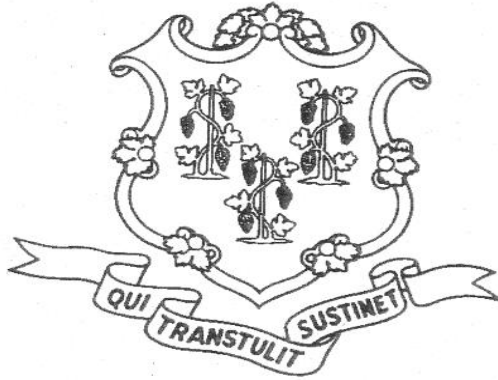


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Greenwich Woods Rehabilitation, LLC	
Address (No. & Street, City, State, Zip Code) 1165 King Street, Greenwich, CT 06831	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input checked="" type="checkbox"/> Other (CCNH) (RHNS)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2403	RHNS	Other	Medicare Provider 07-5309
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2018	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 Greenwich Woods Rehabilitation, LLC [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

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

(Notary Seal)

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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 Greenwich Woods Rehabilitation, LLC	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 1165 King Street, Greenwich, CT 06831				
Report Prepared By Blum Shapiro & Company, P.C.	Phone Number 203-944-2100	Date 2/15/2019		
Item	Total	CCNH	RHNS	Other
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 203-531-1335		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Greenwich Woods Rehabilitation, LLC		Address (No. & Street, City, State, Zip) 1165 King Street, Greenwich, CT 06831		
License Numbers:	CCNH 2403	RHNS	Other	Medicare Provider No. 07-5309
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 checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Michael Chiappinelli		Nursing Home Administrator's License No.:	001164	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Greenwich Woods Rehabilitation, LLC		License No. 2403	Report for Year Ended 9/30/2018	Page 3	of 37
Legal Name of Partnership/LLC Greenwich Woods Rehabilitation, LLC		Business Address 1165 King Street, Greenwich, CT 06831		State(s) and/or Town(s) in Which Registered Connecticut	
Name of Partners/Members	Business Address	Title	% Owned		
GW Holdings, LLC	1165 King Street, Greenwich, CT 06831	Owner	68%		
SJJ, LLC	1165 King Street, Greenwich, CT 06831	Owner	16%		
LYM GW, LLC	1165 King Street, Greenwich, CT 06831	Owner	9%		
IK Greenwich, LLC	1165 King Street, Greenwich, CT 06831	Owner	7%		

General Information and Questionnaire
Corporate Owners

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2018	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

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

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

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

General Information and Questionnaire Related Parties*

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Moshe Bernstein	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	16 line m12	12,500	12,500
Mordi Blass	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	16 line m12	12,500	12,500
Sparkle		<input checked="" type="radio"/>	<input type="radio"/>	41%	Housekeeping	20 line 4b	422,935	416,868
Greenwich Woods Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Rental Expense	22 line 9	1,680,000	1,680,000
Skilled Marketing Solutions		<input checked="" type="radio"/>	<input type="radio"/>	98%	Website service	16 line m11	1,188	1,188-disallowed
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of	
Greenwich Woods Rehabilitation, LLC			2403	9/30/2018			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
IKON Financial - GE Capital c/o Ricoh	<input type="radio"/>	<input checked="" type="radio"/>	3 Copiers	10/04/16	Auto-renewed	6,513	6,513		
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Pitney Bowes	01/21/17	Auto-renewed	1,860	1,860		
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***	8,373

* 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 Greenwich Woods Rehabilitation, I	License No. 2403	Report for Year Ended 9/30/2018	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period?				
		<input checked="" type="radio"/> Yes If "No," explain. <input type="radio"/> No		
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 SY Consultant Inc		1138 E 12th Brooklyn NY 11230		
2 Blum Shapiro		29 South Main Street, West Hartford, CT		
3 The Bonadio Group		171 Sullys Trail, Pittsford, NY 14534		
4 EFPR CPA		280 Kenneth Drive Suite 100 Rochester NY 14623		
Services Provided by This Firm (<i>describe fully</i>)				
1 Monthly Closing				\$ 18,000
2 Cost Reports				\$ 11,900
3 401k Audit				\$ 1,333
4 Over Accrual				\$ (6,000)
				Charge for Services Provided
				\$ 25,233
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No pg 15 line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 See attachment				
2				
3				
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1				
2				
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 See attachment				\$ 192,213
2				\$
3				\$
4				\$
5				\$
				Charge for Services Provided
				\$ 192,213
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				

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/18	7b	37

Ref	Description	Amount	Disallowed
Goldman, Gruder & Woods, LLC	General, admissions, residents	\$ 8,607	\$ 8,607
Robinson & Cole, LLP	General Labor & Unemployment, ULP, Union	181,509	9,456
Mutha Cullina, LLP	General Legal Matters	1,143	
Treasurer, State of CT	Taxes	96	96
Constable Don Romeo	Conservatorship Doc Served	138	138
Cogency Global	National Corporate Research	720	720
		<u>\$ 192,213</u>	<u>\$ 19,017</u>

Schedule of Resident Statistics

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403		Report for Year Ended 9/30/2018				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	217	217			217	217			217	217			
B. On last day of THIS report period	217	217			217	217			217	217			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	157	157			157	157			152	152			
B. As of midnight of THIS report period	127	127			152	152			127	127			
3. Total Number of Days Care Provided During Period													
A. Medicare	8,775	8,775			7,007	7,007			1,768	1,768			
B. Medicaid (Conn.)	36,268	36,268			27,653	27,653			8,615	8,615			
C. Medicaid (other states)													
D. Private Pay	4,774	4,774			2,979	2,979			1,795	1,795			
E. State SSI for RCH													
F. Other (Specify) Manage medicare & insurance	3,055	3,055			2,250	2,250			805	805			
G. Total Care Days During Period (3A thru F)	52,872	52,872			39,889	39,889			12,983	12,983			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	52,872	52,872			39,889	39,889			12,983	12,983			

Schedule of Resident Statistics (Cont'd)

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2018	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)	Other (3)	Lost			Gained			CCNH	RHNS	Other	
				(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	Other
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	Other	R.C.H.	ICF-MR
No. of Residents	11	91		25				
Per Diem Rate								
a. One bed rm.	PPS	224.00		503/513/572				
b. Two bed rms.	PPS	224.00		481/492/552				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Other
A. Medicare - Part B	6,565	6,565		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	431	431		
2. Restorative Treatments				
C. Other				
D. Total Physical Therapy Treatments	6,996	6,996		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	529	529		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	54	54		
2. Restorative Treatments				
C. Other				
D. Total Speech Therapy Treatments	583	583		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	5,404	5,404		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	481	481		
2. Restorative Treatments				
C. Other				
D. Total Occupational Therapy Treatments	5,885	5,885		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Greenwich Woods Rehabilitation, LLC	2403	9/30/2018	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	Other	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)	69,160	1,304				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	536,863	13,774				
5. Dietary Service						
a. Head Dietitian	97,952	3,390				
b. Food Service Supervisor	67,893	2,122				
c. Dietary Workers	608,558	37,643				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	53,800	2,063				
b. Other Maintenance Workers	71,815	4,064				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	223,129	13,562				
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	214,443	3,846				
b. RN						
1. Direct Care	859,711	22,239				
2. Administrative**	478,722	15,011				
c. LPN						
1. Direct Care	2,023,323	66,382				
2. Administrative**	33,365	944				
d. Aides and Attendants	2,865,403	168,619				
e. Physical Therapists	66,964	1,825				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	235,443	11,875				
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	277,035	9,024				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	8,783,579	377,687				

* 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		Other	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
Nursing Admin. Purchased Services - disallowed	\$ 74,793	Disallowed				
Nursing Admin. Purchased Services	\$ 5,282	37				
Nursing Admin	\$ 141,450	976				
Pharmacy Consultant	\$ 3,715	Disallowed				
Total	\$ 225,240	1,013	\$ -	-	\$ -	-

**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	
Greenwich Woods Rehabilitation, LLC				2403	9/30/2018			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	Other							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Greenwich Woods Rehabilitation, LLC				2403	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
Section III - Administrators***										
Michael Chiappinelli (3/16/18-current)	44,410			Non-preferential		920	A2			
Benjamin Schiano (1/15/18-3/16/18)	23,365			Non-preferential		360	A2			
Ariel Lev (8/23/17-10/16/17)	1,385			Non-preferential		24	A2			
Section IV - Assistant Administrators										
Mordi Blass (interim administrator) (10/17/17-1/15/18)										

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Greenwich Woods Rehabilitation, LLC	2403	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	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	7,768	185				
2. Dentist	8,263	Disallowed				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	723,629	10,577				
b. Other						
6. Social Worker	44,520	1,361				
7. Recreation Worker	4,928	39				
8. Physicians						
a. Medical Director (entire facility)	65,000	483				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	26,884	Disallowed				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
Medical Staff Meetings	418	4				
9. Speech Therapist						
a. Resident Care	103,923	1,397				
b. Other						
10. Occupational Therapist						
a. Resident Care	705,445	10,212				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	10,737	220				
2. Administrative***						
b. LPN						
1. Direct Care	92,017	2,083				
2. Administrative***						
c. Aides	33,645	1,567				
d. Other						
12. Other (Specify)						
See Attached Schedule	225,240	1,013				
B-13 Total Fees Paid in Lieu of Salaries	2,052,417	29,141				

* 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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2018		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
See attachment		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
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		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

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

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2018	Page 14a	of 37
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G/L Account #	Direct Care Consultant	Company/Individual Name	Full Explanation of Services	Total Fee Paid*	Total Hours Worked
69155.000	Dietician	Madeline Glick	Dietary Consultation	7,768	185
87110.000	Dentist	Kenneth Temple DDS	Dentistry	8,263	Disallowed
80950.000 80960.000 80980.000 80990.000	- Resident Care	Preferred Therapy Solutions	Physical Therapy	723,629	10,577
62850.000	Social Worker	Marie E. Williams	Social Work	44,520	1,361
87100.000 87105.000	Medical Director	Ryan Dadasovich	Medical Director	65,000	483
	Other Doctors	Various	Medical Staff Meeting	418	4
87130.000	(Specify):	Bruno DiCosmo MD	Rehab Director	26,884	161
82950.000 82960.000 82980.000 82990.000	Speech Therapist	Preferred Therapy Solutions	Speech Therapy	103,923	1,397
81950.000 81960.000 81980.000 81990.000	Occupational Therapist:	Preferred Therapy Solutions	Occupation Therapy	705,445	10,212
63310.000	SNF Agency R.N.	PROfessional HealthCare Services, LLC Vertical Staffings Worldwide Staffing The Nurse Network LLC	R.N.	3,416 505 435 6,381 <u>10,737</u>	32 22 60 106 <u>220</u>
63320.000	SNF Agency L.P.N.	PROfessional HealthCare Services, LLC Vertical Staffings Worldwide Staffing	L.P.N	68,569 1,017 22,431 <u>92,017</u>	1,558 21 504 <u>2,083</u>
63330.000	-Aides	Towne Nursing Worldwide Staffing	Aides Staffing Aides Staffing	31,895 1,750 <u>33,645</u>	1,484 83 <u>1,567</u>
67850.000	Nurses and Aides:	Theresa Skinner	Nursing Admin DON	141,450 <u>141,450</u>	976 <u>976</u>
67850.000	Nursing Admin Purchased Se	Early Sense Pathway Health Preferred Therapy Solutions Taylor Healthcare Associates LLC TRADEMARK SERVICES LLC		15,942 935 54,851 4,347 4,000 <u>80,075</u>	n/a 5 n/a 32 n/a <u>37</u>
85050.000	Pharmacy Consultant	Omnicare Inc	Pharmacy	3,715	Disallowed
61660	Recreation Workers	Various - see Pg. 14b	Recreation	<u>4,928</u>	<u>39</u>
			<i>Total</i>	<u>2,052,417</u> -	<u>29,302</u>

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

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2018	Page 14b	of 37
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Entertainment	Description	Date	Amount
Bobby Liggio	Entertainment 10/1/2017	10/1/2017	\$150
Colbath Colors	Entertainment 10/13/2017	10/13/2017	\$140
Plaster Palace LLC	Entertainment 10/1/2017	10/1/2017	\$200
Jim Brownold	Entertainment 10/22/2017	10/22/2017	\$150
Accr Exp	Entertainment 10/30/2017	10/30/2017	(\$200)
Irwin Finger	Entertainment 11/5/2017	11/5/2017	\$150
Colboth Colors	Entertainment 11/10/2017	11/10/2017	\$140
Vincent Galizi	Entertainment 11/12/2017	11/12/2017	\$150
Greenwich International	Entertainment 11/20/2017	11/20/2017	\$80
Greenwich International	Entertainment 11/1/2017	11/1/2017	\$100
Bobby Liggio	Entertainment 12/10/2017	12/10/2017	\$187
Colbath Colors	Entertainment 12/8/2017	12/8/2017	\$140
Greenwich International	Entertainment 12/17/2017	12/17/2017	\$100
Jim Brownold	Entertainment 12/17/2017	12/17/2017	\$150
Greenwich International	Entertainment 1/1/2018	1/1/2018	\$100
Bobby Liggio	Entertainment 2/1/2018	2/1/2018	\$150
Irwin Finger	Entertainment 3/12/2018	3/12/2018	\$150
Bobby Liggio	Entertainment 3/27/2018	3/27/2018	\$150
Greenwich International	Entertainment 3/24/2018	3/24/2018	\$100
Vincent Falizi	Entertainment 3/28/2018	3/28/2018	\$150
Sarah Miller	Entertainment 3/1/2018	3/1/2018	\$100
Colbath Colors	Entertainment 4/13/2018	4/13/2018	\$140
Gene Matera	Entertainment 4/22/2018	4/22/2018	\$150
Greenwich International	Entertainment 4/2/2018	4/2/2018	\$100
Colbath Colors	Entertainment 5/11/2018	5/11/2018	\$140
Greenwich International	Entertainment 5/14/2018	5/14/2018	\$100
Irwin Finger	Entertainment 5/10/2018	5/10/2018	\$150
Colbath Colors	Entertainment 6/8/2018	6/8/2018	\$140
Greenwich International	Entertainment 6/1/2018	6/1/2018	\$100
Irwin Finger	Entertainment 6/1/2018	6/1/2018	\$150
Colbath Colors	Entertainment 7/13/2018	7/13/2018	\$140
Greenwich International	Entertainment 7/16/2018	7/16/2018	\$100
Jim Brownold	Entertainment 7/16/2018	7/16/2018	\$150
Greenwich International	Entertainment 8/1/2016	8/1/2016	\$100
Greenwich International	Entertainment 8/20/2016	8/20/2016	\$100
Colbath Colors	Entertainment 8/30/2018	8/30/2018	\$140
Colbath Colors	Entertainment 9/14/2018	9/14/2018	\$140
Bobby Liggio	Entertainment 9/26/2018	9/26/2018	\$150
Greenwich International	Entertainment 9/24/2018	9/24/2018	\$100
Greenwich International	Entertainment 9/1/2018	9/1/2018	\$100

Total Entertainment \$4,927

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2018	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 308,918	308,918		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 95,926	95,926		
4. Social Security (F.I.C.A.)	\$ 667,810	667,810		
5. Health Insurance	\$ 1,203,260	1,203,260		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 137,375	137,375		
8. Uniform Allowance	\$ 1,017	1,017		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 5,646	5,646		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 25,233	25,233		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 192,213	192,213		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 27,414	27,414		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 36,459	36,459		
2. Cellular Phones	\$ 4,748	4,748		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 885,089	885,089		
Subtotal	\$ 3,591,108	3,591,108		

* 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**

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
Employee Physicals	\$ 5,646		
Total	\$ 5,646	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	Other
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2018	16	37
Item	Total	CCNH	RHNS	Other
<i>Subtotals Brought Forward:</i>	3,591,108	3,591,108		
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 11,899	11,899		
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 42,968	42,968		
5. Education Expenses Related to Seminars and Conventions	\$ 29,440	29,440		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 5,224	5,224		
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 35,131	35,131		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 36,990	36,990		
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 10,383	10,383		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,945	8,945		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 650	650		
9. Subscriptions	\$ 25,291	25,291		
10. Contributions*** See Attached Schedule	\$ 5,000	5,000		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 157,546	157,546		
12. Administrative Management Services**	\$ 25,000	25,000		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 120,019	120,019		
C-14 Total Administrative & General Expenditures	\$ 4,105,594	4,105,594		

* 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	Other
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Advertising - Promotions	\$ 1,650		
Advertising - Business Promotions	\$ 35,340		
Total Other Advertising	\$ 36,990	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
Dues - see page 16b	\$ 8,945		
Total Dues	\$ 8,945	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
Contributions	\$ 5,000		
Total Contributions	\$ 5,000	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Employee Background Checks	\$ (200)		
Data Processing Fees	\$ 4,037		
Software Maintenance	\$ 57,886		
ELPI Insurance	\$ 25,555		
Crime Insurance	\$ 5,940		
Facility Licenses	\$ 3,787		
Bank Charges	\$ 18,529		
Miscellaneous	\$ 35		
Medical Records Supplies	\$ 700		
Employee Licenses	\$ 250		
A&G Purchased Services	\$ 3,500		
Total Other Administrative and General	\$ 120,019	\$ -	\$ -

Detail of Dues and Subscriptions

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2018	Page 16b	of 37
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Description	Total Amount	Dues	Subscriptions	Chamber of Commerce
CAHCF	8,171	8,171		
Chamber of Commerce	650			650
Creative Forecasting	120		120	
Curaspan Health Group	4,300		4,300	
Servarus Corporation	3,000		3,000	
The Marlin Company	2,963		2,963	
Berman News Service	7,182		7,182	
Journal News	1,057	304	753	
AmEx Membership	550		550	
PBJ	1,938		1,938	
Amazon Prime Fee	120	120		
Emergency Preparedness Mutual Aid State of CT	350	350		
Allscripts LLC	3,750		3,750	
Messages on Hold	735		735	
	\$ 34,886	\$ 8,945	\$ 25,291	\$ 650

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2018	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Moshe Bernstein	12,500	Management Services	16 m12
Mordi Blass	12,500	Management Services	16 m12

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2018	18	37
Item	Total	CCNH	RHNS	Other
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 379,891	379,891		
2. Non-Food Supplies	\$ 39,804	39,804		
3. Other (<i>Specify</i>) _____ Dietary Chemicals/Cleaning Supplies	\$ 8,433	8,433		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$ 2,293	2,293		
c. Other (<i>Specify</i>) _____ Guest Meals (269) Dietary Small Equipment 2,192 Nutritional Supplements 3,171	\$ 5,363	5,363		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 435,784	435,784		
2F. Dietary Questionnaire	Total	CCNH	RHNS	Other
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt. \$751				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				30 IV1
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input 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 checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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
Greenwich Woods Rehabilitation, LLC		2403	9/30/2018	19	37
Item		Total	CCNH	RHNS	Other
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. \$	15,493	15,493		
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. Other (Specify)	\$	30,959	30,959		
Chemicals/Detergents \$9,125, Supplies \$1,124, Equipment Rental \$20,710					
3D. Total Laundry Expenditures (3a + b + c)	\$	46,452	46,452		
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.

*** 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	
Greenwich Woods Rehabilitation, LLC	2403	9/30/2018	20	37	
Item		Total	CCNH	RHNS	Other
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	37,723	37,723		
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. \$	422,935	422,935		
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	460,658	460,658		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	363,643	363,643		
Medicare \$234,339 Medicaid \$11,796, Managed Care \$109,392, EverCare \$428, Facility \$7,688					
b. Medicine Cabinet Drugs	\$	29,175	29,175		
c. Medical and Therapeutic Supplies	\$	11,061	11,061		
d. Ambulance/Limousine***	\$	4,464	4,464		
e. Oxygen					
1. For Emergency Use	\$				
2. Other****	\$	35,915	35,915		
f. X-rays and Related Radiological Procedures***	\$	22,948	22,948		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	43,942	43,942		
i. Recreation	\$	828	828		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	281,606	281,606		
5M. Total Resident Care Expenditures (5a - 5j)	\$	793,582	793,582		

* 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	Other
Specialty Mattresses	\$ 44,513		
Nursing Admin Small Equipment Purchase	\$ 1,728		
Cable TV	\$ 37,997		
Physical Therapy Equipment Rental	\$ 20,260		
Nursing Supplies	\$ 165,336		
Wound Care Supplies	\$ 11,016		
Respiratory Supplies	\$ 756		
Total Other Resident Care	\$ 281,606	\$ -	\$ -

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

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403	Report for Year Ended 9/30/2018	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Other	Pg	Line
Sparkle	5140 Highway 9, South Howell, NJ 07731	<input checked="" type="radio"/>	<input type="radio"/>	Owners of Greenwich also own % of Sparkle	Housekeeping Services	422,935			20	4b
Finochio Brothers Sanitation	49 Liberty Place, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	20,898			22	6f
Matrixcare	Bin #32 PO Box 1414, Minneapolis, MN 55480	<input type="radio"/>	<input checked="" type="radio"/>		Healthcare system/payables/GL	54,422			16	m11
Saucier Mechanical	148 North Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	74,275			22	6a
Shamrock Land Management	Road, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maint & Landscaping	36,258			22	6f
A. Santino	42 Robin Hill Lane, Hamden, CT 06518	<input type="radio"/>	<input checked="" type="radio"/>		Information Technology	33,372			16	m11
Brookdale II, LLC		<input type="radio"/>	<input checked="" type="radio"/>		Staff Recruitment	15,953			16	m11
ConQuest Consulting LLC		<input type="radio"/>	<input checked="" type="radio"/>		Consulting	52,300			16	m11
LRI Consulting		<input type="radio"/>	<input checked="" type="radio"/>		Medicaid enrollment support	55,820			16	m11
Hudson View Network		<input type="radio"/>	<input checked="" type="radio"/>		Staff Recruitment	10,200			16	m11
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* 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
Greenwich Woods Rehabilitation, LLC	2403	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 141,654	141,654				
b. Heat	\$ 125,456	125,456				
c. Light & Power	\$ 156,140	156,140				
d. Water	\$ 147,324	147,324				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 8,373	8,373				
f. Other (<i>itemize</i>)	\$ 177,587	177,587				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 756,534	756,534				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 1,453	1,453				
b. Building & Building Improvements	\$ 31,066	31,066				
c. Non-Movable Equipment	\$ 8,233	8,233				
d. Movable Equipment	\$ 56,395	56,395				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 97,147	97,147				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,498,973	1,498,973				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 126,532	126,532				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 4,877	4,877				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,727,529	1,727,529				

* 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	Other
Trash Removal	\$ 24,062		
Service Contracts	\$ 47,015		
Maintenance Supplies	\$ 60,890		
Grounds Maintenance	\$ 37,295		
Minor Decorating	\$ 3,429		
Plant Equipment Rental	\$ 3,165		
Grounds Landscaping	\$ 881		
Copy Charges	\$ 850		
Total Other Repairs and Maintenance	\$ 177,587	\$ -	\$ -

Depreciation Schedule

Name of Facility Greenwich Woods Rehabilitation, LLC				License No. 2403		Report for Year Ended 9/30/2018			Page 23	of 37			
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period				21,814		21,814	1,223	SL	Various	1,453			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal											1,453		
B. Building and Building Improvements													
1. Acquired prior to this report period				447,338		447,338	35,463	SL	Various	31,066			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				2,080		2,080		SL	Various				
B-4. Subtotal											31,066		
C. Non-Movable Equipment													
1. Acquired prior to this report period				164,657		164,657	16,851	SL	Various	8,233			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal											8,233		
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						326,607		326,607	56,497	SL	Various	49,002	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						58,042		58,042		SL	Various	7,393	
D-3. Subtotal													56,395
E. Total Depreciation													97,147

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:				
9/30/2018	Hot Water Pump	\$ 2,080	10	\$ -
Total additions for Building Improvements		\$ 2,080		\$ - *
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:				
10/1/2017	Furniture	\$ 4,997	10	\$ 500
10/31/2017	Security	\$ 10,315	5	\$ 1,891
10/31/2017	Beds	\$ 2,817	5	\$ 516
11/30/2017	Computers	\$ 3,557	5	\$ 593
12/31/2017	Computers	\$ 9,446	5	\$ 1,417
12/31/2017	Time Clock System Series	\$ 3,237	10	\$ 243
2/28/2018	Computers	\$ 9,255	5	\$ 1,080
2/28/2018	Computers	\$ 3,556	5	\$ 415
4/30/2018	Computers	\$ 6,361	5	\$ 530
5/31/2018	Computers	\$ 1,760	5	\$ 117
8/31/2018	Computers	\$ 2,741	5	\$ 91
Total additions for Movable Equipment		\$ 58,042		\$ 7,393 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2018	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	02/01/15				
4. Date of Initial Licensure	02/01/15				
5. Total Licensed Bed Capacity	217				
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)		Fixed			
b. Date Mortgage Obtained		02/15/17			
c. Interest Rate for the Cost Year		3.5%			
d. Term of Mortgage (number of years)		35			
e. Amount of Principal Borrowed		14,700,300			
f. Principal balance outstanding as of 9/30/2018		14,367,033			
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LL	2403	9/30/2018	26	37
Item	Total	CCNH	RHNS	Other
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
Greenwich Woods Rehabilitation, I	2403	9/30/2018	27	37
Item	Total	CCNH	RHNS	Other
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)	\$	4,782	4,782	
Interest Expense - related party notes				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	4,782	4,782	
14. Insurance				
a. Insurance on Property (buildings only)	\$	54,502	54,502	
b. Insurance on Automobiles	\$	923	923	
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	14,560	14,560	
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$	78,000	78,000	
Liability				
14d. Total Insurance Expenditures (14a + b + c)	\$	147,985	147,985	
15. Total All Expenditures (A-13 thru C-14)	\$	19,314,896	19,314,896	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC				2403	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 11,352	11,352		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10	Occupational Therapy	\$ 705,445	705,445		
7.			Other - See attached Schedule	\$ 113,825	113,825		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 19,017	19,017		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,868	1,868		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/m	Unallowable Advertising *	\$ 36,990	36,990		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 5,000	5,000		
21.	16	m12	Unallowable Management Fees	\$ 25,000	25,000		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 55,487	55,487		
Page 18 - Dietary Expenditures							
24.	30	IV 1	Meals to employees, guests and others who are not residents	\$ 751	751		
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)				\$ 974,735	974,735		

* 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	Other
10	a12m	Social Workers - Marketing Duties	11,352		
Total Other Salaries Adjustment			\$ 11,352	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	b12	Nursing Admin. Purchased Services	74,963		
13	8e	Doctor - Rehab Director	26,884		
13	b2	Dentist	8,263		
13	b12	Pharmacy Consultant	3,715		
Total Other Fees Adjustments			\$ 113,825	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16	m8a	Chamber of Commerce Dues	650		
16	m9	Newspapers and subscriptions	8,909		
16	12	Employee Relations	11,899		
16	m13	Bank Charges	18,529		
16	m13	Crime Insurance	5,940		
16	m13	Miscellaneous	35		
20	4b	Housekeeping Purchased Services - Disallow related party markup	6,067		
		Benefits on Disallowed Salaries above	2,270		
16	m11	Marketing - related party	1,188		
Total Other A&G Adjustments			\$ 55,487	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC				2403	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 974,735	974,735		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 363,643	363,643		
28.	20	5d	Ambulance/Limousine	\$ 4,464	4,464		
29.	20	5f	X-rays, etc	\$ 22,948	22,948		
30.	20	5h	Laboratory	\$ 43,942	43,942		
31.	20	5c	Medical Supplies	\$ 11,061	11,061		
32.	20	5e2	Oxygen (non emergency)	\$ 35,915	35,915		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 71,751	71,751		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (39,224)	(39,224)		
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	\$ 3,429	3,429		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 42,779	42,779		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,535,443	1,535,443		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	5j	Specialty Mattresses	\$ 44,513		
20	5j	Physical Therapy Equipment Rental	\$ 20,260		
20	5j	Nursing Supplies	\$ 6,978		
Total Other Ancillary Costs			\$ 71,751	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
		To include movable depreciation expense at prior owner basis which were purchased by new owner	\$ (39,224)		
Total Excess Movable Equipment Depreciation			\$ (39,224)	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	6f	Minor Decorating	\$ 3,429		
Total Other Property Adjustments			\$ 3,429	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Other
27	12c-d	Interest Expense	\$ 4,782		
20	5j	Cable TV	\$ 37,997		
Total Other Adjustments			\$ 42,779	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2018			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 17,294,559	17,294,559				
b. Medicaid Room and Board Contractual Allowance **	\$ (9,290,421)	(9,290,421)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,139,951	4,139,951				
b. Medicare Room and Board Contractual Allowance **	\$ 1,777,854	1,777,854				
4. a. Private-Pay Residents and Other	\$ 4,065,842	4,065,842				
b. Private-Pay Room and Board Contractual Allowance **	\$ (627,477)	(627,477)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 242,950	242,950				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (242,603)	(242,603)				
c. Prescription Drugs - Non-Medicare	\$ 98,783	98,783				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (96,762)	(96,762)				
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	\$ 1,121,635	1,121,635				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (957,051)	(957,051)				
c. Physical Therapy - Non-Medicare	\$ 328,695	328,695				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (290,624)	(290,624)				
4. a. Speech Therapy - Medicare	\$ 152,773	152,773				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (125,142)	(125,142)				
c. Speech Therapy - Non-Medicare	\$ 50,982	50,982				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (44,239)	(44,239)				
5. a. Occupational Therapy - Medicare	\$ 1,095,506	1,095,506				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (950,674)	(950,674)				
c. Occupational Therapy - Non-Medicare	\$ 342,759	342,759				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (293,306)	(293,306)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 119	119				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 2,265	2,265				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 17,796,374	17,796,374				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 751	751				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 3,314	3,314				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ (11,659)	(11,659)				
V. Total Other Revenue (1 thru 8)	\$ (7,594)	(7,594)				
VI. Total All Revenue (III +V)	\$ 17,788,780	17,788,780				

* 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	Other
30 / 6a	Oxygen Medicare A	\$ 21,823		
30 / 6a	X-Ray Medicare A	\$ 6,648		
30 / 6a	LAB Medicare A	\$ 20,568		
30 / 6a	IV Therapy Medicare A	\$ 34,163		
30 / 6a	Less: Contractual Adjustment	\$ (83,083)		
Total Other Resident Revenue - Medicare		\$ 119	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
30 / 6b	Oxygen Medicaid Certified	\$ 6,819		
30 / 6b	X-Ray Medicaid Certified	\$ 65		
30 / 6b	Oxygen EverCare	\$ 304		
30 / 6b	Equipment Rental EverCare	\$ (37)		
30 / 6b	LAB EverCare	\$ 512		
30 / 6b	Oxygen Managed Care	\$ 6,593		
30 / 6b	Equipment Rental Managed Care	\$ 697		
30 / 6b	IV Therapy Managed Care	\$ 14,366		
30 / 6b	X-Ray Managed Care	\$ 3,511		
30 / 6b	LAB Managed Care	\$ 6,457		
30 / 6b	Equipment Rental Medicare Part B	\$ 2,810		
30 / 6b	Less: Contractual Adjustment	\$ (39,832)		
Total Other Resident Revenue		\$ 2,265	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
30 / IV5	Interest Income	3,314	\$ 3,314		
Total Interest Income			\$ 3,314	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
30 / IV8	Miscellaneous	\$ (11,659)		
Total Other Revenue		\$ (11,659)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	330,444
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,610,867
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	9,165
4. Inventories			\$	
5. Prepaid Expenses			\$	128,125
a. Prepaid Expense	21,062			
b. Prepaid Insurance	104,566			
c. Prepaid Taxes	2,497			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	79,167
Patient funds held in trust	50,201			
Due from TransCon	28,966			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,157,768
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	21,814	\$	19,138
	Accum. Depreciation	2,676	Net	
3. Buildings	*Historical Cost	449,418	\$	382,889
	Accum. Depreciation	66,529	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	164,657	\$	139,573
	Accum. Depreciation	25,084	Net	
6. Movable Equipment	*Historical Cost	384,649	\$	271,757
	Accum. Depreciation	112,892	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	813,357

* 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
Greenwich Woods Rehabilitation, LLC	2403	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$ 3,971,125	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
3. Buildings				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
5. Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
6. Motor Vehicles				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
\$				

6. Loans to Owners or Related Parties (<i>itemize</i>)				
\$				
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)				
\$ 180,762				
Deposits		180,762		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 180,762				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 4,151,887				

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
Total Other Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC		2403	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,972,789
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
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>)				\$	629,159
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	6,326
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	356,823
Accrued Operating Expenses		82,969			
Resident Trust		50,201			
Accrued Provider User Fee		223,653			
See Schedule					
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,965,097

* 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 Greenwich Woods Rehabilitation, LLC		License No. 2403	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,965,097	
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>)				\$ 990,463	
Name and Address of Lender	Amount	Loan Date			
Greenwich Woods Realty, LLC	868,735	Various			
Hamden Health	121,728	Various			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 990,463	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,955,560	

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

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2018	Page 35	of 37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	1,222,443
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	500,000
6. Gain or Loss for Period			\$	(1,526,116)
10/1/2017 thru 9/30/2018				
7. Total Net Worth			\$	196,327
C. Total Reserves and Net Worth			\$	196,327
D. Total Liabilities, Reserves, and Net Worth			\$	4,151,887

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	1,222,443
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	17,788,780
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	19,314,896
D. Net Income or Deficit			\$	(1,526,116)
E. Balance			\$	(303,673)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Equity Contributions	500,000			
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	500,000
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			\$	196,327
09/30/18				

I. Preparer's/Reviewer's Certification

Name of Facility Greenwich Woods Rehabilitation, LLC		License No. 2403	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer <i>Blum, Shapiro & Company, P.C.</i>		Title <i>P.C.</i>		Date Signed <i>2/11/2019</i>	
Printed Name of Preparer Blum Shapiro & Company, P.C.					
Address 2 Enterprise Drive, Suite 302, Shelton CT, 06484				Phone Number 203-944-2100	