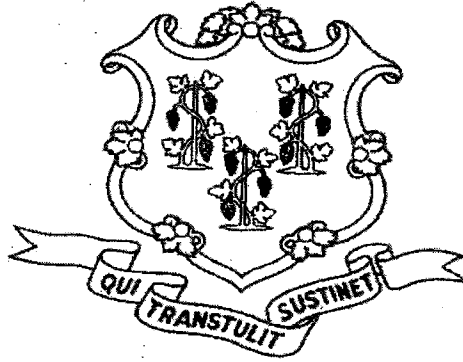


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) RegalCare at Waterbury, LLC	
Address (No. & Street, City, State, Zip Code) 177 Whitewood Road, Waterbury, CT 06708	
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 2356	RHNS	(Specify)	Medicare Provider 07-5219
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Medicaid Provider Numbers:	CCNH 000009001	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) RegalCare at Waterbury, LLC	License No. 2356	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 RegalCare at Waterbury, 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. {a}

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.

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Tom Quinn			Printed Name (Owner) Eliyahu Mirlis		
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 RegalCare at Waterbury, LLC		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 177 Whitewood Road, Waterbury, CT 06708				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 1/31/2018	
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 203-757-9491		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) RegalCare at Waterbury, LLC		Address (No. & Street, City, State, Zip) 177 Whitewood Road, Waterbury, CT 06708		
License Numbers:	CCNH 2356	RHNS (Specify)	Medicare Provider No. 07-5219	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
N/A				
Administrator				
Name of Administrator Tom Quinn		Nursing Home Administrator's License No.:	00431	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
N/A				

General Information and Questionnaire
Corporate Owners

Name of Facility RegalCare at Waterbury, LLC	License No. 2356	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	

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

Names of Stockholders Owning at Least 10% of Shares			
N/A			

General Information and Questionnaire Individual Proprietorship

Name of Facility RegalCare at Waterbury, LLC	License No. 2356	Report for Year Ended 9/30/2017	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility RegalCare at Waterbury, LLC	License No. 2356	Report for Year Ended 9/30/2017	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> No							
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.							
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No							
If "Yes," provide the following information:							
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		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				
RegalCare OP Holding Company, LLC	5 Barlow Road, Edison, NJ 08817	<input type="radio"/>	<input checked="" type="radio"/>	Line of Credit Interest	Pg 27 / Line 12d	45,231	45,231
Regal Care Rehab	26 Firemens Memorial Drive, Suite 205 Pomona, NY 10970	<input type="radio"/>	<input checked="" type="radio"/>	Physical Therapy	Pg 13 / Line B5a	251,678	251,678
Regal Care Rehab	26 Firemens Memorial Drive, Suite 205 Pomona, NY 10970	<input type="radio"/>	<input checked="" type="radio"/>	Speech Therapy	Pg 13 / Line B9a	26,587	26,587
Regal Care Rehab	26 Firemens Memorial Drive, Suite 205 Pomona, NY 10970	<input type="radio"/>	<input checked="" type="radio"/>	Occupational Therapy	Pg 13 / Line B10a	286,782	286,782
		<input type="radio"/>	<input checked="" type="radio"/>	Workers Compensation	Pg 15 / Line 1a1	260,594	260,594
		<input type="radio"/>	<input checked="" type="radio"/>	Health Insurance	Pg 15 / Line 1a5	1,039,546	1,039,546
		<input type="radio"/>	<input checked="" type="radio"/>	Property Insurance	Pg 27 / Line 14a	11,434	11,434
		<input type="radio"/>	<input checked="" type="radio"/>	Liability Insurance	Pg 27 / Line 14c3	74,007	74,007

* 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 RegalCare at Waterbury, LLC	License No. 2356	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 (See listing page 13)
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.

N/A

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

NA

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.

N/A

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 RegalCare at Waterbury, LLC		License No. 2356		Report for Year Ended 9/30/2017		Page 6	of 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					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" 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"/>	<input type="radio"/>					
Total ***							

Is a Mileage Log Book Maintained for All Leased Vehicles ? Yes No

* 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 RegalCare at Waterbury, LLC	License No. 2356	Report for Year Ended 9/30/2017	Page 7	of 37
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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.

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, 12th Floor, New Haven, CT 06511
--	--

Services Provided by This Firm (*describe fully*)

1 Advisory Services, Wage Enhancement, Preparation of Medicaid Cost Reports	\$ 12,410
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 12,410

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

- Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 CNH Finance 2 Goldman, Gruder & Woods LLC 3 LeClair Ryan 4 Murtha Cullina 5 See Attached	Telephone Number 203-742-3057 203-899-8900 804-783-2003 860-240-6000 various
--	---

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

- 1 2 Greenwich Plaza, Greenwich, CT 06830
2 200 Connecticut Avenue, Norwalk, CT 06854
3 PO Box 780054 Philadelphia, PA 19178
4 185 Asylum Street, Hartford, CT 06830
5 Various

Services Provided by This Firm (*describe fully*)

1 Line of Credit Financing (Disallowed on Pg 28)	\$ 850
2 Insurance Claims, Conservatorship (Disallowed \$7,555 on Pg. 28)	\$ 10,628
3 Settlements for employee issues	\$ 8,832
4 Legal Service for successor Liability Claims (Disallowed on Pg. \$4,963 on Pg. 28)	\$ 16,502
5 See Attached (Disallowed \$3,721 on Pg. 28)	\$ 15,074
	Charge for Services Provided
	\$ 51,886

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

- Yes No Page 15, Line 1e

General Information and Questionnaire
Accounting Basis

Name of Facility RegalCare at Waterbury, LLC		License No. 2356	Report for Year Ended 9/30/2017	Page 7a	of 37
Legal Services Information					
Name of Legal Firm or Independent Attorney				Telephone Number	
1	Novack Burnbaum Crystal LLP			212-682-4002	
2	Robinson & Cole LLP			203-462-7500	
3	Jacobi, Case & Speranzini, PC			203-874-7110	
4	Treasurer State of CT			860-702-3000	
5					
Address (No. & Street, City, State, Zip Code)					
1	675 Third Avenue, Fl 8, New York, NY 10017				
2	280 Trumbull Street, Hartford, CT 06103				
3	57 Plains Road, Suite 2B, Milford, CT 06461				
4	55 Elm Street, Ste 5, Hartford, CT 06106				
5					
Services Provided by This Firm (<i>describe fully</i>)					
1	General Representation & Arbitration (Disallowed \$1,371 on Pg. 28)			\$	4,676
2	Union Negotiations (Disallowed \$1,056 on Pg. 28)			\$	8,998
3	General Legal Services			\$	106
4	Appointment of Conservator (Disallowed on Pg. 28)			\$	1,294
5				\$	
				Charge for Services Provided	
				\$	15,074
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.					
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1e					

Schedule of Resident Statistics

Name of Facility RegalCare at Waterbury, LLC	License No. 2356		Report for Year Ended 9/30/2017				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Total	CCNH	RHNS (Specify)
				Total	CCNH	RHNS	(Specify)			
1. Certified Bed Capacity	120	120		120	120		120	120		
A. On last day of PREVIOUS report period										
B. On last day of THIS report period	120	120		120	120		120	120		
2. Number of Residents	98	98		98	98		94	94		
A. As of midnight of PREVIOUS report period										
B. As of midnight of THIS report period	114	114		94	94		114	114		
3. Total Number of Days Care Provided During Period	4,120	4,120		2,935	2,935		1,185	1,185		
A. Medicare										
B. Medicaid (Conn.)	28,949	28,949		21,471	21,471		7,478	7,478		
C. Medicaid (other states)										
D. Private Pay	767	767		501	501		266	266		
E. State SSI for RCH										
F. Other (Specify) HMO & Private Insurance	1,179	1,179		769	769		410	410		
G. Total Care Days During Period (3A thru F)	35,015	35,015		25,676	25,676		9,339	9,339		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds	7	7					7	7		
A. Medicaid Bed Reserve Days										
B. Other Bed Reserve Days										
5. Total Resident Days (3G + 4A + 4B)	35,022	35,022		25,676	25,676		9,346	9,346		

Schedule of Resident Statistics (Cont'd)

Name of Facility RegalCare at Waterbury, LLC	License No. 2356	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 (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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	13	90		11				
Per Diem Rate								
a. One bed rm.	Various	259.64		376.00				
b. Two bed rms.	Various	259.64		353.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,234	2,234		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	244	244		
2. Restorative Treatments	2,193	2,193		
C. Other	9,802	9,802		
D. Total Physical Therapy Treatments	14,473	14,473		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	254	254		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	11	11		
2. Restorative Treatments	95	95		
C. Other	455	455		
D. Total Speech Therapy Treatments	815	815		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	3,140	3,140		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	282	282		
2. Restorative Treatments	2,536	2,536		
C. Other	10,924	10,924		
D. Total Occupational Therapy Treatments	16,882	16,882		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
RegalCare at Waterbury, LLC	2356	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	148,692	2,414				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	34,809	1,632				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	245,274	8,750				
5. Dietary Service						
a. Head Dietitian	65,364	1,637				
b. Food Service Supervisor	54,225	2,055				
c. Dietary Workers	439,367	22,703				
6. Housekeeping Service						
a. Head Housekeeper	32,116	1,789				
b. Other Housekeeping Workers	315,474	18,513				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	58,884	2,080				
b. Other Maintenance Workers	46,458	2,227				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	82,057	4,738				
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	190,559	4,156				
b. RN						
1. Direct Care	473,034	11,983				
2. Administrative**	271,253	9,948				
c. LPN						
1. Direct Care	1,435,867	40,277				
2. Administrative**						
d. Aides and Attendants	1,613,313	79,202				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	89,763	4,078				
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	68,006	2,706				
n. Marketing	150,766	2,080				
o. Other (Specify) See Attached Schedule	152,354	5,711				
A-13. Total Salary Expenditures	5,967,635	228,679				

* 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
	-					
Medical Records	\$ 27,276	1,595				
Admissions	125,078	4,116				
Total	\$ 152,354	5,711	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Respiratory Therapist	\$ 965	15				
Independent Nursing Consultant	1,400	20				
Respiratory Pulmonary Therapist	5,600	45				
IV Insertion Nurse	3,436	No Hours				
Total	\$ 11,401	80	\$ -	-	\$ -	-

**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		
RegalCare at Waterbury, LLC		2356		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									
Corinne DiBacco	46,240		Non-Discriminatory	Clinical Nursing	1,046	A12b2	See All Other RegalCare Cost Reports		
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.

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-12 Rev. 10/2005

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

Name of Facility (as licensed) RegalCare at Waterbury, LLC		License No. 2356		Report for Year Ended 9/30/2017		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Tom Quinn (10/1/16-9/30/17)	129,237		Non Discriminatory	Administrator	2,046	A2			
William Pond (7/24/17-Present)	19,455		Non Discriminatory	Administrator	368	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		
RegalCare at Waterbury, LLC	2356	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						
2. Dentist	7,200	111				
3. Pharmacist	10,634	Monthly Fee				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	251,678	3,618				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	63,000	1,014				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	26,587	204				
b. Other						
10. Occupational Therapist						
a. Resident Care	286,782	4,221				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	11,401	80				
B-13 Total Fees Paid in Lieu of Salaries	657,282	9,248				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information. Page 17.
 ** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.
 *** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Name of Facility		License No.	Report for Year Ended		Page	of
RegalCare at Waterbury, LLC		2356	9/30/2017		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
LTC Management 174 Scott Road, Prospect, CT 06712	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Integra Scripts, 160 Airport Road, Lakewood, NJ 08701	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
RegalCare Rehab 26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970	Physical, Occupational & Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Onership		
Marc N. Raad, M.D.-503 Wolcott Road, Wolcott, CT 06716	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
INPT & SNF Quality Care, LLC 31 Ridgecrest Dr, Wolcott, CT 06716	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Lynn Poole 31 Bronx Ave, Waterbury, CT 06705	Independent Nurse Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Technical Gas Products, Inc. 101 North Plains Industrial Road, 1B Suite 1, Wallingford, CT	Respiratory Service	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
O2 Safe Respiratory Services, 101 North Plains Industrial Road, 1B Suite 1, Wallingford, CT	Respiratory Pulmonary Rehab Program	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
MedWiz Solutions, 167 Route 304, Bardonia, NY 10954	IV Insertion	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<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"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
RegalCare at Waterbury, LLC	2356	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 260,594	260,594			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 553,519	553,519			
5. Health Insurance	\$ 1,039,546	1,039,546			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 303,162	303,162			
8. Uniform Allowance	\$ 9,911	9,911			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 42,043	42,043			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 59,354	59,354			
d. Accounting and Auditing	\$ 12,410	12,410			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 51,886	51,886			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 10,543	10,543			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 15,381	15,381			
2. Cellular Phones	\$ 2,836	2,836			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 824	824			
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	\$ 646,387	646,387			
Subtotal	\$ 3,008,396	3,008,396			

* 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**

RegalCare at Waterbury, LLC
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	-		
Union Training Fund	\$ 39,743		
Employee Background Checks	2,300		
Total	\$ 42,043	\$ -	\$ -

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
RegalCare at Waterbury, LLC	2356	9/30/2017	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	3,008,396	3,008,396		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 1,325	1,325		
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 18,853	18,853		
5. Education Expenses Related to Seminars and Conventions	\$ 1,994	1,994		
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>)	\$ 6,463	6,463		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 45,960	45,960		
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	\$ 1,055	1,055		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 60	60		
10. Contributions*** See Attached Schedule	\$ 73	73		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 298,025	298,025		
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 57,944	57,944		
C-14 Total Administrative & General Expenditures	\$ 3,440,148	3,440,148		

* 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)
	-		
Marketing & Advertising	\$ 45,960		
Total Other Advertising	\$ 45,960	\$ -	\$ -

Schedule of Dues

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

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	-		
Donations/Charity	\$ 73		
Total Contributions	\$ 73	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Licenses	\$ 605		
Fines, Penalties & Settlements	187		
Late Fees	1,855		
Bank Fees	40,201		
Startup Costs	5,818		
Employee Food	944		
Employee Relations	545		
Discriminatory Bonus	3,289		
Loan Forgiveness	4,500		
Total Other Administrative and General	\$ 57,944	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility RegalCare at Waterbury, LLC	License No. 2356	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 #
N/A			

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

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

Name of Facility RegalCare at Waterbury, LLC		License No. 2356	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	\$ 205,696	205,696		
2.	Non-Food Supplies	\$ 12,096	12,096		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 217,792	217,792		
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 type="radio"/> Yes	<input checked="" type="radio"/> No		
I.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
L.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
O.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
RegalCare at Waterbury, LLC		2356	9/30/2017	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
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) Laundry Supplies		\$	7,950	7,950	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	7,950	7,950	
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
RegalCare at Waterbury, LLC		2356	9/30/2017		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
	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>) Supplies	\$	27,943	27,943		
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	27,943	27,943		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from MedWiz	\$	240,127	240,127		
	b. Medicine Cabinet Drugs	\$	5,353	5,353		
	c. Medical and Therapeutic Supplies	\$				
	d. Ambulance/Limousine***	\$	637	637		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	1,423	1,423		
	f. X-rays and Related Radiological Procedures***	\$	4,486	4,486		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	14,661	14,661		
	i. Recreation	\$	20,243	20,243		
	j. Other (<i>Specify</i>)**** See Attached Schedule	\$	177,166	177,166		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	464,096	464,096		

* 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)
	-		
Supplies	\$ 122,135		
Minor Equipment & Supplies	276		
Sanitation & Incineration	716		
Equip-Rental	41,289		
Data Processing	12,750		
Total Other Resident Care	\$ 177,166	\$ -	\$ -

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

Name of Facility		License No.		Report for Year Ended		Page of			
RegalCare at Waterbury, LLC		2356		9/30/2017		21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS (Specify)	Pg	Line
		Yes	No						
Caretech Group	1123 McDonald Ave Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Purchasing Company	24,000		16	M11
USA Hauling & Recycling Inc.	P.O. Box 808 East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Garbage	17,415		22	6f
Jeffrey A. Boccacio	Pomfret Center, CT. 06259	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Maintenance	12,080		22	6f
Simple Solutions Property Management & Construction LLC	Plantsville, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Snow Removal	15,182		22	6f
On-Time IT 48 Bakertown Rd Suite 407B Monroe, NY 10950	407B Monroe, NY 10950	<input type="radio"/>	<input checked="" type="radio"/>	N/A	IT	11,725		16	M11
LTC Consulting Services	7 Randolph Road, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Fiscal Services	193,983		16	M11
		<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"/>						
		<input type="radio"/>	<input 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
RegalCare at Waterbury, LLC	2356	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 23,208	23,208				
b. Heat	\$ 82,971	82,971				
c. Light & Power	\$ 92,007	92,007				
d. Water	\$ 24,177	24,177				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 96,502	96,502				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 318,865	318,865				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 30,035	30,035				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 30,035	30,035				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 8,526	8,526				
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 6,419	6,419				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 14,945	14,945				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 335,425	335,425				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 122,391	122,391				
c. Personal property taxes	\$ 4,038	4,038				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 506,834	506,834				

* 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)
	-		
Supplies	\$ 13,554		
Sanitation & Incineration	17,445		
Extermination	1,372		
Snow Removal	15,181		
Landscaping	6,360		
Fire Drill	7,276		
Contracted Service	25,815		
Security	9,499		
Total Other Repairs and Maintenance	\$ 96,502	\$ -	\$ -

Depreciation Schedule

Name of Facility RegalCare at Waterbury, LLC		License No. 2356		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
		Yes	No			Month		
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.		Var	Var	92,811	92,811	S/L	21,434	21,434
b.								
c.								
d.								
2. Movable Equipment								
a. Acquired prior to this report period								
Var		Var	Var	92,811	92,811	S/L	21,434	21,434
b. Disposals (attach schedule)								
c. Acquired during this report period (attach schedule)								
Var		Var	Var	45,723	45,723	S/L	8,601	8,601
D-3. Subtotal								
E. Total Depreciation								
								30,035
								30,035

RegalCare at Waterbury, 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:				
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

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/21/2017	Diathermy	\$ 21,258	5	\$ 4,252
2/24/2017	Generator & Equipment	1,467	5	293
3/22/2017	Double Doors, Locks, Keypad	3,191	10	319
3/31/2017	Ice Maker	1,935	10	194
4/26/2017	New Mattress	550	10	55
4/30/2017	Convection Oven	884	10	88
7/31/2017	A/C Units	886	5	177
4/4/2017	2 double doors, Locks, Keypad	3,191	10	319
4/14/2017	Hilo Motor	626	8	78
8/18/2017	Mattress	606	10	61
6/16/2017	Chromebooks, Laptops, HP Processor, Printer, Desktop	4,099	5	820
6/16/2017	Chromebooks, Laptops, HP Processor, Printer, Desktop	2,857	5	571
3/6/2017	Gateway Security Bundle	1,000	3	333
4/1/2017	Gateway Security Bundle	1,000	3	333
5/1/2017	Gateway Security Bundle	1,000	3	333
9/30/2017	E-Copiers (Total = 6)- Sales Use Tax	908	3	303
9/30/2017	Gateway Security Bundle-Sales Use Tax	190	3	63
9/30/2017	Hilo Motor-Sales Tax	40	8	5
9/30/2017	Mattress-Sales Tax	35	10	4
Total additions for Movable Equipment		\$ 45,723		\$ 8,601 *
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:				
10/1/2016	Gas Valve	\$ 1,363	10	\$ 136
10/1/2016	Boiler Repair	6,500	10	650
11/1/2016	Replace Cast Iron Pipe	3,155	25	126
11/1/2016	Replace Expnsion Tank	1,517	10	152
11/1/2016	Replace Pump on Laundry Hot Water	3,060	15	204
11/1/2016	Valve Replacement	1,161	10	116
1/1/2017	Roof Repair	4,605	15	307
1/1/2017	New Fire Door	877	20	44
2/1/2017	Carpet Installation	1,860	5	372
6/1/2017	Flooring and Labor Adjustment	(9,277)	20	(464)
6/23/2017	Copper Tubing	1,495	7	214
6/23/2017	Valve Replacement	1,764	10	176
7/1/2017	Carpeting	10,913	5	2,183
9/8/2017	Hot Water Piping Repair	1,350	10	135
9/29/2017	Mixing Valve Repar	946	10	95
Total additions for Leasehold Improvement		\$ 31,289		\$ 4,446 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

RegalCare at Waterbury, LLC
FIXED ASSET / DEPRECIATION SCHEDULE

G/L Account	Description	Date In Service	Method	Life	Historical Cost	2016 A/D	2017 Deprec.	2017 A/D	NBV
LEASEHOLD IMPROVEMENTS									
Leasehold Imp.	Sign Replacement	4/1/2016	S/L	10	1,383	138	138	276	1,107
Leasehold Imp.	Tile Flooring and labor	8/1/2016	S/L	20	31,554	1,578	1,578	3,156	28,398
Leasehold Imp.	Roof Repairs	8/1/2016	S/L	15	3,848	257	257	514	3,334
TOTAL LEASEHOLD IMPROVEMENTS 2016					36,785	1,973	1,973	3,946	32,839
Leasehold Imp.	Gas Valve	10/1/2016	S/L	10	1,363	-	136	136	1,227
Leasehold Imp.	Boiler Repair	10/1/2016	S/L	10	6,500	-	650	650	5,850
Leasehold Imp.	Replace Cast Iron Pipe	11/1/2016	S/L	25	3,155	-	126	126	3,029
Leasehold Imp.	Replace Expansion Tank	11/1/2016	S/L	10	1,517	-	152	152	1,365
Leasehold Imp.	Replace Pump on Laundry Hot Water	11/1/2016	S/L	15	3,060	-	204	204	2,856
Leasehold Imp.	Valve Replacement	11/1/2016	S/L	10	1,161	-	116	116	1,045
Leasehold Imp.	Roof Repair	1/1/2017	S/L	15	4,605	-	307	307	4,298
Leasehold Imp.	New Fire Door	1/1/2017	S/L	20	877	-	44	44	833
Leasehold Imp.	Carpet Installation	2/1/2017	S/L	5	1,860	-	372	372	1,488
Leasehold Imp.	Flooring and Labor Adjustment	6/1/2017	S/L	20	(9,277)	-	(464)	(464)	(8,813)
Leasehold Imp.	Copper Tubing	6/23/2017	S/L	7	1,495	-	214	214	1,281
Leasehold Imp.	Valve Replacement	6/23/2017	S/L	10	1,764	-	176	176	1,588
Leasehold Imp.	Carpeting	7/1/2017	S/L	5	10,913	-	2,183	2,183	8,730
Leasehold Imp.	Hot Water Piping Repair	9/8/2017	S/L	10	1,350	-	135	135	1,215
Leasehold Imp.	Mixing Valve Repair	9/29/2017	S/L	10	946	-	95	95	851
TOTAL LEASEHOLD IMPROVEMENTS 2017					31,289	-	4,446	4,446	26,843
TOTAL LEASEHOLD IMPROVEMENTS					68,074	1,973	6,419	8,392	59,682
MOVABLE EQUIPMENT									
FF&E	ID Card Printer	4/1/2016	S/L	5	1,244	249	249	498	746
FF&E	119 Gallon Insulated Storage Tank	4/1/2016	S/L	10	1,358	136	136	272	1,086
FF&E	Food Blender	7/1/2016	S/L	10	1,140	114	114	228	912
FF&E	Satellite nurse master console	8/1/2016	S/L	10	1,739	174	174	348	1,391
Medical Equipment	Rail system	4/1/2016	S/L	15	12,695	846	846	1,692	11,003
Medical Equipment	Stepper Recumbent stepone	4/1/2016	S/L	5	3,942	788	788	1,576	2,366
Computer Hardware	Sonicwall Network, Sec, 8 computers, server Microsoft Office Pro (8)	3/1/2016	S/L	5	12,638	2,528	2,528	5,056	7,582
Computer Hardware	Lenovo Desktop (4), Lenovo Notebook (3)	4/1/2016	S/L	5	3,952	790	790	1,580	2,372
Computer Hardware	52 Port Gigabit Ethernet Switch, Backup (12), Project Management (4)	6/1/2016	S/L	5	14,769	2,954	2,954	5,908	8,861
Computer Hardware	Lenovo Computer	6/1/2016	S/L	5	489	98	98	196	293
Sales Use Tax	Lenovo Computer	6/1/2016	S/L	5	31	6	6	12	19
Computer Hardware	Lenovo Computer	7/1/2016	S/L	5	489	98	98	196	293
Sales Use Tax	Lenovo Computer	7/1/2016	S/L	5	31	6	6	12	19
Computer Hardware	Check Scanner	9/1/2016	S/L	5	877	175	175	350	527
Computer Software	3 Printers	3/1/2016	S/L	3	747	249	249	498	249
Computer Software	Microsoft Office Pro (8) & Sonicwall Antivirus	4/1/2016	S/L	3	2,751	917	917	1,834	917
Computer Software	Microsoft Office Pro	6/1/2016	S/L	3	219	73	73	146	73
Capital Lease	E-Copiers (Total = 6)	3/1/2016	S/L	3	33,700	11,233	11,233	22,466	11,234
TOTAL MOVABLE EQUIPMENT 2016					92,811	21,434	21,434	42,868	49,943
FF&E	Dialthermy	2/21/2017	S/L	5	21,258	-	4,252	4,252	17,006
FF&E	Generator & Equipment	2/24/2017	S/L	5	1,467	-	293	293	1,174
FF&E	Double Doors, Locks, Keypad	3/22/2017	S/L	10	3,191	-	319	319	2,872
FF&E	Ice Maker	3/31/2017	S/L	10	1,935	-	194	194	1,741
FF&E	New Mattress	4/26/2017	S/L	10	550	-	55	55	495
FF&E	Convection Oven	4/30/2017	S/L	10	884	-	88	88	796
FF&E	A/C Units	7/31/2017	S/L	5	886	-	177	177	709
FF&E	2 double doors, Locks, Keypad	4/4/2017	S/L	10	3,191	-	319	319	2,872
Medical Equipment	Hilo Motor	4/14/2017	S/L	8	626	-	78	78	548
Medical Equipment	Mattress	8/18/2017	S/L	10	606	-	61	61	545
Computer Hardware	Chromebooks, Laptops, HP Processor, Printer, Desktop	6/16/2017	S/L	5	4,099	-	820	820	3,279
Computer Hardware	Chromebooks, Laptops, HP Processor, Printer, Desktop	6/16/2017	S/L	5	2,857	-	571	571	2,286
Computer Software	Gateway Security Bundle	3/6/2017	S/L	3	1,000	-	333	333	667
Computer Software	Gateway Security Bundle	4/1/2017	S/L	3	1,000	-	333	333	667
Computer Software	Gateway Security Bundle	5/1/2017	S/L	3	1,000	-	333	333	667
Sales Use Tax	E-Copiers (Total = 6) - Sales Use Tax	9/30/2017	S/L	3	908	-	303	303	605
Sales Use Tax	Gateway Security Bundle-Sales Use Tax	9/30/2017	S/L	3	190	-	63	63	127
Sales Use Tax	Hilo Motor-Sales Tax	9/30/2017	S/L	8	40	-	5	5	35
Sales Use Tax	Mattress-Sales Tax	9/30/2017	S/L	10	35	-	4	4	31
TOTAL MOVABLE EQUIPMENT 2017					45,723	-	8,601	8,601	37,122
TOTAL MOVABLE EQUIPMENT					138,534	21,434	30,035	51,469	87,065
TOTAL ASSETS					206,608	23,407	36,454	59,861	146,747
TOTAL ASSETS PER CR SCHEDULE					206,608	23,407	36,454	59,861	146,747
TOTAL ASSETS PER TRIAL BALANCE					212,708	-	40,896	57,184	155,524
VARIANCE					(6,100)	-	(4,442)	2,677	(8,777)
VARIANCE DETAIL									
(ADD) CIP					6,100				
ROUNDING					-				
REVISED VARIANCE					-		(4,442)	2,677	(2,677)

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended		Page	of		
RegalCare at Waterbury, LLC		2356		9/30/2017		24	37		
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Deferred Financing Costs			5 Years	42,630	4,263	S/L		8,526	
2.									
3.									
A-4. Subtotal									8,526
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var	Various	36,785	1,973	S/L	Varion	1,973	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal	Var	Var	Various	31,289		S/L	Varion	4,446	
D. Total Amortization									6,419
									14,945

* 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 RegalCare at Waterbury, LLC	License No. 2356	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 type="radio"/> Yes	<input checked="" 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					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		120			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
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	
Independence Senior Holdings LLC, 13 Freedom Drive, Lakewood, NJ 08707	Building	03/04/16	20 Years	335,425	

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.

Annual Report of Long-Term Care Facility

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

Name of Facility		License No.	Report for Year Ended		Page	of
RegalCare at Waterbury, LLC		2356	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	
RegalCare at Waterbury, LLC		2356		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) LOC / Loan / Late Payment Interest				\$	176,343	176,343	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	176,343	176,343	
14. Insurance							
a. Insurance on Property (buildings only)				\$	11,434	11,434	
b. Insurance on Automobiles				\$	373	373	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify) General Liability / EPLI / Surety Bond				\$	74,007	74,007	
14d. Total Insurance Expenditures (14a + b + c)				\$	85,814	85,814	
15. Total All Expenditures (A-13 thru C-14)				\$	11,870,702	11,870,702	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
RegalCare at Waterbury, LLC				2356	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	\$ 150,766	150,766		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 286,782	286,782		
7.			Other - See attached Schedule	\$ 5,801	5,801		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 59,354	59,354		
10.	15	1e	Accounting & Legal	\$ 17,089	17,089		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,396	1,396		
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.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 14,515	14,515		
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 45,960	45,960		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 574	574		
20.	16	m10	Fund Raising / Contributions	\$ 73	73		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 44,809	44,809		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 627,119	627,119		

* 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	A12o	Marketing Salaries	\$ 150,766		
Total Other Salaries Adjustment			\$ 150,766	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12o	Respiratory Therapist	\$ 965		
13	B12o	Independent Nursing Consultant	1,400		
13	B12o	IV Insertion Nurse	3,436		
Total Other Fees Adjustments			\$ 5,801	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Fines, Penalties & Settlements	\$ 187		
16	m13	Late Fees	1,855		
16	m13	Non Routine Bank Charges	27,671		
16	m13	Startup Costs	5,818		
16	m13	Employee Food	944		
16	m13	Employee Relations	545		
16	m13	Discriminatory Bonus	3,289		
16	m13	Loan Forgiveness	4,500		
Total Other A&G Adjustments			\$ 44,809	\$ -	\$ -

RegalCare at Waterbury, LLC
Disallowance Schedule for Cell Phones
September 30, 2017

	<u>Amount</u>
Total Cell Phone Expense	2,836 TB Linked
Cell Phone Allowed Based on Bed Capacity	4
Monthly Allowable amount per Cell Phone	\$ 30
Months in Cost Report Year	<u>12</u>
Allowable Per Year	1,440
Percentage of Year (365 Days / 365 Days)	<u>100%</u>
Total Allowable Cost	\$ 1,440
Disallowed Cell Phone (Page 28, Line 12)	 <u><u>\$ 1,396</u></u>

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

Name of Facility				License No.	Report for Year Ended	Page	of
RegalCare at Waterbury, LLC				2356	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 627,119	627,119		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 240,127	240,127		
28.	20	5d	Ambulance/Limousine	\$ 637	637		
29.	20	5f	X-rays, etc	\$ 4,486	4,486		
30.	20	5h	Laboratory	\$ 14,661	14,661		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 1,423	1,423		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 38,460	38,460		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 8,526	8,526		
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	\$ 176,716	176,716		
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)			\$ 1,112,155	1,112,155		

*** 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.

RegalCare at Waterbury, LLC
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV Disallowance (See Attached)	\$ 4,060		
20	5j	Non Allowable Equipment Rental	34,400		
Total Other Ancillary Costs			\$ 38,460	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	8a	Amortization Expense	\$ 8,526		
Total Other Property Adjustments			\$ 8,526	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Late Payment Interest	\$ 31,917		
27	12d	Line of Credit Interest	45,231		
27	12d	Interest on Loan	99,195		
27	14b	Automobile Insurance (Owner)	373		
Total Other Adjustments			\$ 176,716	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**RegalCare at Waterbury, LLC
Disallowance Schedule for Cable TV
September 30, 2017**

Pg. 29b

	<u>Amount</u>	
Total Cable TV Expense acct #80-232-00	\$ 7,660	TB Linked
Monthly Allowable amount	\$ 300	
Months in Year	12	
% of Actual Days in Cost Year (365 Days)	100%	
Total Allowable Cost	<u>\$ 3,600</u>	
Disallowed Cable TV	<u><u>\$ 4,060</u></u>	

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
RegalCare at Waterbury, LLC	2356	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 7,517,664	7,517,664				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 2,413,624	2,413,624				
b. Medicare Room and Board Contractual Allowance **	\$ (46,843)	(46,843)				
4. a. Private-Pay Residents and Other	\$ 642,539	642,539				
b. Private-Pay Room and Board Contractual Allowance **	\$ (180)	(180)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 215,313	215,313				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (215,313)	(215,313)				
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
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	\$ 327,056	327,056				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (267,023)	(267,023)				
c. Physical Therapy - Non-Medicare	\$ 82,982	82,982				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (80,519)	(80,519)				
4. a. Speech Therapy - Medicare	\$ 60,726	60,726				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (38,081)	(38,081)				
c. Speech Therapy - Non-Medicare	\$ 12,484	12,484				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (12,484)	(12,484)				
5. a. Occupational Therapy - Medicare	\$ 389,700	389,700				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (302,334)	(302,334)				
c. Occupational Therapy - Non-Medicare	\$ 96,129	96,129				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (94,824)	(94,824)				
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$ (1,851)	(1,851)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,698,765	10,698,765				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 12	12				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$					
V. Total Other Revenue (1 thru 8)	\$ 12	12				
VI. Total All Revenue (III +V)	\$ 10,698,777	10,698,777				

* 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)
		-		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Revenue Adjustments>HMO	\$ (2,533)		
30 II 6b	Revenue Adjustments>Hospice	845		
30 II 6b	Revenue Adjustments> Medicaid	(163)		
Total Other Resident Revenue		\$ (1,851)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Late Insurance Payment Interest	N/A	\$ 12		
Total Interest Income			\$ 12	\$ -	\$ -

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
RegalCare at Waterbury, LLC	2356	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	36,711
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,124,486
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	7,245
a. Prepaid Expenses	1,528			
b. Prepaid Expenses> Insurance	3,720			
c. Prepaid Expenses> Taxes	1,997			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,168,442
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 <u>68,074</u>		\$	59,682
	Accum. Depreciation <u>8,392</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>138,534</u>		\$	87,065
	Accum. Depreciation <u>51,469</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	8,777
CIP	6,100			
F/S vs C/R NBV	2,677			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	155,524

* 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
RegalCare at Waterbury, LLC		2356	9/30/2017	32	37
Account				Amount	
Total Brought Forward:				\$	1,323,966
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					
				\$	5,305
2. Escrow Deposits					
				\$	
3. Organization Expense					
		*Historical Cost	42,630		
		Accum. Depreciation	12,789	Net	\$
				\$	29,841
4. Goodwill (Purchased Only)					
				\$	478,312
5. Investments Related to Resident Care (<i>itemize</i>)					
				\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)					
				\$	271
Name and Address		Amount	Loan Date		
Due to Southport / Fairview Mgmt		271			
7. Other Assets (<i>itemize</i>)					
				\$	70,929
		Due From>Old Owner	64,685		
		Due To/(From)>Vendor	6,244		
				\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$	584,658
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	1,908,624

* 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
RegalCare at Waterbury, LLC		2356	9/30/2017	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,007,570
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>)				\$	228,427
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	4,851
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>)				\$	326,037
Accrued Expenses		170,518	Accrued Expenses>Utilit	8,255	
Accrued Expenses(Assumed)		74,961	Accrued Expenses>Insur:	3,213	
Accrued Expenses>Tamkar Brokera		5,329	Accrued ExpensesWelfar	2,359	
Accrued Expenses>Capital Lease>C		9,100	Accrued Expenses>Healt	52,302	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,566,885

* 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 RegalCare at Waterbury, LLC		License No. 2356	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,566,885	
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		
WH, Mgmt, Holdings, Nor, NL, Employee, Greenwich		1,832,660			
Eli Mirlis		5,702			
4. Other Long-Term Liabilities (<i>itemize</i>)					
Due To/(From)>Other L&E			613		
Due To/(From)>HMO			2		
Due To/(From)>Income			11,548		
Due To>Patient Spend Down			2,154		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,852,679	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,419,564	

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

Name of Facility	License No.	Report for Year Ended	Page	of
RegalCare at Waterbury, LLC	2356	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			\$	(317)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(334,256)
6. Gain or Loss for Period			\$	(1,176,367)
7. Total Net Worth			\$	(1,510,940)
C. Total Reserves and Net Worth			\$	(1,510,940)
D. Total Liabilities, Reserves, and Net Worth			\$	1,908,624

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
RegalCare at Waterbury, LLC	2356	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(334,256)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	10,698,777
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,875,144
D. Net Income or Deficit			\$	(1,176,367)
E. Balance			\$	(1,510,623)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Expenses Per Page 27			\$11,870,702	
F/S vs C/R Depreciation			4,442	
Total F/S Expenses			\$11,875,114	
2. Other (<i>itemize</i>)				
Prior Period Adjustment			(317)	
F-3. Total Additions			\$	(317)
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(1,510,940)
				09/30/17

I. Preparer's/Reviewer's Certification

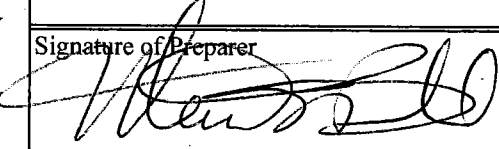
Name of Facility RegalCare at Waterbury, LLC	License No. 2356	Report for Year Ended 9/30/2017	Page 37	of 37
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Check appropriate category

<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)
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Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer 	Title PRINCIPAL	Date Signed 2/14/18
--	--------------------	------------------------

Printed Name of Preparer Matthew S. Bavolack	
Address 555 Long Wharf Drive, New Haven, CT 06511	Phone Number 203-781-9600

Subject to the attached accountants' consulting report

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for RegalCare at Waterbury, LLC for the year ended September 30, 2017, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of RegalCare at Waterbury, LLC. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of RegalCare at Waterbury, LLC and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT
February 12, 2018

Annual Report of Long-Term Care Facility Cost Year 2017 Checklist

Facility Name RegalCare at Waterbury, LLC

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation:

Yes No

2. Are the methods of allocating costs consistent with cost year 2016? If not, explain the reporting change.

Explanation:

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation:

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation:

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation:

Yes No

6. During cost year 2017, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation:

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation:

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation:

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation:

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation:

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation: _____

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation: _____

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2016?

Explanation: _____

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation: _____

Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: _____

Yes No

18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.

Explanation: _____

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: _____

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation: _____

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation: _____

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: _____

Client: **Regal Care Management**
 Engagement: **Medicaid - RegalCare at Waterbury, LLC**
 Period Ending: **9/30/2017**
 Trial Balance: **A.01 - TB-CCNH**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2017			9/30/2017
10-014-00	Cash>Petty Cash Facility	200.00			200.00
10-015-00	Cash>Petty Cash PNA	1,217.00			1,217.00
10-020-91	Cash>Payroll>Waterbury	279.00			279.00
10-050-91	Cash>WFPayroll>Waterbury	705.00			705.00
10-060-91	Cash>Resident Trust>Waterbury	44,461.00			44,461.00
10-061-00	Cash>Care Cost	5,000.00			5,000.00
10-090-91	Cash>WFOperating>Waterbury	(15,151.00)			(15,151.00)
11-102-00	Accounts Receivable>Medicare A	203,642.00			203,642.00
11-104-00	Accounts Receivable>Private	646.00			646.00
11-105-00	Accounts Receivable>HMO	68,884.00			68,884.00
11-109-00	Accounts Receivable>Hospice	11,543.00			11,543.00
11-111-00	Accounts Receivable>Medicaid	858,504.00			858,504.00
11-112-00	Accounts Receivable>Income	19,618.00			19,618.00
11-120-00	Accounts Receivable>Allow for Doubtful Accts	(59,086.00)			(59,086.00)
11-123-00	Accounts Receivable>Ancillary	20,735.00			20,735.00
12-000-00	Prepaid Expenses	1,528.00			1,528.00
12-124-00	Prepaid Expenses>Insurance	3,720.00			3,720.00
12-126-00	Prepaid Expenses>Taxes	1,997.00			1,997.00
13-127-00	Due From>Old Owner	55,434.00			55,434.00
13-128-00	Due From>Vendor Security Deposits	5,305.00			5,305.00
14-131-00	Fixed Assets>Leasehold Improvements	68,075.00			68,075.00
14-132-00	Fixed Assets>Furniture, Fixtures and Equipment	38,843.00			38,843.00
14-133-00	Fixed Assets>Medical Equipment	17,869.00			17,869.00
14-134-00	Fixed Assets>Computer Hardware	40,170.00			40,170.00
14-135-00	Fixed Assets>Computer Software	6,717.00			6,717.00
14-136-00	Fixed Assets>CIP	6,100.00			6,100.00
14-137-01	Fixed Asset>Capital Lease>Copier	33,700.00			33,700.00
14-305-00	Fixed Assets>Sales Use Tax	1,234.00			1,234.00
15-131-00	Accum Depn>Leasehold Improvements	(8,275.00)			(8,275.00)
15-132-00	Accum Depn>Furniture, Fixtures and Equipment	(5,340.00)			(5,340.00)
15-133-00	Accum Depn>Medical Equipment	(5,074.00)			(5,074.00)
15-134-00	Accum Depn>Computer Hardware	(10,279.00)			(10,279.00)
15-135-00	Accum Depn>Computer Software	(1,409.00)			(1,409.00)
15-137-01	Accumulated Depn>Capital Lease>Copier	(26,679.00)			(26,679.00)
15-305-00	Accum Depn>Sales Use Tax	(128.00)			(128.00)
16-000-00	Goodwill	478,312.00			478,312.00
17-000-00	Deferred Financing Costs	42,630.00			42,630.00
19-265-00	Accumulated Amortization>Deferred Financing Costs	(12,789.00)			(12,789.00)
20-000-00	Accounts Payable	(963,159.00)			(963,159.00)
21-149-00	Other Current Payables>Misc. PR Deduction	50.00			50.00
21-350-00	Other Current Payables>Resident Funds	(44,461.00)			(44,461.00)
23-000-00	Accrued Wages & Related	(88,704.00)			(88,704.00)
23-156-00	Accrued Wages & Related>PR Taxes	2,188.00			2,188.00
23-157-00	Accrued Expenses>PTO	(141,911.00)			(141,911.00)
24-000-00	Accrued Expenses	(170,518.00)			(170,518.00)
24-000-01	Accrued Expenses (Assumed)	(74,961.00)			(74,961.00)
24-000-02	Accrued Expenses>Tamkar Brokerage Fee	(5,329.00)			(5,329.00)
24-137-01	Accrued Expenses>Capital Lease>Copier	(9,100.00)			(9,100.00)
24-158-00	Accrued Expenses>Utilities (Assumed)	(8,255.00)			(8,255.00)
24-165-00	Accrued Expenses>Insurance - Property	(3,213.00)			(3,213.00)
24-260-79	Accrued Expenses>Welfare (Assumed) >Union	(2,359.00)			(2,359.00)
24-882-00	Accrued Expenses>Health Insurance	(52,302.00)			(52,302.00)
27-000-87	Due To/(From)>Torrington	(2,551.00)			(2,551.00)
27-000-88	Due To/(From)>New Haven	(4,381.00)			(4,381.00)
27-000-89	Due To/(From)>Prospect	(5,170.00)			(5,170.00)

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2017			9/30/2017
27-000-90	Due To/(From)>West Haven	(2,834.00)			(2,834.00)
27-000-92	Due To/(From)>Management	(129,227.00)			(129,227.00)
27-000-93	Due To/(From)>Holdings	(1,645,024.00)			(1,645,024.00)
27-000-95	Due To/(From)>Norwich	(21,558.00)			(21,558.00)
27-000-96	Due To/(From)>New London	(20,695.00)			(20,695.00)
27-102-00	Due To/(From)>Medicare A	(4,851.00)			(4,851.00)
27-105-00	Due To/(From)>HMO	(2.00)			(2.00)
27-112-00	Due To/(From)>Income	(11,548.00)			(11,548.00)
27-152-00	Due To/(From)>Employee	(1,214.00)			(1,214.00)
27-172-00	Due To/(From)>Vendor	6,244.00			6,244.00
27-174-00	Due To/(From)>Other L&E	(613.00)			(613.00)
27-199-00	Due To>Patient Spend Down	(2,154.00)			(2,154.00)
27-315-00	Due To/(From)>Southport	11.00			11.00
27-316-00	Due To/(From)>Greenwich	(6.00)			(6.00)
27-317-00	Due To/(From)>Fairview Management	260.00			260.00
27-400-00	Due to/(from)>Eli Mirlis	(5,702.00)			(5,702.00)
28-127-00	Due To>Old Owner	9,251.00			9,251.00
30-000-00	Retained Earnings	334,256.00			334,256.00
31-000-86	Partner's Equity>All Partners>Capital Draws	317.00			317.00
40-102-00	Room & Board Revenue>Medicare A	(2,413,624.00)			(2,413,624.00)
40-102-14	Room & Board Revenue>Medicare A>Sequester	46,843.00			46,843.00
40-104-00	Room & Board Revenue>Private	(286,489.00)			(286,489.00)
40-105-00	Room & Board Revenue>HMO	(184,711.00)			(184,711.00)
40-105-14	Room & Board Revenue>HMO>Sequester	180.00			180.00
40-109-00	Room & Board Revenue>Hospice	(171,339.00)			(171,339.00)
40-111-00	Room & Board Revenue>Medicaid	(7,515,847.00)			(7,515,847.00)
40-111-73	Room & Board Revenue>Medicaid Bed Hold	(1,817.00)			(1,817.00)
41-102-00	Pharmacy Rev>Medicare A	(215,313.00)			(215,313.00)
41-102-01	Pharmacy Rev>Medicare A>C/A	215,313.00			215,313.00
42-102-00	PT Revenue>Medicare A	(267,023.00)			(267,023.00)
42-102-01	PT Revenue>Medicare A>C/A	267,023.00			267,023.00
42-103-00	PT Revenue>Medicare B	(60,033.00)			(60,033.00)
42-104-00	PT Revenue>Private	(1,440.00)			(1,440.00)
42-105-00	PT Revenue>HMO	(8,661.00)			(8,661.00)
42-105-01	PT Revenue>HMO>C/A	7,638.00			7,638.00
42-111-00	PT Revenue>Medicaid	(72,881.00)			(72,881.00)
42-111-01	PT Revenue>Medicaid>C/A	72,881.00			72,881.00
43-102-00	OT Revenue>Medicare A	(302,334.00)			(302,334.00)
43-102-01	OT Revenue>Medicare A>C/A	302,334.00			302,334.00
43-103-00	OT Revenue>Medicare B	(87,366.00)			(87,366.00)
43-104-00	OT Revenue>Private	(360.00)			(360.00)
43-105-00	OT Revenue>HMO	(9,678.00)			(9,678.00)
43-105-01	OT Revenue>HMO>C/A	8,733.00			8,733.00
43-111-00	OT Revenue>Medicaid	(86,091.00)			(86,091.00)
43-111-01	OT Revenue>Medicaid>C/A	86,091.00			86,091.00
44-102-00	ST Revenue>Medicare A	(38,081.00)			(38,081.00)
44-102-01	ST Revenue>Medicare A>C/A	38,081.00			38,081.00
44-103-00	ST Revenue>Medicare B	(22,645.00)			(22,645.00)
44-105-00	ST Revenue>HMO	(3,053.00)			(3,053.00)
44-105-01	ST Revenue>HMO>C/A	3,053.00			3,053.00
44-111-00	ST Revenue>Medicaid	(9,431.00)			(9,431.00)
44-111-01	ST Revenue>Medicaid>C/A	9,431.00			9,431.00
45-102-00	Radiology Rev>Medicare A	68.00			68.00
45-102-01	Radiology Rev>Medicare A>C/A	(68.00)			(68.00)
51-160-00	Other Rev>Interest	(12.00)			(12.00)
52-105-00	Revenue Adjustments>HMO	2,533.00			2,533.00
52-109-00	Revenue Adjustments>Hospice	(845.00)			(845.00)
52-111-00	Revenue Adjustments>Medicaid	163.00			163.00
60-183-00	Nursing Expense>Supplies	122,135.00			122,135.00

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2017			9/30/2017
60-184-00	Nursing Expense>Minor Equip & Supplies	276.00			276.00
60-204-00	Nursing Expense>Training & Education	1,586.00			1,586.00
60-205-00	Nursing Expense>Sanitation & Incineration	716.00			716.00
60-206-00	Nursing Expense>Clinical Services	17,201.00		(7,200.00)	10,001.00
60-207-00	Nursing Expense>Repairs & Maint	1,930.00			1,930.00
60-208-00	Nursing Expense>Equip-Rental	41,289.00			41,289.00
60-212-00	Nursing Expense>Clinical Consultants	1,400.00			1,400.00
60-213-00	Nursing Expense>Transportation	1,962.00		(637.00)	1,325.00
60-230-00	Nursing Expense>Data Processing	12,750.00			12,750.00
60-801-80	Nursing Expense>CNA>Wages	1,613,313.00			1,613,313.00
60-805-80	Nursing Expense>LPN>Wages	1,435,867.00			1,435,867.00
60-808-80	Nursing Expense>RN>Wages	75,331.00			75,331.00
60-809-80	Nursing Expense>RN Supervisor>Wages	397,703.00			397,703.00
61-750-00	Nursing Admin Expense>Medical Director	63,000.00			63,000.00
61-811-80	Nursing Admin Expense>Director>Wages	96,041.00			96,041.00
61-812-80	Nursing Admin Expense>Assistant Director>Wages	94,518.00			94,518.00
61-814-80	Nursing Admin Expense>Central Supply>Wages	36,925.00			36,925.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	152,355.00			152,355.00
61-818-80	Nursing Admin Expense>Medical Records>Wages	27,276.00			27,276.00
61-819-80	Nursing Admin Expense>Nurse Admin>Wages	46,240.00			46,240.00
61-823-80	Nursing Admin Expense>Staff Coordinator>Wages	35,733.00			35,733.00
61-880-00	Nursing Admin Expense>Payroll Taxes	374,972.00			374,972.00
61-881-00	Nursing Admin Expense>Workers Comp	176,586.00			176,586.00
61-882-00	Nursing Admin Expense>Health Insurance	119,467.00			119,467.00
61-883-00	Nursing Admin Expense>Other Benefits	831,449.00		(831,449.00)	0.00
62-145-00	Pharmacy Expense>RX	240,127.00			240,127.00
62-222-00	Pharmacy Expense>OTC	5,353.00			5,353.00
62-700-00	Pharmacy Expense>Contracted Service	10,634.00			10,634.00
64-223-00	Other Ancillary Expense>Oxygen	1,423.00			1,423.00
64-224-00	Other Ancillary Expense>Lab	14,661.00			14,661.00
64-225-00	Other Ancillary Expense>Radiology	4,486.00			4,486.00
65-000-00	PT Expense	244,678.00			244,678.00
66-000-00	OT Expense	286,782.00			286,782.00
67-000-00	ST Expense	26,587.00			26,587.00
68-700-00	Therapy Expense>Contracted Service	7,000.00			7,000.00
69-811-80	Social Services Expense>Director>Wages	58,556.00			58,556.00
69-830-80	Social Services Expense>Assistant>Wages	9,450.00			9,450.00
69-880-00	Social Services Expense>Payroll Taxes	6,399.00			6,399.00
69-881-00	Social Services Expense>Workers Comp	3,008.00			3,008.00
69-882-00	Social Services Expense>Health Insurance	1,981.00			1,981.00
69-883-00	Social Services Expense>Other Benefits	14,503.00		(14,503.00)	0.00
70-177-00	Dietary Expense>Supplements	18,968.00			18,968.00
70-178-00	Dietary Expense>Food	186,594.00			186,594.00
70-183-00	Dietary Expense>Supplies	12,096.00			12,096.00
70-207-00	Dietary Expense>Repairs & Maint	2,545.00			2,545.00
70-811-80	Dietary Expense>Director>Wages	54,225.00			54,225.00
70-831-80	Dietary Expense>Aide>Wages	295,453.00			295,453.00
70-832-80	Dietary Expense>Cook>Wages	143,914.00			143,914.00
70-833-80	Dietary Expense>Dietician>Wages	65,364.00			65,364.00
70-880-00	Dietary Expense>Payroll Taxes	52,396.00			52,396.00
70-881-00	Dietary Expense>Workers Comp	24,632.00			24,632.00
70-882-00	Dietary Expense>Health Insurance	16,642.00			16,642.00
70-883-00	Dietary Expense>Other Benefits	115,956.00		(115,956.00)	0.00
71-178-00	Activity Expense>Food	134.00			134.00
71-183-00	Activity Expense>Supplies	3,781.00			3,781.00
71-202-00	Activity Expense>Resident Missing Items	2,302.00			2,302.00
71-700-00	Activity Expense>Contracted Service	6,500.00			6,500.00
71-811-80	Activity Expense>Director>Wages	57,795.00			57,795.00
71-831-80	Activity Expense>Aide>Wages	31,968.00			31,968.00

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2017			9/30/2017
71-880-00	Activity Expense>Payroll Taxes	8,364.00			8,364.00
71-881-00	Activity Expense>Workers Comp	3,962.00			3,962.00
71-882-00	Activity Expense>Health Insurance	2,674.00			2,674.00
71-883-00	Activity Expense>Other Benefits	18,718.00		(18,718.00)	0.00
72-183-00	Housekeeping Expense>Supplies	27,943.00			27,943.00
72-811-80	Housekeeping Expense>Director>Wages	32,116.00			32,116.00
72-831-80	Housekeeping Expense>Aide>Wages	315,474.00			315,474.00
73-183-00	Laundry Expense>Supplies	7,950.00			7,950.00
73-831-80	Laundry Expense>Aide>Wages	82,057.00			82,057.00
74-880-00	Housekeeping & Laundry Expense>Payroll Taxes	40,265.00			40,265.00
74-881-00	Housekeeping & Laundry Expense>Workers Comp	18,919.00			18,919.00
74-882-00	Housekeeping & Laundry Expense>Health Insurance	12,781.00			12,781.00
74-883-00	Housekeeping & Laundry Expense>Other Benefits	89,242.00		(89,242.00)	0.00
75-183-00	Maintenance Expense>Supplies	13,554.00			13,554.00
75-205-00	Maintenance Expense>Sanitation & Incineration	17,445.00			17,445.00
75-207-00	Maintenance Expense>Repairs & Maint	18,733.00			18,733.00
75-217-00	Maintenance Expense>Extermination	1,372.00			1,372.00
75-218-00	Maintenance Expense>Snow Removal	15,181.00			15,181.00
75-219-00	Maintenance Expense>Landscaping	6,360.00			6,360.00
75-220-00	Maintenance Expense>Fire Drill	7,276.00			7,276.00
75-700-00	Maintenance Expense>Contracted Service	25,815.00			25,815.00
75-811-80	Maintenance Expense>Director>Wages	58,884.00			58,884.00
75-829-80	Maintenance Expense>Staff>Wages	46,458.00			46,458.00
75-837-00	Maintenance Expense>Security	9,499.00			9,499.00
75-838-80	Maintenance Expense>Security Desk>Wages	56,327.00			56,327.00
75-880-00	Maintenance Expense>Payroll Taxes	15,124.00			15,124.00
75-881-00	Maintenance Expense>Workers Comp	7,148.00			7,148.00
75-882-00	Maintenance Expense>Health Insurance	4,828.00			4,828.00
75-883-00	Maintenance Expense>Other Benefits	33,584.00		(33,584.00)	0.00
76-227-00	Utility Expense>Gas	82,971.00			82,971.00
76-228-00	Utility Expense>Electric	92,007.00			92,007.00
76-229-00	Utility Expense>Water/Sewer	24,177.00			24,177.00
80-101-00	Admin Expense>Provider Tax	646,387.00			646,387.00
80-162-00	Admin Expense>Insurance - General Liability & Other	71,719.00			71,719.00
80-163-00	Admin Expense>Insurance - EPLI	1,788.00			1,788.00
80-164-00	Admin Expense>Surety Bond	500.00			500.00
80-165-00	Admin Expense>Insurance - Property	11,434.00			11,434.00
80-167-00	Admin Expense>Insurance - Auto	373.00			373.00
80-183-00	Admin Expense>Supplies	9,640.00			9,640.00
80-208-00	Admin Expense>Equip-Rental	903.00			903.00
80-209-00	Admin Expense>Postage	1,055.00			1,055.00
80-210-00	Admin Expense>Internet	2,100.00			2,100.00
80-230-00	Admin Expense>Data Processing	70,137.00			70,137.00
80-231-00	Admin Expense>Telephone	18,217.00		(2,836.00)	15,381.00
80-232-00	Admin Expense>Cable TV	7,660.00			7,660.00
80-233-00	Admin Expense>Seminars	58.00		350.00	408.00
80-234-00	Admin Expense>Licenses	605.00			605.00
80-235-00	Admin Expense>Dues & Subscriptions	410.00		(410.00)	0.00
80-236-00	Admin Expense>Travel	16,021.00			16,021.00
80-236-04	Admin Expense>Travel>Allowable	2,832.00			2,832.00
80-238-00	Admin Expense>Legal Fees	50,654.00		1,232.00	51,886.00
80-239-00	Admin Expense>Accounting Fees	68,141.00		(56,400.00)	11,741.00
80-240-00	Admin Expense>Professional Fees	143,860.00		54,499.00	198,359.00
80-242-00	Admin Expense>Fines, Penalties & Settlements	187.00			187.00
80-243-00	Admin Expense>Late Fees	1,855.00			1,855.00
80-244-00	Admin Expense>Bank Fees	40,201.00			40,201.00
80-246-00	Admin Expense>Donations/Charity	73.00			73.00
80-247-00	Admin Expense>Corporate Tax	824.00			824.00
80-249-00	Admin Expense>Recruiting	6,463.00			6,463.00

Account	Description	ADJ 9/30/2017	JE Ref #	RJE	FINAL 9/30/2017
80-250-00	Admin Expense>Marketing & Advertising	45,960.00			45,960.00
80-251-00	Admin Expense>Bad Debt	59,354.00			59,354.00
80-252-00	Admin Expense>Startup Costs	5,818.00			5,818.00
80-700-00	Admin Expense>Contracted Service	27,429.00			27,429.00
80-811-80	Admin Expense>Director>Wages	148,692.00			148,692.00
80-812-80	Admin Expense>Assistant Director>Wages	34,809.00			34,809.00
80-839-80	Admin Expense>Admissions>Wages	125,078.00			125,078.00
80-840-80	Admin Expense>Business Office>Wages	188,947.00			188,947.00
80-842-80	Admin Expense>Marketing>Wages	150,766.00			150,766.00
80-880-00	Admin Expense>Payroll Taxes	55,999.00			55,999.00
80-881-00	Admin Expense>Workers Comp	26,339.00			26,339.00
80-882-00	Admin Expense>Health Insurance	17,883.00			17,883.00
80-883-00	Admin Expense>Other Benefits	124,232.00		(124,232.00)	0.00
85-200-79	Employee Benefits Expense>Training Fund>Union	0.00		39,743.00	39,743.00
85-245-00	Employee Benefits Expense>Background Checks	0.00		2,300.00	2,300.00
85-255-79	Employee Benefits Expense>Pension>Union	0.00		303,162.00	303,162.00
85-260-79	Employee Benefits Expense>Welfare>Union	0.00		863,290.00	863,290.00
91-121-00	Property Expense>Rent	335,425.00			335,425.00
91-161-00	Property Expense>RE Taxes	122,391.00			122,391.00
91-261-00	Property Expense>Personal Prop Taxes	4,038.00			4,038.00
92-000-00	Depreciation Expense	40,896.00			40,896.00
93-000-00	Amortization Expense	8,526.00			8,526.00
94-000-00	Interest Expense	176,343.00			176,343.00
Marcum 101	Dentist	0.00		7,200.00	7,200.00
Marcum 102	Cell Phone	0.00		2,836.00	2,836.00
Marcum 107	Accounting Fees	0.00		669.00	669.00
Marcum 108	Ambulance	0.00		637.00	637.00
Marcum 109	Employee Food	0.00		944.00	944.00
Marcum 110	Employee Relations	0.00		545.00	545.00
Marcum 111	Discriminatory Bonus	0.00		3,289.00	3,289.00
Marcum 112	Loan Forgiven	0.00		4,500.00	4,500.00
Marcum 113	Subscriptions	0.00		60.00	60.00
Marcum 114	Uniforms	0.00		9,911.00	9,911.00
Total		0.00		0.00	0.00
Net (Income) Loss		0.00		0.00	0.00

Client: **Regal Care Management**
 Engagement: **Medicaid - RegalCare at Waterbury, LLC**
 Period Ending: **9/30/2017**
 Trial Balance: **A.01 - TB-CCNH**
 Workpaper: **A.03 - Grouping Report**

Account	Description	ADJ 9/30/2017	JE Ref #	RJE 9/30/2017	FINAL 9/30/2017
Group : [10-A]	Salaries and Wages				
Subgroup : [2]	Administrators				
80-811-80	Admin Expense>Director>Wages	148,692.00		0.00	148,692.00
Subtotal [2]	Administrators	148,692.00		0.00	148,692.00
Subgroup : [3]	Assistant Administrator				
80-812-80	Admin Expense>Assistant Director>Wag	34,809.00		0.00	34,809.00
Subtotal [3]	Assistant Administrator	34,809.00		0.00	34,809.00
Subgroup : [4]	Other Administrative Salaries				
75-838-80	Maintenance Expense>Security Desk>W	56,327.00		0.00	56,327.00
80-840-80	Admin Expense>Business Office>Wages	188,947.00		0.00	188,947.00
Subtotal [4]	Other Administrative Salaries	245,274.00		0.00	245,274.00
Subgroup : [5A]	Head Dietitian				
70-833-80	Dietary Expense>Dietician>Wages	65,364.00		0.00	65,364.00
Subtotal [5A]	Head Dietitian	65,364.00		0.00	65,364.00
Subgroup : [5B]	Food Service Supervisor				
70-811-80	Dietary Expense>Director>Wages	54,225.00		0.00	54,225.00
Subtotal [5B]	Food Service Supervisor	54,225.00		0.00	54,225.00
Subgroup : [5C]	Dietary Workers				
70-831-80	Dietary Expense>Aide>Wages	295,453.00		0.00	295,453.00
70-832-80	Dietary Expense>Cook>Wages	143,914.00		0.00	143,914.00
Subtotal [5C]	Dietary Workers	439,367.00		0.00	439,367.00
Subgroup : [6A]	Head Housekeeper				
72-811-80	Housekeeping Expense>Director>Wage:	32,116.00		0.00	32,116.00
Subtotal [6A]	Head Housekeeper	32,116.00		0.00	32,116.00
Subgroup : [6B]	Other Housekeeping Workers				
72-831-80	Housekeeping Expense>Aide>Wages	315,474.00		0.00	315,474.00
Subtotal [6B]	Other Housekeeping Workers	315,474.00		0.00	315,474.00
Subgroup : [7A]	Engineer or Chief of Maintenance				
75-811-80	Maintenance Expense>Director>Wages	58,884.00		0.00	58,884.00
Subtotal [7A]	Engineer or Chief of Maintenance	58,884.00		0.00	58,884.00
Subgroup : [7B]	Other Maintenance Workers				
75-829-80	Maintenance Expense>Staff>Wages	46,458.00		0.00	46,458.00
Subtotal [7B]	Other Maintenance Workers	46,458.00		0.00	46,458.00
Subgroup : [8B]	Other Laundry Workers				
73-831-80	Laundry Expense>Aide>Wages	82,057.00		0.00	82,057.00
Subtotal [8B]	Other Laundry Workers	82,057.00		0.00	82,057.00
Subgroup : [12A]	Director of Nurses/Assistant Director				
61-811-80	Nursing Admin Expense>Director>Wage	96,041.00		0.00	96,041.00
61-812-80	Nursing Admin Expense>Assistant Direct	94,518.00		0.00	94,518.00
Subtotal [12A]	Director of Nurses/Assistant Director	190,559.00		0.00	190,559.00
Subgroup : [12B1]	RNs - Direct Care				
60-808-80	Nursing Expense>RN>Wages	75,331.00		0.00	75,331.00
60-809-80	Nursing Expense>RN Supervisor>Wage:	397,703.00		0.00	397,703.00
Subtotal [12B1]	RNs - Direct Care	473,034.00		0.00	473,034.00
Subgroup : [12B2]	RNs - Administrative				
61-814-80	Nursing Admin Expense>Central Supply:	36,925.00		0.00	36,925.00

61-817-80	Nursing Admin Expense>MDS / RNAC>\	152,355.00	0.00	152,355.00
61-819-80	Nursing Admin Expense>Nurse Admin>V	46,240.00	0.00	46,240.00
61-823-80	Nursing Admin Expense>Staff Coordinat	35,733.00	0.00	35,733.00
Subtotal [12B2]	RNs - Administrative	271,253.00	0.00	271,253.00
Subgroup : [12C1] LPNs - Direct Care				
60-805-80	Nursing Expense>LPN>Wages	1,435,867.00	0.00	1,435,867.00
Subtotal [12C1]	LPNs - Direct Care	1,435,867.00	0.00	1,435,867.00
Subgroup : [12D] Aides and Attendants				
60-801-80	Nursing Expense>CNA>Wages	1,613,313.00	0.00	1,613,313.00
Subtotal [12D]	Aides and Attendants	1,613,313.00	0.00	1,613,313.00
Subgroup : [12H] Recreation Workers				
71-811-80	Activity Expense>Director>Wages	57,795.00	0.00	57,795.00
71-831-80	Activity Expense>Aide>Wages	31,968.00	0.00	31,968.00
Subtotal [12H]	Recreation Workers	89,763.00	0.00	89,763.00
Subgroup : [12M] Social Workers/Case Management				
69-811-80	Social Services Expense>Director>Wage	58,556.00	0.00	58,556.00
69-830-80	Social Services Expense>Assistant>Wag	9,450.00	0.00	9,450.00
Subtotal [12M]	Social Workers/Case Management	68,006.00	0.00	68,006.00
Subgroup : [12N] Marketing				
80-842-80	Admin Expense>Marketing>Wages	150,766.00	0.00	150,766.00
Subtotal [12N]	Marketing	150,766.00	0.00	150,766.00
Subgroup : [12O] Other				
61-818-80	Nursing Admin Expense>Medical Record	27,276.00	0.00	27,276.00
80-839-80	Admin Expense>Admissions>Wages	125,078.00	0.00	125,078.00
Subtotal [12O]	Other	152,354.00	0.00	152,354.00
Total [10-A]	Salaries and Wages	5,967,635.00	0.00	5,967,635.00
Group : [13-B] Professional Fees				
Subgroup : [2] Dentist				
Marcum 101	Dentist	0.00	7,200.00	7,200.00
			RJE - 1	7,200.00
Subtotal [2]	Dentist	0.00	7,200.00	7,200.00
Subgroup : [3] Pharmacist				
62-700-00	Pharmacy Expense>Contracted Service	10,634.00	0.00	10,634.00
Subtotal [3]	Pharmacist	10,634.00	0.00	10,634.00
Subgroup : [5A] PT - Resident Care				
65-000-00	PT Expense	244,678.00	0.00	244,678.00
68-700-00	Therapy Expense>Contracted Service	7,000.00	0.00	7,000.00
Subtotal [5A]	PT - Resident Care	251,678.00	0.00	251,678.00
Subgroup : [8A] Medical Director				
61-750-00	Nursing Admin Expense>Medical Directo	63,000.00	0.00	63,000.00
Subtotal [8A]	Medical Director	63,000.00	0.00	63,000.00
Subgroup : [9A] ST - Resident Care				
67-000-00	ST Expense	26,587.00	0.00	26,587.00
Subtotal [9A]	ST - Resident Care	26,587.00	0.00	26,587.00
Subgroup : [10A] OT - Resident Care				
66-000-00	OT Expense	286,782.00	0.00	286,782.00
Subtotal [10A]	OT - Resident Care	286,782.00	0.00	286,782.00
Subgroup : [12] Other				
60-206-00	Nursing Expense>Clinical Services	17,201.00	(7,200.00)	10,001.00
			RJE - 1	(7,200.00)
60-212-00	Nursing Expense>Clinical Consultants	1,400.00	0.00	1,400.00
Subtotal [12]	Other	18,601.00	(7,200.00)	11,401.00

Total [13-B]	Professional Fees	657,282.00	0.00	657,282.00
Group : [15]	Expenditures Other than Salaries			
Subgroup : [1A1]	Workmen's Compensation			
61-881-00	Nursing Admin Expense>Workers Comp	176,586.00	0.00	176,586.00
69-881-00	Social Services Expense>Workers Comp	3,008.00	0.00	3,008.00
70-881-00	Dietary Expense>Workers Comp	24,632.00	0.00	24,632.00
71-881-00	Activity Expense>Workers Comp	3,962.00	0.00	3,962.00
74-881-00	Housekeeping & Laundry Expense>Worl	18,919.00	0.00	18,919.00
75-881-00	Maintenance Expense>Workers Comp	7,148.00	0.00	7,148.00
80-881-00	Admin Expense>Workers Comp	26,339.00	0.00	26,339.00
Subtotal [1A1]	Workmen's Compensation	260,594.00	0.00	260,594.00
Subgroup : [1A4]	Social Security (FICA)			
61-880-00	Nursing Admin Expense>Payroll Taxes	374,972.00	0.00	374,972.00
69-880-00	Social Services Expense>Payroll Taxes	6,399.00	0.00	6,399.00
70-880-00	Dietary Expense>Payroll Taxes	52,396.00	0.00	52,396.00
71-880-00	Activity Expense>Payroll Taxes	8,364.00	0.00	8,364.00
74-880-00	Housekeeping & Laundry Expense>Payr	40,265.00	0.00	40,265.00
75-880-00	Maintenance Expense>Payroll Taxes	15,124.00	0.00	15,124.00
80-880-00	Admin Expense>Payroll Taxes	55,999.00	0.00	55,999.00
Subtotal [1A4]	Social Security (FICA)	553,519.00	0.00	553,519.00
Subgroup : [1A5]	Health Insurance			
61-882-00	Nursing Admin Expense>Health Insuran	119,467.00	0.00	119,467.00
69-882-00	Social Services Expense>Health Insuran	1,981.00	0.00	1,981.00
70-882-00	Dietary Expense>Health Insurance	16,642.00	0.00	16,642.00
71-882-00	Activity Expense>Health Insurance	2,674.00	0.00	2,674.00
74-882-00	Housekeeping & Laundry Expense>Heal	12,781.00	0.00	12,781.00
75-882-00	Maintenance Expense>Health Insurance	4,828.00	0.00	4,828.00
80-882-00	Admin Expense>Health Insurance	17,883.00	0.00	17,883.00
85-260-79	Employee Benefits Expense>Welfare>Ur	0.00	863,290.00	863,290.00
			RJE - 3	863,290.00
Subtotal [1A5]	Health Insurance	176,256.00	863,290.00	1,039,546.00
Subgroup : [1A7]	Pensions			
85-255-79	Employee Benefits Expense>Pension>U	0.00	303,162.00	303,162.00
			RJE - 3	303,162.00
Subtotal [1A7]	Pensions	0.00	303,162.00	303,162.00
Subgroup : [1A8]	Uniform Allowance			
Marcum 114	Uniforms	0.00	9,911.00	9,911.00
			RJE - 3	9,911.00
Subtotal [1A8]	Uniform Allowance	0.00	9,911.00	9,911.00
Subgroup : [1A9]	Other			
61-883-00	Nursing Admin Expense>Other Benefits	831,449.00	(831,449.00)	0.00
			RJE - 3	(831,449.00)
69-883-00	Social Services Expense>Other Benefits	14,503.00	(14,503.00)	0.00
			RJE - 3	(14,503.00)
70-883-00	Dietary Expense>Other Benefits	115,956.00	(115,956.00)	0.00
			RJE - 3	(115,956.00)
71-883-00	Activity Expense>Other Benefits	18,718.00	(18,718.00)	0.00
			RJE - 3	(18,718.00)
74-883-00	Housekeeping & Laundry Expense>Othe	89,242.00	(89,242.00)	0.00
			RJE - 3	(89,242.00)
75-883-00	Maintenance Expense>Other Benefits	33,584.00	(33,584.00)	0.00
			RJE - 3	(33,584.00)
80-883-00	Admin Expense>Other Benefits	124,232.00	(124,232.00)	0.00
			RJE - 3	(124,232.00)
85-200-79	Employee Benefits Expense>Training Fu	0.00	39,743.00	39,743.00
			RJE - 3	39,743.00
85-245-00	Employee Benefits Expense>Background	0.00	2,300.00	2,300.00
			RJE - 3	2,300.00
Subtotal [1A9]	Other	1,227,684.00	(1,185,641.00)	42,043.00
Subgroup : [1C]	Bad Debts			

80-251-00	Admin Expense>Bad Debt	59,354.00	0.00	59,354.00
Subtotal [1C]	Bad Debts	59,354.00	0.00	59,354.00
Subgroup : [1D]	Accounting and Auditing			
80-239-00	Admin Expense>Accounting Fees	68,141.00	(56,400.00)	11,741.00
Marcum 107	Accounting Fees	0.00	669.00	669.00
Subtotal [1D]	Accounting and Auditing	68,141.00	(55,731.00)	12,410.00
Subgroup : [1E]	Legal			
80-238-00	Admin Expense>Legal Fees	50,654.00	1,232.00	51,886.00
			(168.00)	
Subtotal [1E]	Legal	50,654.00	1,232.00	51,886.00
Subgroup : [1G]	Office Supplies			
80-183-00	Admin Expense>Supplies	9,640.00	0.00	9,640.00
80-208-00	Admin Expense>Equip-Rental	903.00	0.00	903.00
Subtotal [1G]	Office Supplies	10,543.00	0.00	10,543.00
Subgroup : [1H1]	Telephone and Telegraph			
80-231-00	Admin Expense>Telephone	18,217.00	(2,836.00)	15,381.00
Subtotal [1H1]	Telephone and Telegraph	18,217.00	(2,836.00)	15,381.00
Subgroup : [1H2]	Cellular Phones and Beepers			
Marcum 102	Cell Phone	0.00	2,836.00	2,836.00
Subtotal [1H2]	Cellular Phones and Beepers	0.00	2,836.00	2,836.00
Subgroup : [1J]	Corporation Business Taxes			
80-247-00	Admin Expense>Corporate Tax	824.00	0.00	824.00
Subtotal [1J]	Corporation Business Taxes	824.00	0.00	824.00
Subgroup : [1K3]	Resident Day User Fee			
80-101-00	Admin Expense>Provider Tax	646,387.00	0.00	646,387.00
Subtotal [1K3]	Resident Day User Fee	646,387.00	0.00	646,387.00
Total [15]	Expenditures Other than Salaries	3,072,173.00	(63,777.00)	3,008,396.00
Group : [16]	Expenditures Other than Salaries (cont'd) - Admin. and General			
Subgroup : [1]	Resident Travel and Entertainment			
60-213-00	Nursing Expense>Transportation	1,962.00	(637.00)	1,325.00
Subtotal [1]	Resident Travel and Entertainment	1,962.00	(637.00)	1,325.00
Subgroup : [4]	Employee Travel			
80-236-00	Admin Expense>Travel	16,021.00	0.00	16,021.00
80-236-04	Admin Expense>Travel>Allowable	2,832.00	0.00	2,832.00
Subtotal [4]	Employee Travel	18,853.00	0.00	18,853.00
Subgroup : [5]	Education Expense			
60-204-00	Nursing Expense>Training & Education	1,586.00	0.00	1,586.00
80-233-00	Admin Expense>Seminars	58.00	350.00	408.00
Subtotal [5]	Education Expense	1,644.00	350.00	1,994.00
Subgroup : [M1]	Advertising Help Wanted			
80-249-00	Admin Expense>Recruiting	6,463.00	0.00	6,463.00
Subtotal [M1]	Advertising Help Wanted	6,463.00	0.00	6,463.00
Subgroup : [M3]	Advertising Other			
80-250-00	Admin Expense>Marketing & Advertising	45,960.00	0.00	45,960.00
Subtotal [M3]	Advertising Other	45,960.00	0.00	45,960.00
Subgroup : [M7]	Postage			

80-209-00	Admin Expense>Postage	1,055.00	0.00	1,055.00
Subtotal [M7]	Postage	1,055.00	0.00	1,055.00
Subgroup : [M8]	Dues and Membership Fees to Professional Associations			
80-235-00	Admin Expense>Dues & Subscriptions	410.00	(410.00)	0.00
			RJE - 7 (410.00)	
Subtotal [M8]	Dues and Membership Fees to Profesi	410.00	(410.00)	0.00
Subgroup : [M9]	Subscriptions			
Marcum 113	Subscriptions	0.00	60.00	60.00
			RJE - 7 60.00	
Subtotal [M9]	Subscriptions	0.00	60.00	60.00
Subgroup : [M10]	Contributions			
80-246-00	Admin Expense>Donations/Charity	73.00	0.00	73.00
Subtotal [M10]	Contributions	73.00	0.00	73.00
Subgroup : [M11]	Services Provided by Contract			
80-210-00	Admin Expense>Internet	2,100.00	0.00	2,100.00
80-230-00	Admin Expense>Data Processing	70,137.00	0.00	70,137.00
80-240-00	Admin Expense>Professional Fees	143,860.00	54,499.00	198,359.00
			RJE - 4 168.00	
			RJE - 5 56,400.00	
			RJE - 8 (2,069.00)	
80-700-00	Admin Expense>Contracted Service	27,429.00	0.00	27,429.00
Subtotal [M11]	Services Provided by Contract	243,526.00	54,499.00	298,025.00
Subgroup : [M13]	Other			
80-234-00	Admin Expense>Licenses	605.00	0.00	605.00
80-242-00	Admin Expense>Fines, Penalties & Settlt	187.00	0.00	187.00
80-243-00	Admin Expense>Late Fees	1,855.00	0.00	1,855.00
80-244-00	Admin Expense>Bank Fees	40,201.00	0.00	40,201.00
80-252-00	Admin Expense>Startup Costs	5,818.00	0.00	5,818.00
Marcum 109	Employee Food	0.00	944.00	944.00
			RJE - 3 944.00	
Marcum 110	Employee Relations	0.00	545.00	545.00
			RJE - 3 545.00	
Marcum 111	Discriminatory Bonus	0.00	3,289.00	3,289.00
			RJE - 3 3,289.00	
Marcum 112	Loan Forgiven	0.00	4,500.00	4,500.00
			RJE - 3 4,500.00	
Subtotal [M13]	Other	48,666.00	9,278.00	57,944.00
Total [16]	Expenditures Other than Salaries (con	368,612.00	63,140.00	431,752.00
Group : [18]	Dietary Basis for Allocation of Costs			
Subgroup : [2A1]	Raw Food			
70-177-00	Dietary Expense>Supplements	18,968.00	0.00	18,968.00
70-178-00	Dietary Expense>Food	186,594.00	0.00	186,594.00
71-178-00	Activity Expense>Food	134.00	0.00	134.00
Subtotal [2A1]	Raw Food	205,696.00	0.00	205,696.00
Subgroup : [2A2]	Non-Food Supplies			
70-183-00	Dietary Expense>Supplies	12,096.00	0.00	12,096.00
Subtotal [2A2]	Non-Food Supplies	12,096.00	0.00	12,096.00
Total [18]	Dietary Basis for Allocation of Costs	217,792.00	0.00	217,792.00
Group : [19]	Laundry-Basis for Allocation of Costs			
Subgroup : [3D]	Other			
73-183-00	Laundry Expense>Supplies	7,950.00	0.00	7,950.00
Subtotal [3D]	Other	7,950.00	0.00	7,950.00
Total [19]	Laundry-Basis for Allocation of Costs	7,950.00	0.00	7,950.00
Group : [20]	Housekeeping and Resident Care Basis for Allocation of Costs			
Subgroup : [4D]	Other			

72-183-00	Housekeeping Expense>Supplies	27,943.00	0.00	27,943.00
Subtotal [4D]	Other	27,943.00	0.00	27,943.00
Subgroup : [5A2] Purchased from				
62-145-00	Pharmacy Expense>RX	240,127.00	0.00	240,127.00
Subtotal [5A2]	Purchased from	240,127.00	0.00	240,127.00
Subgroup : [5B] Medicine Cabinet Drugs				
62-222-00	Pharmacy Expense>OTC	5,353.00	0.00	5,353.00
Subtotal [5B]	Medicine Cabinet Drugs	5,353.00	0.00	5,353.00
Subgroup : [5D] Ambulance/Limousine				
Marcum 108	Ambulance	0.00	637.00	637.00
			RJE - 6	
			637.00	
Subtotal [5D]	Ambulance/Limousine	0.00	637.00	637.00
Subgroup : [5E2] Oxygen - Other				
64-223-00	Other Ancillary Expense>Oxygen	1,423.00	0.00	1,423.00
Subtotal [5E2]	Oxygen - Other	1,423.00	0.00	1,423.00
Subgroup : [5F] X-Rays and related radiological				
64-225-00	Other Ancillary Expense>Radiology	4,486.00	0.00	4,486.00
Subtotal [5F]	X-Rays and related radiological	4,486.00	0.00	4,486.00
Subgroup : [5H] Laboratory				
64-224-00	Other Ancillary Expense>Lab	14,661.00	0.00	14,661.00
Subtotal [5H]	Laboratory	14,661.00	0.00	14,661.00
Subgroup : [5I] Recreation				
71-183-00	Activity Expense>Supplies	3,781.00	0.00	3,781.00
71-202-00	Activity Expense>Resident Missing Items	2,302.00	0.00	2,302.00
71-700-00	Activity Expense>Contracted Service	6,500.00	0.00	6,500.00
80-232-00	Admin Expense>Cable TV	7,660.00	0.00	7,660.00
Subtotal [5I]	Recreation	20,243.00	0.00	20,243.00
Subgroup : [5J] Other				
60-183-00	Nursing Expense>Supplies	122,135.00	0.00	122,135.00
60-184-00	Nursing Expense>Minor Equip & Supplie	276.00	0.00	276.00
60-205-00	Nursing Expense>Sanitation & Incinerat	716.00	0.00	716.00
60-208-00	Nursing Expense>Equip-Rental	41,289.00	0.00	41,289.00
60-230-00	Nursing Expense>Data Processing	12,750.00	0.00	12,750.00
Subtotal [5J]	Other	177,166.00	0.00	177,166.00
Total [20]	Housekeeping and Resident Care Bas	491,402.00	637.00	492,039.00
Group : [22] Maintenance and Property				
Subgroup : [6A] Repairs and Maintenance				
60-207-00	Nursing Expense>Repairs & Maint	1,930.00	0.00	1,930.00
70-207-00	Dietary Expense>Repairs & Maint	2,545.00	0.00	2,545.00
75-207-00	Maintenance Expense>Repairs & Maint	18,733.00	0.00	18,733.00
Subtotal [6A]	Repairs and Maintenance	23,208.00	0.00	23,208.00
Subgroup : [6B] Heat				
76-227-00	Utility Expense>Gas	82,971.00	0.00	82,971.00
Subtotal [6B]	Heat	82,971.00	0.00	82,971.00
Subgroup : [6C] Light & Power				
76-228-00	Utility Expense>Electric	92,007.00	0.00	92,007.00
Subtotal [6C]	Light & Power	92,007.00	0.00	92,007.00
Subgroup : [6D] Water				
76-229-00	Utility Expense>Water/Sewer	24,177.00	0.00	24,177.00
Subtotal [6D]	Water	24,177.00	0.00	24,177.00
Subgroup : [6F] Other				
75-183-00	Maintenance Expense>Supplies	13,554.00	0.00	13,554.00
75-205-00	Maintenance Expense>Sanitation & Incin	17,445.00	0.00	17,445.00

75-217-00	Maintenance Expense>Extermination	1,372.00	0.00	1,372.00
75-218-00	Maintenance Expense>Snow Removal	15,181.00	0.00	15,181.00
75-219-00	Maintenance Expense>Landscaping	6,360.00	0.00	6,360.00
75-220-00	Maintenance Expense>Fire Drill	7,276.00	0.00	7,276.00
75-700-00	Maintenance Expense>Contracted Servi	25,815.00	0.00	25,815.00
75-837-00	Maintenance Expense>Security	9,499.00	0.00	9,499.00
Subtotal [6F]	Other	96,502.00	0.00	96,502.00
Subgroup : [7D]	Movable Equipment			
92-000-00	Depreciation Expense	40,896.00	0.00	40,896.00
Subtotal [7D]	Movable Equipment	40,896.00	0.00	40,896.00
Subgroup : [8A]	Organization Expense			
93-000-00	Amortization Expense	8,526.00	0.00	8,526.00
Subtotal [8A]	Organization Expense	8,526.00	0.00	8,526.00
Subgroup : [9]	Rental Payments			
91-121-00	Property Expense>Rent	335,425.00	0.00	335,425.00
Subtotal [9]	Rental Payments	335,425.00	0.00	335,425.00
Subgroup : [10B]	Real estate taxes paid by lessor			
91-161-00	Property Expense>RE Taxes	122,391.00	0.00	122,391.00
Subtotal [10B]	Real estate taxes paid by lessor	122,391.00	0.00	122,391.00
Subgroup : [10C]	Personal property taxes			
91-261-00	Property Expense>Personal Prop Taxes	4,038.00	0.00	4,038.00
Subtotal [10C]	Personal property taxes	4,038.00	0.00	4,038.00
Total [22]	Maintenance and Property	830,141.00	0.00	830,141.00
Group : [27]	Interest and Insurance			
Subgroup : [12D]	Other Interest Expense			
94-000-00	Interest Expense	176,343.00	0.00	176,343.00
Subtotal [12D]	Other Interest Expense	176,343.00	0.00	176,343.00
Subgroup : [14A]	Insurance on Property			
80-165-00	Admin Expense>Insurance - Property	11,434.00	0.00	11,434.00
Subtotal [14A]	Insurance on Property	11,434.00	0.00	11,434.00
Subgroup : [14B]	Insurance of Automobiles			
80-167-00	Admin Expense>Insurance - Auto	373.00	0.00	373.00
Subtotal [14B]	Insurance of Automobiles	373.00	0.00	373.00
Subgroup : [14C3]	Other			
80-162-00	Admin Expense>Insurance - General Lia	71,719.00	0.00	71,719.00
80-163-00	Admin Expense>Insurance - EPLI	1,788.00	0.00	1,788.00
80-164-00	Admin Expense>Surety Bond	500.00	0.00	500.00
Subtotal [14C3]	Other	74,007.00	0.00	74,007.00
Total [27]	Interest and Insurance	262,157.00	0.00	262,157.00
Group : [30]	Statement of Revenue			
Subgroup : [1A]	Medicaid Residents (CT only)			
40-111-00	Room & Board Revenue>Medicaid	(7,515,847.00)	0.00	(7,515,847.00)
40-111-73	Room & Board Revenue>Medicaid Bed t	(1,817.00)	0.00	(1,817.00)
Subtotal [1A]	Medicaid Residents (CT only)	(7,517,664.00)	0.00	(7,517,664.00)
Subgroup : [3A]	Medicare Residents (All inclusive)			
40-102-00	Room & Board Revenue>Medicare A	(2,413,624.00)	0.00	(2,413,624.00)
Subtotal [3A]	Medicare Residents (All inclusive)	(2,413,624.00)	0.00	(2,413,624.00)
Subgroup : [3B]	Medicare room and board contractual allowance			
40-102-14	Room & Board Revenue>Medicare A>Se	46,843.00	0.00	46,843.00
Subtotal [3B]	Medicare room and board contractual	46,843.00	0.00	46,843.00
Subgroup : [4A]	Private-pay residents and other			
40-104-00	Room & Board Revenue>Private	(286,489.00)	0.00	(286,489.00)

40-105-00	Room & Board Revenue>HMO	(184,711.00)	0.00	(184,711.00)
40-109-00	Room & Board Revenue>Hospice	(171,339.00)	0.00	(171,339.00)
Subtotal [4A]	Private-pay residents and other	(642,539.00)	0.00	(642,539.00)
Subgroup : [4B]	Private-pay room and board contractual allowance			
40-105-14	Room & Board Revenue>HMO>Sequest	180.00	0.00	180.00
Subtotal [4B]	Private-pay room and board contractu	180.00	0.00	180.00
Subgroup : [5A]	Prescription Drugs - Medicare			
41-102-00	Pharmacy Rev>Medicare A	(215,313.00)	0.00	(215,313.00)
Subtotal [5A]	Prescription Drugs - Medicare	(215,313.00)	0.00	(215,313.00)
Subgroup : [5B]	Prescription Drugs - Medicare Contractual Allowance			
41-102-01	Pharmacy Rev>Medicare A>C/A	215,313.00	0.00	215,313.00
Subtotal [5B]	Prescription Drugs - Medicare Contrac	215,313.00	0.00	215,313.00
Subgroup : [7A]	Physical Therapy - Medicare			
42-102-00	PT Revenue>Medicare A	(267,023.00)	0.00	(267,023.00)
42-103-00	PT Revenue>Medicare B	(60,033.00)	0.00	(60,033.00)
Subtotal [7A]	Physical Therapy - Medicare	(327,056.00)	0.00	(327,056.00)
Subgroup : [7B]	Physical Therapy - Medicare Contractual Allowance			
42-102-01	PT Revenue>Medicare A>C/A	267,023.00	0.00	267,023.00
Subtotal [7B]	Physical Therapy - Medicare Contract	267,023.00	0.00	267,023.00
Subgroup : [7C]	Physical Therapy - Non-medicare			
42-104-00	PT Revenue>Private	(1,440.00)	0.00	(1,440.00)
42-105-00	PT Revenue>HMO	(8,661.00)	0.00	(8,661.00)
42-111-00	PT Revenue>Medicaid	(72,881.00)	0.00	(72,881.00)
Subtotal [7C]	Physical Therapy - Non-medicare	(82,982.00)	0.00	(82,982.00)
Subgroup : [7D]	Physical Therapy - Non-medicare Contractual Allowance			
42-105-01	PT Revenue>HMO>C/A	7,638.00	0.00	7,638.00
42-111-01	PT Revenue>Medicaid>C/A	72,881.00	0.00	72,881.00
Subtotal [7D]	Physical Therapy - Non-medicare Conti	80,519.00	0.00	80,519.00
Subgroup : [8A]	Speech Therapy - Medicare			
44-102-00	ST Revenue>Medicare A	(38,081.00)	0.00	(38,081.00)
44-103-00	ST Revenue>Medicare B	(22,645.00)	0.00	(22,645.00)
Subtotal [8A]	Speech Therapy - Medicare	(60,726.00)	0.00	(60,726.00)
Subgroup : [8B]	Speech Therapy - Medicare Contractual Allowance			
44-102-01	ST Revenue>Medicare A>C/A	38,081.00	0.00	38,081.00
Subtotal [8B]	Speech Therapy - Medicare Contractu:	38,081.00	0.00	38,081.00
Subgroup : [8C]	Speech Therapy - Non-medicare			
44-105-00	ST Revenue>HMO	(3,053.00)	0.00	(3,053.00)
44-111-00	ST Revenue>Medicaid	(9,431.00)	0.00	(9,431.00)
Subtotal [8C]	Speech Therapy - Non-medicare	(12,484.00)	0.00	(12,484.00)
Subgroup : [8D]	Speech Therapy - Non-medicare Contractual Allowance			
44-105-01	ST Revenue>HMO>C/A	3,053.00	0.00	3,053.00
44-111-01	ST Revenue>Medicaid>C/A	9,431.00	0.00	9,431.00
Subtotal [8D]	Speech Therapy - Non-medicare Conti	12,484.00	0.00	12,484.00
Subgroup : [9A]	Occupational Therapy - Medicare			
43-102-00	OT Revenue>Medicare A	(302,334.00)	0.00	(302,334.00)
43-103-00	OT Revenue>Medicare B	(87,366.00)	0.00	(87,366.00)
Subtotal [9A]	Occupational Therapy - Medicare	(389,700.00)	0.00	(389,700.00)
Subgroup : [9B]	Occupational Therapy - Medicare Contractual Allowance			
43-102-01	OT Revenue>Medicare A>C/A	302,334.00	0.00	302,334.00
Subtotal [9B]	Occupational Therapy - Medicare Coni	302,334.00	0.00	302,334.00
Subgroup : [9C]	Occupational Therapy - Non-medicare			
43-104-00	OT Revenue>Private	(360.00)	0.00	(360.00)
43-105-00	OT Revenue>HMO	(9,678.00)	0.00	(9,678.00)

43-111-00	OT Revenue>Medicaid	(86,091.00)	0.00	(86,091.00)
Subtotal [9C]	Occupational Therapy - Non-medicare	(96,129.00)	0.00	(96,129.00)
Subgroup : [9D] Occupational Therapy - Non-medicare Contractual Allowance				
43-105-01	OT Revenue>HMO>C/A	8,733.00	0.00	8,733.00
43-111-01	OT Revenue>Medicaid>C/A	86,091.00	0.00	86,091.00
Subtotal [9D]	Occupational Therapy - Non-medicare	94,824.00	0.00	94,824.00
Subgroup : [10A] Other - Medicare				
45-102-00	Radiology Rev>Medicare A	68.00	0.00	68.00
45-102-01	Radiology Rev>Medicare A>C/A	(68.00)	0.00	(68.00)
Subtotal [10A]	Other - Medicare	0.00	0.00	0.00
Subgroup : [10B] Other - Non-medicare				
52-105-00	Revenue Adjustments>HMO	2,533.00	0.00	2,533.00
52-109-00	Revenue Adjustments>Hospice	(845.00)	0.00	(845.00)
52-111-00	Revenue Adjustments>Medicaid	163.00	0.00	163.00
Subtotal [10B]	Other - Non-medicare	1,851.00	0.00	1,851.00
Subgroup : [15] Interest Income				
51-160-00	Other Rev>Interest	(12.00)	0.00	(12.00)
Subtotal [15]	Interest Income	(12.00)	0.00	(12.00)
Total [30]	Statement of Revenue	(10,698,777.00)	0.00	(10,698,777.00)
Group : [31-32] Assets				
Subgroup : [A1] Cash				
10-014-00	Cash>Petty Cash Facility	200.00	0.00	200.00
10-015-00	Cash>Petty Cash PNA	1,217.00	0.00	1,217.00
10-020-91	Cash>Payroll>Waterbury	279.00	0.00	279.00
10-050-91	Cash>WFPayroll>Waterbury	705.00	0.00	705.00
10-060-91	Cash>Resident Trust>Waterbury	44,461.00	0.00	44,461.00
10-061-00	Cash>Care Cost	5,000.00	0.00	5,000.00
10-090-91	Cash>WFOperating>Waterbury	(15,151.00)	0.00	(15,151.00)
Subtotal [A1]	Cash	36,711.00	0.00	36,711.00
Subgroup : [A2] Resident A/R				
11-102-00	Accounts Receivable>Medicare A	203,642.00	0.00	203,642.00
11-104-00	Accounts Receivable>Private	646.00	0.00	646.00
11-105-00	Accounts Receivable>HMO	68,884.00	0.00	68,884.00
11-109-00	Accounts Receivable>Hospice	11,543.00	0.00	11,543.00
11-111-00	Accounts Receivable>Medicaid	858,504.00	0.00	858,504.00
11-112-00	Accounts Receivable>Income	19,618.00	0.00	19,618.00
11-120-00	Accounts Receivable>Allow for Doubtful	(59,086.00)	0.00	(59,086.00)
11-123-00	Accounts Receivable>Ancillary	20,735.00	0.00	20,735.00
Subtotal [A2]	Resident A/R	1,124,486.00	0.00	1,124,486.00
Subgroup : [A5] Prepaid Expenses				
12-000-00	Prepaid Expenses	1,528.00	0.00	1,528.00
12-124-00	Prepaid Expenses>Insurance	3,720.00	0.00	3,720.00
12-126-00	Prepaid Expenses>Taxes	1,997.00	0.00	1,997.00
Subtotal [A5]	Prepaid Expenses	7,245.00	0.00	7,245.00
Subgroup : [B4] Leasehold Improvements				
14-131-00	Fixed Assets>Leasehold Improvements	68,075.00	0.00	68,075.00
14-137-01	Fixed Asset>Capital Lease>Copier	33,700.00	0.00	33,700.00
15-131-00	Accum Depn>Leasehold Improvements	(8,275.00)	0.00	(8,275.00)
15-137-01	Accumulated Depn>Capital Lease>Copie	(26,679.00)	0.00	(26,679.00)
Subtotal [B4]	Leasehold Improvements	66,821.00	0.00	66,821.00
Subgroup : [B6] Movable Equipment				
14-132-00	Fixed Assets>Furniture, Fixtures and Eq	38,843.00	0.00	38,843.00
14-133-00	Fixed Assets>Medical Equipment	17,869.00	0.00	17,869.00
14-134-00	Fixed Assets>Computer Hardware	40,170.00	0.00	40,170.00
14-135-00	Fixed Assets>Computer Software	6,717.00	0.00	6,717.00
14-305-00	Fixed Assets>Sales Use Tax	1,234.00	0.00	1,234.00
15-132-00	Accum Depn>Furniture, Fixtures and Eq	(5,340.00)	0.00	(5,340.00)

15-133-00	Accum Depn>Medical Equipment	(5,074.00)	0.00	(5,074.00)
15-134-00	Accum Depn>Computer Hardware	(10,279.00)	0.00	(10,279.00)
15-135-00	Accum Depn>Computer Software	(1,409.00)	0.00	(1,409.00)
15-305-00	Accum Depn>Sales Use Tax	(128.00)	0.00	(128.00)
Subtotal [B6]	Movable Equipment	82,603.00	0.00	82,603.00
Subgroup : [B9]	Other Fixed Assets			
14-136-00	Fixed Assets>CIP	6,100.00	0.00	6,100.00
Subtotal [B9]	Other Fixed Assets	6,100.00	0.00	6,100.00
Subgroup : [D1]	Deferred Deposits			
13-128-00	Due From>Vendor Security Deposits	5,305.00	0.00	5,305.00
Subtotal [D1]	Deferred Deposits	5,305.00	0.00	5,305.00
Subgroup : [D3]	Organization Expense			
17-000-00	Deferred Financing Costs	42,630.00	0.00	42,630.00
19-265-00	Accumulated Amortization>Deferred Fin	(12,789.00)	0.00	(12,789.00)
Subtotal [D3]	Organization Expense	29,841.00	0.00	29,841.00
Subgroup : [D4]	Goodwill			
16-000-00	Goodwill	478,312.00	0.00	478,312.00
Subtotal [D4]	Goodwill	478,312.00	0.00	478,312.00
Subgroup : [D6]	Loans to Owners or Related Parties			
27-315-00	Due To/(From)>Southport	11.00	0.00	11.00
27-317-00	Due To/(From)>Fairview Management	260.00	0.00	260.00
Subtotal [D6]	Loans to Owners or Related Parties	271.00	0.00	271.00
Subgroup : [D7]	Other Assets			
13-127-00	Due From>Old Owner	55,434.00	0.00	55,434.00
27-172-00	Due To/(From)>Vendor	6,244.00	0.00	6,244.00
28-127-00	Due To>Old Owner	9,251.00	0.00	9,251.00
Subtotal [D7]	Other Assets	70,929.00	0.00	70,929.00
Total [31-32]	Assets	1,908,624.00	0.00	1,908,624.00
Group : [33-34]	Liabilities			
Subgroup : [A1]	Trade A/P			
20-000-00	Accounts Payable	(963,159.00)	0.00	(963,159.00)
21-149-00	Other Current Payables>Misc. PR Deduc	50.00	0.00	50.00
21-350-00	Other Current Payables>Resident Funds	(44,461.00)	0.00	(44,461.00)
Subtotal [A1]	Trade A/P	(1,007,570.00)	0.00	(1,007,570.00)
Subgroup : [A4]	Accrued Payroll			
23-000-00	Accrued Wages & Related	(88,704.00)	0.00	(88,704.00)
23-156-00	Accrued Wages & Related>PR Taxes	2,188.00	0.00	2,188.00
23-157-00	Accrued Expenses>PTO	(141,911.00)	0.00	(141,911.00)
Subtotal [A4]	Accrued Payroll	(228,427.00)	0.00	(228,427.00)
Subgroup : [A7]	Medicare Final Settlement Payable			
27-102-00	Due To/(From)>Medicare A	(4,851.00)	0.00	(4,851.00)
Subtotal [A7]	Medicare Final Settlement Payable	(4,851.00)	0.00	(4,851.00)
Subgroup : [A12]	Other Current Liabilities			
24-000-00	Accrued Expenses	(170,518.00)	0.00	(170,518.00)
24-000-01	Accrued Expenses (Assumed)	(74,961.00)	0.00	(74,961.00)
24-000-02	Accrued Expenses>Tamkar Brokerage F	(5,329.00)	0.00	(5,329.00)
24-137-01	Accrued Expenses>Capital Lease>Copie	(9,100.00)	0.00	(9,100.00)
24-158-00	Accrued Expenses>Utilities (Assumed)	(8,255.00)	0.00	(8,255.00)
24-165-00	Accrued Expenses>Insurance - Property	(3,213.00)	0.00	(3,213.00)
24-260-79	Accrued Expenses>Welfare (Assumed) :	(2,359.00)	0.00	(2,359.00)
24-882-00	Accrued Expenses>Health Insurance	(52,302.00)	0.00	(52,302.00)
Subtotal [A12]	Other Current Liabilities	(326,037.00)	0.00	(326,037.00)
Subgroup : [B3]	Loans from Owners or Related Parties			
27-000-87	Due To/(From)>Torrington	(2,551.00)	0.00	(2,551.00)
27-000-88	Due To/(From)>New Haven	(4,381.00)	0.00	(4,381.00)

27-000-89	Due To/(From)>Prospect	(5,170.00)	0.00	(5,170.00)
27-000-90	Due To/(From)>West Haven	(2,834.00)	0.00	(2,834.00)
27-000-92	Due To/(From)>Management	(129,227.00)	0.00	(129,227.00)
27-000-93	Due To/(From)>Holdings	(1,645,024.00)	0.00	(1,645,024.00)
27-000-95	Due To/(From)>Norwich	(21,558.00)	0.00	(21,558.00)
27-000-96	Due To/(From)>New London	(20,695.00)	0.00	(20,695.00)
27-152-00	Due To/(From)>Employee	(1,214.00)	0.00	(1,214.00)
27-316-00	Due To/(From)>Greenwich	(6.00)	0.00	(6.00)
27-400-00	Due to/(from)>Eli Mirlis	(5,702.00)	0.00	(5,702.00)
Subtotal [B3]	Loans from Owners or Related Parties	(1,838,362.00)	0.00	(1,838,362.00)
Subgroup : [B4]	Other Long-Term Liabilities			
27-105-00	Due To/(From)>HMO	(2.00)	0.00	(2.00)
27-112-00	Due To/(From)>Income	(11,548.00)	0.00	(11,548.00)
27-174-00	Due To/(From)>Other L&E	(613.00)	0.00	(613.00)
27-199-00	Due To>Patient Spend Down	(2,154.00)	0.00	(2,154.00)
Subtotal [B4]	Other Long-Term Liabilities	(14,317.00)	0.00	(14,317.00)
Total [33-34]	Liabilities	(3,419,564.00)	0.00	(3,419,564.00)
Group : [35]	Equity			
Subgroup : [B1]	Owner's Capital			
31-000-86	Partner's Equity>All Partners>Capital Dre	317.00	0.00	317.00
Subtotal [B1]	Owner's Capital	317.00	0.00	317.00
Subgroup : [B5]	Cumulated Earnings			
30-000-00	Retained Earnings	334,256.00	0.00	334,256.00
Subtotal [B5]	Cumulated Earnings	334,256.00	0.00	334,256.00
Total [35]	Equity	334,573.00	0.00	334,573.00
	NET (INCOME) LOSS	0.00	0.00	0.00
	Sum of Account Groups	0.00	0.00	0.00

Client: **Regal Care Management**
 Engagement: **Medicaid - RegalCare at Waterbury, LLC**
 Period Ending: **9/30/2017**
 Trial Balance: **A.01 - TB-CCNH**
 Workpaper: **H.01 - Reclassifying Journal Entry Report**

Account	Description	W/P Ref	Debit	Credit
Reclassifying Journal Entries				
Reclassifying Journal Entries JE # 1				
To reclass dental expenses to the correct line of the cost report				
Marcum 101	Dentist		7,200.00	
60-206-00	Nursing Expense>Clinical Services			7,200.00
Total			7,200.00	7,200.00
Reclassifying Journal Entries JE # 2				
To reclass cell phone expense from the telephone line				
Marcum 102	Call Phone		2,836.00	
80-231-00	Admin Expense>Telephone			2,836.00
Total			2,836.00	2,836.00
Reclassifying Journal Entries JE # 3				
To reclass other employee benefits				
85-200-79	Employee Benefits Expense>Training Fund>Union		39,743.00	
85-245-00	Employee Benefits Expense>Background Checks		2,300.00	
85-255-79	Employee Benefits Expense>Pension>Union		303,162.00	
85-260-79	Employee Benefits Expense>Welfare>Union		863,290.00	
Marcum 109	Employee Food		944.00	
Marcum 110	Employee Relations		545.00	
Marcum 111	Discriminatory Bonus		3,289.00	
Marcum 112	Loan Forgiven		4,500.00	
Marcum 114	Uniforms		9,911.00	
61-883-00	Nursing Admin Expense>Other Benefits			831,449.00
69-883-00	Social Services Expense>Other Benefits			14,503.00
70-883-00	Dietary Expense>Other Benefits			115,956.00
71-883-00	Activity Expense>Other Benefits			18,718.00
74-883-00	Housekeeping & Laundry Expense>Other Benefits			89,242.00
75-883-00	Maintenance Expense>Other Benefits			33,584.00
80-883-00	Admin Expense>Other Benefits			124,232.00
Total			1,227,684.00	1,227,684.00
Reclassifying Journal Entries JE # 4				
To Reclass Professional Fees from Legal Fees				
80-240-00	Admin Expense>Professional Fees		168.00	
80-238-00	Admin Expense>Legal Fees			168.00
Total			168.00	168.00
Reclassifying Journal Entries JE # 5				
To Reclass Professional Fees from Accounting Fees				
80-240-00	Admin Expense>Professional Fees		56,400.00	
80-239-00	Admin Expense>Accounting Fees			56,400.00
Total			56,400.00	56,400.00
Reclassifying Journal Entries JE # 6				
To reclass ambulance costs to the correct line of the cost report				
Marcum 108	Ambulance		637.00	
60-213-00	Nursing Expense>Transportation			637.00
Total			637.00	637.00
Reclassifying Journal Entries JE # 7				
To reclass subscriptions and education costs				
80-233-00	Admin Expense>Seminars		350.00	
Marcum 113	Subscriptions		60.00	
80-235-00	Admin Expense>Dues & Subscriptions			410.00
Total			410.00	410.00
Reclassifying Journal Entries JE # 8				
To Reclass Accounting & Legal Fees from Professional Fees				
80-238-00	Admin Expense>Legal Fees		1,400.00	
Marcum 107	Accounting Fees		669.00	
80-240-00	Admin Expense>Professional Fees			2,069.00
Total			2,069.00	2,069.00
Total Reclassifying Journal Entries			1,297,404.00	1,297,404.00
Total All Journal Entries			1,297,404.00	1,297,404.00



MYERS AND STAUFFER
L.C.
CERTIFIED PUBLIC ACCOUNTANTS

Workpaper Index:
Prepared By:
Reviewed By:
Workpaper Date: 2/12/2018
Run Date:

Provider Name: RegalCare at Waterbury, LLC
Provider Number: 000009001
Period Ended: 9/30/17

Name of Workpaper: VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE: To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? <i>Request insurance cards and current vehicle registration.</i>				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowable monthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion: