. Three or more bed rms.	N/A	N/A		N/A				

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	8,010	8,010		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,137	1,137		
D. Total Physical Therapy Treatments	9,147	9,147		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	1,912	1,912		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	213	213		
D. Total Speech Therapy Treatments	2,125	2,125		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	1,926	1,926		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	613	613		
D. Total Occupational Therapy Treatments	2,539	2,539		

Report of Expenditures - Salaries & Wages

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2017	Page 10	of 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)	90,657	1,560				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	253,813	10,459				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	63,506	2,125				
c. Dietary Workers	436,533	25,938				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	55,459	2,080				
b. Other Maintenance Workers	57,300	3,632				
8. Laundry Service						
a. Supervisor	40,546	1,977				
b. Other Laundry Workers	170,464	10,802				
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	198,830	4,160				
b. RN						
1. Direct Care	1,053,503	25,221				
2. Administrative**	108,295	2,619				
c. LPN						
1. Direct Care	1,465,769	49,883				
2. Administrative**	82,098	2,416				
d. Aides and Attendants	2,192,945	145,768				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	209,510	11,409				
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	323,065	8,600				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	170,610	8,255				
A-13. Total Salary Expenditures	6,972,903	316,904				

* 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		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Wages - Other Nursing Admin	\$ 170,610	8,255				
Total	\$ 170,610	8,255	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Nursing Consultant	\$ 18,263	146				
Nursing Admin Purchased Services	\$ 3,295	Disallowed				
Geriatric Consultant	\$ 70,389	Disallowed				
Managed Care Consultant	\$ 7,897	Disallowed				
Total	\$ 99,844	146	\$ -	-	\$ -	-

**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	
New Milford Rehabilitation, LLC				2207C	9/30/2017			11	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)				License No.	Report for Year Ended			Page	of	
New Milford Rehabilitation, LLC				2207C	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***										
Ann Rogers (10/1/16-2/4/17)	44,215			Same as employees	Administrator	728	A2			
Joanne Gorenstein (2/4/17 - 5/8/17)	28,750			N/A-Outside consultant	Administrator	N/A	Page 16 M11			
David Segal (5/8/17-9/30/17)	46,442			Same as employees	Administrator	832	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		
New Milford Rehabilitation, LLC	2207C	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	43,680	1,040				
2. Dentist	16,073	Disallowed				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	460,363	6,467				
b. Other						
6. Social Worker						
7. Recreation Worker	10,501	91				
8. Physicians						
a. Medical Director (entire facility)	42,000	223				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	12,000	Disallowed				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff Meetings	464	4				
9. Speech Therapist						
a. Resident Care	97,917	1,170				
b. Other						
10. Occupational Therapist						
a. Resident Care	385,283	5,676				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	33,065	479				
2. Administrative***						
b. LPN						
1. Direct Care	248,699	5,407				
2. Administrative***						
c. Aides	229,299	9,359				
d. Other						
12. Other (Specify) See Attached Schedule	99,844	146				
B-13 Total Fees Paid in Lieu of Salaries	1,679,188	30,062				

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

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

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

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

Name of Facility New Milford Rehabilitation	License No. 2207C	Report for Year Ended 9/30/2017	Page 14a	of 37
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G/L Account #	Direct Care Consultant	Company/Individual Name	Full Explanation of Services	Total Fee Paid*	Total Hours Worked
69155.000	Dietician	Laura Koski	Dietary Consultation	43,680	1,040
87110.000	Dentist	HealthDrive	Dentistry	16,073	Disallowed
80950.000 80960.000 80980.000 80990.000	Physical Therapy	Preferred Therapy Solutions	Physical Therapy	460,363	6,467
87100.000	Medical Director	Ken Marici	Medical Director	42,000	223
87100.000	Rehab Director	John Mullen/A Viola	Rehab Dr	12,000	Disallowed
87105.000	Utilization Review	Burton R Rubin MD	Medical Staff Meeting	464	4
82950.000 82960.000 82980.000 82990.000	Speech Therapist - Resident Care	Preferred Therapy Solutions	Speech Therapy	97,917	1,170
81950.000 81960.000 81980.000 81990.000	Occupational Therapist: -Resident	Preferred Therapy Solutions	Occupation Therapy	385,283	5,676
63310	Agency R.N	Professional Healthcare Services LLC GeronNursing & Respite Care, Inc.	RN	33,065	479
63320	Agency L.P.N.	Professional Healthcare Services LLC Ready Nurse Staffing Services Towne Nursing	LPN	248,699	5,407
63330	Agency C.N.A.	GeronNursing & Respite Care, Inc. Professional Healthcare Services LLC Towne Nursing	C.N.A.	229,299	9,359
67850	Nurses and Aides:	Maureen A Canil Assoc. Pulmonologists Of W.CT, LLC Swallowing Diagnostics LLC Kathy Milne APRN 'Nurse Consulting Scabies	Nursing Consultant Nursing Admin Nursing Admin Nursing Admin	18,063 55 3,240 200	145 Disallowed Disallowed 1
				<u>21,558</u>	<u>146</u>
73160	Other	Susan Varanno	Geriatric Consultant	70,389	Disallowed
73420	Other	Roberta Trutnau	Managed Care Consultant	7,897	Disallowed
61660	Recreation Workers	Various - see Pg. 14b	Recreation	10,501	91
			Total Fees	1,679,188	30,062

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

Name of Facility New Milford Rehabilitation	License No. 2207C	Report for Year Ended 9/30/2017	Page 14b	of 37
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Activities Entertainment

Entertainment	Description	Date	Total Paid
Chris Merwin	Entertainment	10/6/2016	\$150.00
Anita Siarkowski	Entertainment	10/7/2016	\$150.00
Joel Blumert	Entertainment	10/13/2016	\$125.00
Larry Batter	Entertainment	10/20/2016	\$135.00
Frank Palmer	Entertainment	10/21/2016	\$125.00
Salvador Salgado	Entertainment	10/26/2016	\$135.00
Larry Ayce Crasilli	Entertainment	10/27/2016	\$150.00
Ethel Kaufman	Entertainment	10/31/2016	\$100.00
Frank Palmer	Entertainment	11/4/2016	\$125.00
Willie Nininger	Entertainment	11/10/2016	\$125.00
Dancin In The City, LLC	Entertainment	11/11/2016	\$140.00
Salvador Salgado	Entertainment	11/16/2016	\$135.00
Tom Sansone	Entertainment	11/17/2016	\$140.00
James I. Moore	Entertainment	12/1/2016	\$75.00
Danny Russo	Entertainment	12/2/2016	\$125.00
Robin O'Herin	Entertainment	12/8/2016	\$125.00
Salvador Salgado	Entertainment	12/14/2016	\$135.00
Larry Ayce Crasilli	Entertainment	2/23/2017	\$150.00
Dancin In The City, LLC	Entertainment	3/1/2017	\$35.00
Frank Palmer	Entertainment	3/2/2017	\$100.00
Joel Blumert	Entertainment	3/9/2017	\$100.00
Tom Sansone	Entertainment	3/16/2017	\$100.00
Anita Siarkowski	Entertainment	3/17/2017	\$100.00
Hank Milligan	Entertainment	3/23/2017	\$100.00
Danny Russo	Entertainment	3/30/2017	\$100.00
James I. Moore	Entertainment	3/31/2017	\$100.00
Willie Nininger	Entertainment	4/6/2017	\$100.00
Salvador Salgado	Entertainment	4/12/2017	\$100.00
Carolann G. Asselin, T.R.D.	Entertainment	4/14/2017	\$125.00
Wayne Targove	Entertainment	4/20/2017	\$100.00
Danny Russo	Entertainment	4/26/2017	\$100.00
Nicolas King	Entertainment	4/27/2017	\$100.00
Robin O'Herin	Entertainment	4/28/2017	\$100.00
Frank Palmer	Entertainment	5/5/2017	\$100.00
Danny Russo	Entertainment	5/11/2017	\$100.00
Brian Horberg	Entertainment	5/14/2017	\$100.00
Salvador Salgado	Entertainment	5/17/2017	\$100.00
Joel Blumert	Entertainment	5/18/2017	\$100.00
Hank Milligan	Entertainment	5/25/2017	\$100.00
Salvador Salgado	Entertainment	5/29/2017	\$100.00
Tom Sansone	Entertainment	6/1/2017	\$100.00
Danny Russo	Entertainment	6/8/2017	\$100.00
Frank Palmer	Entertainment	6/9/2017	\$100.00
Salvador Salgado	Entertainment	6/14/2017	\$100.00
Wayne Targove	Entertainment	6/15/2017	\$100.00
Brian Horberg	Entertainment	6/18/2017	\$100.00
Mary Menatti	Entertainment	6/22/2017	\$45.00
Ethel Kaufman	Entertainment	6/30/2017	\$100.00
Salvador Salgado	Entertainment	7/4/2017	\$100.00
Willie Nininger	Entertainment	7/6/2017	\$100.00
Hank Milligan	Entertainment	7/13/2017	\$100.00
James I. Moore	Entertainment	7/20/2017	\$100.00
Dancin In The City, LLC	Entertainment	7/21/2017	\$100.00
Danny Russo	Entertainment	7/27/2017	\$100.00
Frank Palmer	Entertainment	8/3/2017	\$100.00
Rita Wagener	Entertainment	8/4/2017	\$100.00
Salvador Salgado	Entertainment	8/9/2017	\$100.00
Joel Blumert	Entertainment	8/10/2017	\$100.00
Wayne Targove	Entertainment	8/17/2017	\$100.00
Michael Rinaldi	Entertainment	8/20/2017	\$400.00
Robin O'Herin	Entertainment	8/25/2017	\$100.00
Ethel Kaufman	Entertainment	8/31/2017	\$100.00
Salvador Salgado	Entertainment	9/6/2017	\$100.00
Bill Vogel	Entertainment	9/7/2017	\$100.00
Joel Blumert	Entertainment	9/10/2017	\$100.00
Danny Russo	Entertainment	9/14/2017	\$100.00
American Express Candlewood	Entertainment	9/20/2017	\$166.00
Robin O'Herin	Entertainment	9/21/2017	\$100.00
David Devanshuk	Entertainment	9/26/2017	\$200.00
Larry Ayce Crasilli	Entertainment	9/28/2017	\$150.00

**Total Activities &
 Entertainment** 10,501

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 353,840	353,840		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 64,043	64,043		
4. Social Security (F.I.C.A.)	\$ 529,701	529,701		
5. Health Insurance	\$ 905,939	905,939		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 311	311		
9. Other (<i>Specify</i>) See Attached Schedule	\$ (166)	(166)		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 34,725	34,725		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 5,165	5,165		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 26,530	26,530		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 28,590	28,590		
2. Cellular Phones	\$ 3,068	3,068		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
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	\$ 886,624	886,624		
Subtotal	\$ 2,838,370	2,838,370		

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

(Carry Subtotals forward to next page)

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

New Milford Rehabilitation, LLC
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Physicals	\$ (166)		
Total	\$ (166)	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2017	16	37
Item	Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>	2,838,370	2,838,370		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 337	337		
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 10,750	10,750		
4. Employee Travel	\$ 7,159	7,159		
5. Education Expenses Related to Seminars and Conventions	\$ 2,371	2,371		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 4,737	4,737		
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 7,029	7,029		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 26,186	26,186		
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)***	\$ 2,660	2,660		
7. Postage	\$ 4,590	4,590		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 7,041	7,041		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 8,023	8,023		
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>)	\$ 83,420	83,420		
12. Administrative Management Services**	\$ 120,000	120,000		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 79,949	79,949		
<i>C-14 Total Administrative & General Expenditures</i>	\$ 3,202,622	3,202,622		

* Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Promotions	\$ 2,379		
Business Promotions	\$ 23,807		
Total Other Advertising	\$ 26,186	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues - See pg 16b	\$ 7,041		
Total Dues	\$ 7,041	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Background Checks	\$ 7,606		
Data Processing Fees	\$ 3,765		
Software Maintenance	\$ 39,463		
Insurance - EPLI	\$ 3,410		
Insurance - Crime	\$ 2,976		
Facility Licenses	\$ 2,541		
Bank Charges	\$ 13,910		
Medical Records Supplies	\$ 3,937		
Penalties	\$ 2,341		
Total Other Administrative and General	\$ 79,949	\$ -	\$ -

Detail of Dues and Subscriptions

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation	2207C	9/30/2017	16b	37

Description	Total Amount	Dues	Subscriptions	Chamber of Commerce
PBJ	1,456	1,456		
Birds & Blooms	8		8	
CAHCF Membership	4,534	4,534		
Dogster	30		30	
GNMBA	300	300		
Infection Control Nurses of Connecticut	40	40		
Language Line Services	32	32		
Matrixcare	5,619		5,619	
The News Times	2,366		2,366	
Miscellaneous	679	679		
	\$ 15,064	\$ 7,041	\$ 8,023	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
New Milford Rehabilitation, LLC	2207C	9/30/2017	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 #
Moshe Bernstein	60,000	Management Services	16 m12
Mordi Blass	60,000	Management Services	16 m12

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

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

Name of Facility New Milford Rehabilitation, LLC		License No. 2207C	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	\$ 289,064	289,064			
2. Non-Food Supplies	\$ 24,534	24,534			
3. Other (<i>Specify</i>) _____ Chemicals/Cleaning Supplies	\$ 9,254	9,254			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$				
c. Management Services**	\$				
d. Other (<i>Specify</i>) _____ Nutritional Supplements	\$ 11,395	11,395			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 334,247	334,247			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
I. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.	
L. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.	\$2,645
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					30 IV1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.	
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

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

Name of Facility New Milford Rehabilitation, LLC		License No. 2207C	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. \$	10,043	10,043	
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Chemicals/Detergents \$5,475; Supplies \$781; Equipment \$15,314		\$	21,570	21,570	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	31,613	31,613	
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
New Milford Rehabilitation, LLC		2207C	9/30/2017		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Served by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	27,092	27,092		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Served by Personnel				
		Amt. \$	272,222	272,222		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	299,314	299,314		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Medicare \$113,905; Medicaid \$27,254; Managed Care \$35,866; EverCare \$1,330	\$	178,355	178,355		
b.	Medicine Cabinet Drugs	\$	51,011	51,011		
c.	Medical and Therapeutic Supplies	\$	13,059	13,059		
d.	Ambulance/Limousine***	\$	17,736	17,736		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	50,255	50,255		
f.	X-rays and Related Radiological Procedures***	\$	14,008	14,008		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	39,980	39,980		
i.	Recreation	\$	3,869	3,869		
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	264,387	264,387		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	632,660	632,660		

* 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.

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

Name of Facility New Milford Rehabilitation, LLC		License No. 2207C		Report for Year Ended 9/30/2017			Page of 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
Sparkle	5140 Highway 9, South Howell, NJ 07731	<input checked="" type="radio"/>	<input type="radio"/>	Owners of New Milford own a %	Housekeeping	272,222			20	4b
Shamrock	Road, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Ground Maintenance	23,780			22	6f
All American Waste	PO Box 630, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	27,992			22	6f
Iris Cafaro	50 Hoinski Way, Ansonia, CT 06401	<input type="radio"/>	<input checked="" type="radio"/>		AR Consulting	15,615			16	m11
Saucier	148 North Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance	55,589			22	6a
A. Santino	42 Robin Hill Lane, Hamden, CT 06518	<input type="radio"/>	<input checked="" type="radio"/>		Information Technology	28,137			16	m11
Matrixcare	Bin #32 PO Box 1414, Minneapolis, MN 55480	<input type="radio"/>	<input checked="" type="radio"/>		Healthcare system/payables/GL	38,805			16	m13/1
J&D Maintenance	16 carriage drive, new milford ct 06776	<input type="radio"/>	<input checked="" type="radio"/>		Snow Plowing	14,267			22	6f
Conquest Consulting		<input type="radio"/>	<input checked="" type="radio"/>		AR/Business Office	16,000			16	m11
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 76,179	76,179				
b. Heat	\$ 102,937	102,937				
c. Light & Power	\$ 156,609	156,609				
d. Water	\$ 61,499	61,499				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 6,775	6,775				
f. Other (<i>itemize</i>)	\$ 156,051	156,051				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 560,050	560,050				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 9,315	9,315				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 7,316	7,316				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 16,631	16,631				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 960,000	960,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 119,448	119,448				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 3,828	3,828				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,099,907	1,099,907				

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

Depreciation Schedule

Name of Facility New Milford Rehabilitation, LLC				License No. 2207C		Report for Year Ended 9/30/2017			Page 23	of 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				10,429		10,429	58	SL	Various	770			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				171,883		111,883		SL	Various	8,545			
B-4. Subtotal											9,315		
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													
		Is a mileage logbook maintained?		Date of Acquisition		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
Yes	No	Month	Year										
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						16,788		16,788	2,114	SL	Various	4,893	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						30,705		30,705		SL	Various	2,423	
D-3. Subtotal													7,316
E. Total Depreciation													16,631

New Milford Rehabilitation, LLC
9/30/2017

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:				
12/31/2016	Lighting	\$ 121,943	15	\$ 6,097
12/31/2016	Remodeling - Windows/Doors	\$ 16,000	15	\$ 800
12/31/2016	Remodeling - Paint, Prep Walls,Wallpaper, Mouldings	\$ 30,982	15	\$ 1,549
5/31/2017	Door	\$ 2,958	10	\$ 99
Total additions for Building Improvements		\$ 171,883		\$ 8,545 *
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

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/31/2016	Computers	\$ 2,250	5	\$ 338
1/31/2017	Beds	\$ 5,504	5	\$ 734
4/30/2017	Convection Steamer	\$ 4,900	5	\$ 408
5/31/2017	Beds	\$ 1,858	5	\$ 124
6/30/2017	Beds	\$ 2,067	5	\$ 103
5/31/2017	Computers	\$ 4,346	5	\$ 290
6/30/2017	Computers	\$ 7,900	5	\$ 395
8/31/2017	Computers	\$ 1,880	5	\$ 31
Total additions for Movable Equipment		\$ 30,705		\$ 2,423 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility New Milford Rehabilitation, LLC			License No. 2207C		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	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="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		04/01/16		
4. Date of Initial Licensure		04/01/16		
5. Total Licensed Bed Capacity		148		
6. Square Footage		53,395		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		04/01/16		
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)		4		
e. Amount of Principal Borrowed		9,450,000		
f. Principal balance outstanding as of 9/30/2017		9,450,000		
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
New Milford Rehabilitation, LLC		2207C	9/30/2017		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
New Milford Rehabilitation, LLC		2207C		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)				\$			
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)				\$	6,894	6,894	
Interest - related party notes							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	6,894	6,894	
14. Insurance							
a. Insurance on Property (buildings only)				\$	20,689	20,689	
b. Insurance on Automobiles				\$	1,085	1,085	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	13,520	13,520	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	65,520	65,520	
Liability							
14d. Total Insurance Expenditures (14a + b + c)				\$	100,814	100,814	
15. Total All Expenditures (A-13 thru C-14)				\$	14,920,212	14,920,212	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC				2207C	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.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 16,153	16,153		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	10a/1	Occupational Therapy	\$ 385,283	385,283		
7.			Other - See attached Schedule	\$ 114,868	114,868		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 3,698	3,698		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,628	1,628		
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.	16	m2/m	Unallowable Advertising *	\$ 26,186	26,186		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 120,000	120,000		
22.	16	m6	Barber and Beauty	\$ 2,660	2,660		
23.			Other - See attached Schedule	\$ 36,710	36,710		
Page 18 - Dietary Expenditures							
24.	30	iv5	Meals to employees, guests and others who are not residents	\$ 2,645	2,645		
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)				\$ 709,831	709,831		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Social Service Wages - Marketing Duties	\$ 16,153		
Total Other Salaries Adjustment			\$ 16,153	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b12	Nursing Admin Purchased Services	\$ 3,295		
13	b2	Dentist	\$ 16,073		
13	8c	Rehab Director Resident Care	\$ 12,000		
13	b12	Geriatric Consultant	\$ 70,389		
13	8a	Medical Director Over Allowable	\$ 5,214		
13	b12	Managed Care Consultant	\$ 7,897		
Total Other Fees Adjustments			\$ 114,868	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	l2	Employee Relations	\$ 7,711		
16	l2	Employee Parties	\$ 139		
16	m11	Marketing - Related party	\$ 495		
16	m13	Penalties	\$ 2,341		
16	m13	Insurance - Crime	\$ 2,976		
		Benefits on disallowed salary above	\$ 3,231		
20	4b	Housekeeping Purchased Services - Disallow markup on related party services	\$ 19,817		
Total Other A&G Adjustments			\$ 36,710	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC				2207C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 709,831	709,831		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 178,355	178,355		
28.	20	5d	Ambulance/Limousine	\$ 17,736	17,736		
29.	20	5f	X-rays, etc	\$ 14,008	14,008		
30.	20	5h	Laboratory	\$ 39,980	39,980		
31.	20	5c	Medical Supplies	\$ 13,059	13,059		
32.	20	5e2	Oxygen (non emergency)	\$ 50,255	50,255		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 81,385	81,385		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (29,396)	(29,396)		
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	\$ 6,886	6,886		
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	\$ 122,199	122,199		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 1,204,298	1,204,298		

*** 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.

New Milford Rehabilitation, LLC
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental	\$ 3,904		
20	5j	Physical Therapy Equipment Rental	\$ 37,959		
20	5j	Nursing Admin Small Equipment Purchase	\$ 11,973		
20	5j	Medical Supplies % of Nursing/Incontinet/Wound Care Supplies	\$ 6,623		
20	5j	OT Small Equipment Purchase	\$ 289		
20	5j	PT Small Equipment Purchase	\$ 228		
20	5j	Specialty Mattresses	\$ 20,409		
Total Other Ancillary Costs			\$ 81,385	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		To include movable depreciation expense at prior owner basis which were purchased by new owner	\$ (29,396)		
Total Excess Movable Equipment Depreciation			\$ (29,396)	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6f	Minor Decorating	\$ 6,686		
22	6f	Plant Purchased Services	\$ 200		
Total Other Property Adjustments			\$ 6,886	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12c-d	Interest Expense	\$ 6,894		
20	5j	Cable TV	\$ 15,706		
30	IV 8	Misc. Income	\$ 99,571		
30	IV 5	Interest Income	\$ 28		
Total Other Adjustments			\$ 122,199	\$ -	\$ -

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
New Milford Rehabilitation, LLC	2207C	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>)	\$ 15,190,043	15,190,043			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,633,881)	(7,633,881)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,699,275	2,699,275			
b. Medicare Room and Board Contractual Allowance **	\$ 1,227,485	1,227,485			
4. a. Private-Pay Residents and Other	\$ 3,685,882	3,685,882			
b. Private-Pay Room and Board Contractual Allowance **	\$ (247,377)	(247,377)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 174,363	174,363			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (168,638)	(168,638)			
c. Prescription Drugs - Non-Medicare	\$ 50,206	50,206			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (44,246)	(44,246)			
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	\$ 854,225	854,225			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (752,091)	(752,091)			
c. Physical Therapy - Non-Medicare	\$ 202,386	202,386			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (131,691)	(131,691)			
4. a. Speech Therapy - Medicare	\$ 189,747	189,747			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (152,306)	(152,306)			
c. Speech Therapy - Non-Medicare	\$ 57,035	57,035			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (31,916)	(31,916)			
5. a. Occupational Therapy - Medicare	\$ 818,083	818,083			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (778,245)	(778,245)			
c. Occupational Therapy - Non-Medicare	\$ 129,321	129,321			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (102,819)	(102,819)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 9,994	9,994			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,244,835	15,244,835			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 2,645	2,645			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 28	28			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 99,571	99,571			
V. Total Other Revenue (1 thru 8)	\$ 102,244	102,244			
VI. Total All Revenue (III + V)	\$ 15,347,079	15,347,079			

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 / 6a	Oxygen Medicare A	\$ 17,539		
30 / 6a	X-Ray Medicare A	\$ 13,209		
30 / 6a	LAB Medicare A	\$ 30,536		
30 / 6a	Less: Contractual Adjustment	\$ (61,284)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 / 6b	Oxygen Medicaid	\$ 66		
30 / 6b	Lab Medicaid	\$ 116		
30 / 6b	Lab EverCare	\$ 11,565		
30 / 6b	Oxygen Managed Care	\$ 856		
30 / 6b	X-Ray Managed Care	\$ 1,934		
30 / 6b	Lab Managed Care	\$ 7,401		
30 / 6b	Less: Contractual Adjustment	\$ (11,944)		
Total Other Resident Revenue		\$ 9,994	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 / IV5	Interest Income	28	\$ 28		
Total Interest Income			\$ 28	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 / 6b	Misc. Income	\$ 99,571		
Total Other Revenue		\$ 99,571	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	273,706
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,870,227
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	615,628
4. Inventories			\$	
5. Prepaid Expenses			\$	137,906
a. Prepaid - Expenses	4,796			
b. Prepaid - Taxes	34,216			
c. Prepaid - Sewer	7,950			
d. Prepaid - Insurance	90,944			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	134,564
Patient funds held in trust	43,731			
Deposits and other receivables	90,833			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,032,031
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>182,312</u>		\$	172,939
	Accum. Depreciation <u>9,373</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>47,493</u>		\$	38,063
	Accum. Depreciation <u>9,430</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	22,276
Construction in Progress	22,276			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	233,278

* 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 New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 3,265,309	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
3. Buildings				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
5. Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
6. Motor Vehicles				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
\$				
6. Loans to Owners or Related Parties (<i>itemize</i>)				
\$				
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)				
\$ 8,545				
Deposits		8,545		
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 8,545				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 3,273,854				

* 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 New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 1,002,670
2. Notes Payable (<i>itemize</i>)				\$
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 566,970
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$ 10,781
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>)				\$ 891,601
Resident Trust	43,731	Insurance Accrual	44,521	
Accrued Operating Expenses	35,397	State Withholding - CT	52	
Accrued Provider User Fee	231,788	Due to NMHC Realty LI	326,931	
Other Related Party Accruals	149,181	Deferred Revenue	60,000	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 2,472,022

* 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 New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount
Total Brought Forward:				2,472,022
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>)				\$

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,472,022

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

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC	2207C	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			\$	(19,399)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	394,364
6. Gain or Loss for Period			\$	426,867
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	801,832
C. Total Reserves and Net Worth			\$	801,832
D. Total Liabilities, Reserves, and Net Worth			\$	3,273,854

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(19,399)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	15,347,079
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	14,920,212
D. Net Income or Deficit			\$	426,867
E. Balance			\$	407,468
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Equity Contributions	400,000			
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	400,000
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	5,636
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Distribution			5,636	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	5,636
H. Balance at End of Period		09/30/17	\$	801,832

I. Preparer's/Reviewer's Certification

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2017	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 <i>Blum, Shapiro & Company, P.C.</i>		Title		Date Signed <i>2/9/18</i>
Printed Name of Preparer Blum Shapiro & Company, P.C.				
Address 2 Enterprise Drive, Suite 302, Shelton, CT 06484			Phone Number (203) 944-2100	