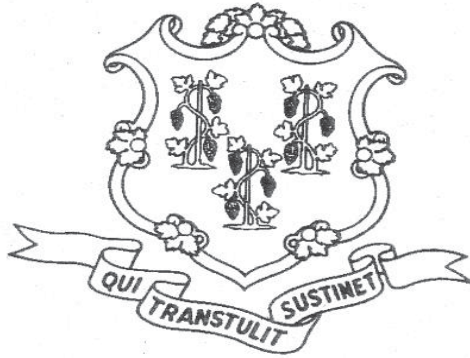


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) New Milford Rehabilitation, LLC	
Address (No. & Street, City, State, Zip Code) 30 Park Lane East, New Milford, CT 06776	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

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

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

General Information

Name of Facility (as licensed) New Milford Rehabilitation, LLC	License No. 2207C	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 New Milford 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) David Segal			Printed Name (Owner) Moshe Bernstein		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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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 New Milford Rehabilitation, LLC	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 30 Park Lane East, New Milford, CT 06776				
Report Prepared By Blum, Shapiro & Company, P.C.	Phone Number 203-944-2100	Date 2/15/2019		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-355-0971		Report for Year Ended 9/30/2018		Page 2	of 37
Name of Facility (as shown on license) New Milford Rehabilitation, LLC			Address (No. & Street, City, State, Zip) 30 Park Lane East, New Milford, CT 06776		
License Numbers:		CCNH 2207C	RHNS	(Specify)	Medicare Provider No. 07-5416
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="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 David Segal			Nursing Home Administrator's License No.:	002042	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
 Partners/Members**

Name of Facility New Milford Rehabilitation, LLC		License No. 2207C	Report for Year Ended 9/30/2018	Page 3	of 37
Legal Name of Partnership/LLC New Milford Rehabilitation, LLC		Business Address 30 Park Lane East, New Milford, CT 06776		State(s) and/or Town(s) in Which Registered Connecticut	
Name of Partners/Members	Business Address	Title		% Owned	
YMW CT, LLC	1165 King Street, Greenwich, CT 06831	Owner		7.06	
SJJJ, LLC	1165 King Street, Greenwich, CT 06831	Owner		7.06	
GW Holdings, LLC	1165 King Street, Greenwich, CT 06831	Owner		54.11	
IK Greenwich, LLC	1165 King Street, Greenwich, CT 06831	Owner		7.06	
WCTHC, LLC	1165 King Street, Greenwich, CT 06831	Owner		24.71	

General Information and Questionnaire Corporate Owners

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
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				
N/A				

General Information and Questionnaire Individual Proprietorship

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2018	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 New Milford Rehabilitation, LLC	License No. 2207C	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 ***Self disallowed the difference**
If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Moshe Bernstein	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	16 m12	20,000	20,000
Mordi Blass	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	16 m12	20,000	20,000
Sparkle	1165 King Street, Greenwich, CT 06831	<input checked="" type="radio"/>	<input type="radio"/>	41%	Housekeeping, Laundry	20 4b, 19 3b	385,457	* 379,927
NMHC Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Rental Expense	22 line 9	1,380,000	1,380,000
Skilled Marketing Solutions	1165 King Street, Greenwich, CT 06831	<input checked="" type="radio"/>	<input type="radio"/>	98%	Website Services	16 line m11	495	495 - Disallowed
Moshe Bernstein	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Automobile expenses	16 line 16	12,500	12,500
Mordi Blass	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Automobile expenses	16 line 16	12,500	12,500
		<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 New Milford Rehabilitation, LLC	License No. 2207C	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
New Milford Rehabilitation, LLC			2207C	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						
RICHO/GE Capital	<input type="radio"/>	<input checked="" type="radio"/>	Copier	11/14/13	60 months	8,932	8,932	
	<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"/>						
	<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 ***							8,932	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire Accounting Basis

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2018	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.

Independent Accounting Firm

Name of Accounting Firm 1 See attached 2 3 4	Address (No. & Street, City, State, Zip Code)
--	---

Services Provided by This Firm (*describe fully*)

1 See attached	\$	39,733
2	\$	
3	\$	
4	\$	
		Charge for Services Provided
		\$ 39,733

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg 15 line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See attached 2 3 4 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 See attached	\$	14,571
2	\$	
3	\$	
4	\$	
5	\$	
		Charge for Services Provided
		\$ 14,571

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg 15 line 1e

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation	2207C	9/30/2018	7a	37

Vendor	Description	Amount
Blum Shapiro & Company, P.C.	Medicare and Medicaid cost report preparation, review of financial statements	20,400
Bonadio & Co LLP	401k audit	1,333
EFPR Group CPAs, PLLC	Form 5500	3,000
SY Consultant	Consulting	<u>15,000</u>
		<u><u>39,733</u></u>

State of Connecticut

Annual Report of Long-Term Care Facility

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General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation	2207C	9/30/18	7b	37

Ref	Description	Amount	Disallowed
Goldman, Gruder & Woods, LLC	Collections	\$ 12,036	12,036
Murtha Cullina LLP	General Legal Matters	1,108	
Thomas Lyons	State Marshall	53	53
Suzann H. Corbett	State Marshall	50	50
Robinson and Cole LLP	General Legal Matters	1,324	
		<hr/>	
		\$ 14,571	\$ 12,139

Schedule of Resident Statistics

Name of Facility New Milford Rehabilitation, LLC			License No. 2207C			Report for Year Ended 9/30/2018				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	148	148			148	148			148	148		
B. On last day of THIS report period	148	148			148	148			148	148		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	138	138			138	138			135	135		
B. As of midnight of THIS report period	132	132			135	135			132	132		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,588	6,588			5,014	5,014			1,574	1,574		
B. Medicaid (Conn.)	32,895	32,895			25,283	25,283			7,612	7,612		
C. Medicaid (other states)												
D. Private Pay	8,053	8,053			5,559	5,559			2,494	2,494		
E. State SSI for RCH												
F. Other (Specify) VA	1,245	1,245			947	947			298	298		
G. Total Care Days During Period (3A thru F)	48,781	48,781			36,803	36,803			11,978	11,978		
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	73	73			47	47			26	26		
5. Total Resident Days (3G + 4A + 4B)	48,854	48,854			36,850	36,850			12,004	12,004		

Schedule of Resident Statistics (Cont'd)

Name of Facility New Milford Rehabilitation, LLC		License No. 2207C		Report for Year Ended 9/30/2018			Page 9		of 37				
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	22		78		32								
Per Diem Rate													
a. One bed rm.	N/A		N/A		N/A								
b. Two bed rms.	PPS		228.44		450.00								
c. Three or more bed rms.	N/A		N/A		N/A								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								8,010	8,010				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,137	1,137				
D. Total Physical Therapy Treatments								9,147	9,147				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								1,912	1,912				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								213	213				
D. Total Speech Therapy Treatments								2,125	2,125				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,926	1,926				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								613	613				
D. Total Occupational Therapy Treatments								2,539	2,539				

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	117,789	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	211,829	8,172				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	64,571	2,128				
c. Dietary Workers	408,579	27,571				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	55,810	2,080				
b. Other Maintenance Workers	70,495	4,563				
8. Laundry Service						
a. Supervisor	3,061	1,977				
b. Other Laundry Workers	20,049	10,802				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	186,965	3,720				
b. RN						
1. Direct Care	830,535	22,402				
2. Administrative**	305,495	7,504				
c. LPN						
1. Direct Care	1,476,788	52,188				
2. Administrative**	69,741	2,130				
d. Aides and Attendants	2,230,094	148,355				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	187,130	9,423				
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	296,297	9,875				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	135,139	8,255				
<i>A-13. Total Salary Expenditures</i>	<i>6,670,367</i>	<i>323,225</i>				

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

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

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
New Milford Rehabilitation, LLC				2207C	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	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
New Milford Rehabilitation, LLC				2207C	9/30/2018			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	(Specify)							
Section III - Administrators***										
David Segal	117,789			Same as employees	Administrator	2,080	A2			
Section IV - Assistant Administrators										

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
New Milford Rehabilitation, LLC	2207C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	43,187	1,040				
2. Dentist	7,229	Disallowed				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	498,139	7,133				
b. Other						
6. Social Worker						
7. Recreation Worker	7,760	68				
8. Physicians						
a. Medical Director (entire facility)	42,000	180				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	12,000	Disallowed				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff Meetings	194	4				
9. Speech Therapist						
a. Resident Care	83,456	1,105				
b. Other						
10. Occupational Therapist						
a. Resident Care	399,174	6,028				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	21,475	317				
2. Administrative***						
b. LPN						
1. Direct Care	113,023	2,547				
2. Administrative***						
c. Aides	102,742	3,809				
d. Other						
12. Other (Specify) See Attached Schedule	48,630	16				
B-13 Total Fees Paid in Lieu of Salaries	1,379,009	22,247				

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

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

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

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

Name of Facility New Milford Rehabilitation	License No. 2207C	Report for Year Ended 9/30/2018	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	Laura Koski	Dietary Consultation	43,186	1,040
87110.000	Dentist	HealthDrive, CT Dental Group	Dentistry	7,229	Disallowed
80950.000 80960.000 80980.000 80990.000	Physical Therapy	Preferred Therapy Solutions	Physical Therapy	498,139	7,133
87100.000	Medical Director	Ken Marici	Medical Director	42,000	180
87100.000	Rehab Director	John Mullen/A Viola	Rehab Dr	12,000	Disallowed
87105.000	Utilization Review	Burton R Rubin MD	Medical Staff Meeting	194	4
82950.000 82960.000 82980.000 82990.000	Speech Therapist - Resident Care	Preferred Therapy Solutions	Speech Therapy	83,456	1,105
81950.000 81960.000 81980.000 81990.000	Occupational Therapist: -Resident	Preferred Therapy Solutions	Occupation Therapy	399,174	6,028
63310	Agency R.N	Professional Healthcare Services LLC GeronNursing & Respite Care, Inc. Towne Staffing LLC	RN	21,475	317
63320	Agency L.P.N.	Professional Healthcare Services LLC Ready Nurse Staffing Services	LPN	113,023	2,547
63330	Agency C.N.A.	GeronNursing & Respite Care, Inc. Professional Healthcare Services LLC Towne Nursing Worldwide Staffing	C.N.A.	102,742	3,809
67850	Nurses and Aides:	Technical Gas Products, Inc. Swallowing Diagnostics LLC New Milford Medical Group, LLC Kenneth Marici, MD, PC Acute Care Gases Assoc. Pulmonologists Of W.CT, LLC Preferred Therapy Solutions Western Connecticut Medical Group	Oxygen supply MDs MDs Oxygen supply MDs Rehab MDs	4,500 5,760 516 1,380 20,912 178 15,268 116 48,630	n/a 16 n/a n/a n/a n/a n/a n/a 16
61660	Recreation Workers	Various - see Pg. 14b	Recreation	7,760	68
Total Fees				1,379,009	22,247

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

Name of Facility New Milford Rehabilitation	License No. 2207C	Report for Year Ended 9/30/2018	Page 14b	of 37
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Activities Entertainment

Entertainment	Description	Date	Total Paid
James I. Moore	Entertainment 10/5/2017	10/5/2017	\$100.00
Wayne Targove	Entertainment 10/12/2017	10/12/2017	\$100.00
Danny Russo	Entertainment 10/19/2017	10/19/2017	\$100.00
Larry Ayce Crasilli	Entertainment 10/26/2017	10/26/2017	\$150.00
Danny Russo	Entertainment 11/2/2017	11/2/2017	\$100.00
Anita Siarkowski	Entertainment 11/09/2018	11/09/2018	\$100.00
Willie Nininger	Entertainment 11/16/2017	11/16/2017	\$100.00
Robin O'Herin	Entertainment 11/30/2017	11/30/2017	\$100.00
Joel Blumert	Entertainment 12/7/2017	12/7/2017	\$100.00
Frank Palmer	Entertainment 12/14/2017	12/14/2017	\$100.00
Ethel Kaufman	Entertainment 12/21/2017	12/21/2017	\$75.00
Danny Russo	Entertainment 12/22/2017	12/22/2017	\$100.00
Danny Russo	Entertainment 12/29/2017	12/29/2017	\$100.00
Hank Milligan	Entertainment 12/24/2017	12/24/2017	\$100.00
Larry Ayce Crasilli	Entertainment 12/28/2017	12/28/2017	\$150.00
Joel Blumert	Entertainment 1/1/2018	1/1/2018	\$100.00
Danny Russo	Entertainment 1/5/2018	1/5/2018	\$100.00
Ethel Kaufman	Entertainment 1/12/2018	1/12/2018	\$100.00
Hank Milligan	Entertainment 2/1/2018	2/1/2018	\$100.00
Candace Coates	Entertainment 2/18/2018	2/18/2018	\$200.00
Larry Ayce Crasilli	Entertainment 2/8/2018	2/8/2018	\$150.00
Tom Callinan	Entertainment 2/15/2018	2/15/2018	\$185.00
Frank Palmer	Entertainment 2/22/2018	2/22/2018	\$100.00
Willie Nininger	Entertainment 2/20/2018	2/20/2018	\$100.00
James I. Moore	Entertainment 2/1/2018	2/1/2018	\$100.00
Hank Milligan	Entertainment 3/1/2018	3/1/2018	\$100.00
Hank Milligan	Entertainment 3/8/2018	3/8/2018	\$100.00
Frank Palmer	Entertainment 3/17/2018	3/17/2018	\$100.00
Larry Ayce Crasilli	Entertainment 3/20/2018	3/20/2018	\$150.00
Michael Hodorski	Entertainment 3/15/2018	3/15/2018	\$125.00
Danny Russo	Entertainment 3/22/2018	3/22/2018	\$100.00
Bill Michael	Entertainment 3/29/2018	3/29/2018	\$125.00
Hank Milligan	Entertainment 4/12/2018	4/12/2018	\$100.00
Joel Blumert	Entertainment 4/20/2018	4/20/2018	\$100.00
Willie Nininger	Entertainment 4/17/2018	4/17/2018	\$125.00
Larry Ayce Crasilli	Entertainment 4/26/2018	4/26/2018	\$150.00
Tom Callinan	Entertainment 4/25/2018	4/25/2018	\$185.00
Willie Nininger	Entertainment 4/5/2018	4/5/2018	\$125.00
Willie Nininger	Entertainment 5/3/2018	5/3/2018	\$125.00
Brian Horberg	Entertainment 5/13/2018	5/13/2018	\$100.00
Joel Blumert	Entertainment 5/10/2018	5/10/2018	\$100.00
Hank Milligan	Entertainment 5/17/2018	5/17/2018	\$100.00
Ethel Kaufman	Entertainment 5/24/2018	5/24/2018	\$75.00
Hank Milligan	Entertainment 5/28/2018	5/28/2018	\$100.00
Michael Hodorski	Entertainment 5/22/2018	5/22/2018	\$125.00
Frank Palmer	Entertainment 5/31/2018	5/31/2018	\$100.00
Tom Callinan	Entertainment 5/1/2018	5/1/2018	\$185.00
Brian Horberg	Entertainment 6/17/2018	6/17/2018	\$100.00
Tom Callinan	Entertainment 6/6/2018	6/6/2018	\$185.00
Frank Palmer	Entertainment 6/14/2018	6/14/2018	\$100.00
Danny Russo	Entertainment 6/19/2018	6/19/2018	\$100.00
Hank Milligan	Entertainment 6/28/2018	6/28/2018	\$100.00
Amy Doyle, RYT	Entertainment 6/27/2018	6/27/2018	\$50.00
Willie Nininger	Entertainment 6/26/2018	6/26/2018	\$125.00
Larry Ayce Crasilli	Entertainment 7/12/2018	7/12/2018	\$150.00
Pratt Nature Center, Inc.	Entertainment 7/9/2018	7/9/2018	\$85.00
Joel Blumert	Entertainment 7/26/2018	7/26/2018	\$100.00
Danny Russo	Entertainment 7/27/2018	7/27/2018	\$100.00
Frank Palmer	Entertainment 8/3/2018	8/3/2018	\$100.00
Tom Callinan	Entertainment 8/9/2018	8/9/2018	\$185.00
Hank Milligan	Entertainment 8/16/2018	8/16/2018	\$100.00
Danny Russo	Entertainment 8/28/2018	8/28/2018	\$100.00
Larry Ayce Crasilli	Entertainment 8/23/2018	8/23/2018	\$150.00
Robert Brophy	Entertainment 8/30/2018	8/30/2018	\$100.00
Ethel Kaufman	Entertainment 9/13/2018	9/13/2018	\$100.00
Joel Blumert	Entertainment 9/20/2018	9/20/2018	\$100.00
Willie Nininger	Entertainment 9/19/2018	9/19/2018	\$125.00
Robert Brophy	Entertainment 9/27/2018	9/27/2018	\$100.00

**Total Activities &
 Entertainment** 7,760

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2018		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 314,077	314,077			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 83,561	83,561			
4. Social Security (F.I.C.A.)	\$ 506,016	506,016			
5. Health Insurance	\$ 1,046,741	1,046,741			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 26,872	26,872			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 39,733	39,733			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 14,571	14,571			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 37,664	37,664			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 28,418	28,418			
2. Cellular Phones	\$ 3,521	3,521			
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	\$ 879,266	879,266			
Subtotal	\$ 2,980,440	2,980,440			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,980,440	2,980,440			
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	8,103	8,103		
4. Employee Travel	\$	7,124	7,124		
5. Education Expenses Related to Seminars and Conventions	\$	12,879	12,879		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	30,260	30,260		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	7,706	7,706		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	37,485	37,485		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	2,238	2,238		
7. Postage	\$	5,556	5,556		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	3,312	3,312		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	11,932	11,932		
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	74,494	74,494		
12. Administrative Management Services**	\$	40,000	40,000		
13. Other (<i>Specify</i>) See Attached Schedule	\$	113,324	113,324		
C-14 Total Administrative & General Expenditures	\$	3,334,853	3,334,853		

* 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)
Business Promotions	\$ 37,485		
Total Other Advertising	\$ 37,485	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues - See pg 16b	\$ 3,312		
Total Dues	\$ 3,312	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Background Checks	\$ 8,440		
Data Processing Fees	\$ 4,087		
Software Maintenance	\$ 62,711		
Insurance - EPLI	\$ 8,098		
Facility Licenses	\$ 2,820		
Bank Charges	\$ 12,727		
Miscellaneous	\$ 3,050		
Medical Records Supplies	\$ 3,266		
State Assessment	\$ 8,125		
Total Other Administrative and General	\$ 113,324	\$ -	\$ -

Detail of Dues and Subscriptions

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation	2207C	9/30/2018	16b	37

Description	Total Amount	Dues	Subscriptions	Chamber of Commerce
Curaspan	2,147		2,147	
CAHCF Membership	3,312	3,312		
The News Times	2,366		2,366	
Navi Health	7,383		7,383	
	\$ 15,208	\$ 3,312	\$ 11,896	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
New Milford Rehabilitation, LLC	2207C	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	20,000	Management Services	16 m12
Mordi Blass	20,000	Management Services	16 m12

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

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

Name of Facility New Milford Rehabilitation, LLC		License No. 2207C	Report for Year Ended 9/30/2018	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 309,501	309,501		
2.	Non-Food Supplies	\$ 22,994	22,994		
3.	Other (Specify) _____ Chemicals / Cleaning Supplies	\$ 8,295	8,295		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____ Nutritional Supplements		\$ 448	448		
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 341,238	341,238		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per day:*				
H.	Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
I.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.
L.	Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.
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.

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
New Milford Rehabilitation, LLC		2207C	9/30/2018	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. \$	4,996	4,996	
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)		\$	272,964	272,964	
c. Other (Specify)		\$	11,711	11,711	
			Chemicals/Detergents \$3,438; Supplies \$9,023; Equipment -\$1,276; Housekeeping Chemicals \$526		
3D. Total Laundry Expenditures (3a + b + c)		\$	289,671	289,671	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input checked="" type="radio"/> Yes	<input 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
New Milford Rehabilitation, LLC		2207C	9/30/2018		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. \$	26,590	26,590		
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. \$	276,384	276,384		
C. Other (<i>Specify</i>)			\$			
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 302,974	302,974		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from		\$ 235,174	235,174		
	Medicare \$159,006; Medicaid \$10,034; Managed Care \$63,661; EverCare \$2,473					
b.	Medicine Cabinet Drugs		\$ 45,896	45,896		
c.	Medical and Therapeutic Supplies		\$ 19,794	19,794		
d.	Ambulance/Limousine***		\$ 5,830	5,830		
e.	Oxygen					
	1. For Emergency Use		\$			
	2. Other***		\$ 8,636	8,636		
f.	X-rays and Related Radiological Procedures***		\$ 19,946	19,946		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 55,072	55,072		
i.	Recreation		\$ 4,850	4,850		
j.	Direct Management Services*		\$			
k.	Indirect Management Services*		\$			
l.	Other (<i>Specify</i>)**** See Attached Schedule		\$ 220,570	220,570		
5M. Total Resident Care Expenditures (5a - 5j)			\$ 615,768	615,768		

* 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)
Cable TV	\$ 15,654		
PT Equipment Rental	\$ 29,460		
Incontinent Care	\$ 510		
Nursing Admin Medical Equipment Rental	\$ 378		
Nursing Admin Small Equipment Purchase	\$ 9,114		
Specialty Mattresses	\$ 21,957		
Nursing Supplies	\$ 139,496		
Wound Care Supplies	\$ 3,468		
OT Small Equipment Purchase	\$ 533		
Total Other Resident Care	\$ 220,570	\$ -	\$ -

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

Name of Facility New Milford Rehabilitation, LLC			License No. 2207C		Report for Year Ended 9/30/2018			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	(Specify)	Pg	Line
Sparkle	5140 Highway 9, South Howell, NJ 07731	<input checked="" type="radio"/>	<input type="radio"/>	Have a percentage of ownership	Housekeeping	303,383			20	4b
Shamrock	Road, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Ground Maintenance	23,223			22	6f
All American Waste	P.O. Box 630, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	32,412			22	6f
Saucier	148 North Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance	83,030			22	6a
Matrixcare	Bin #32 P.O. Box 1414, Minneapolis, MN 55480	<input type="radio"/>	<input checked="" type="radio"/>		Healthcare System / Payables / GL	62,711			16	m13
Conquest Consulting, Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Consulting	16,150			16	m11
Creative Financial Staffing		<input type="radio"/>	<input checked="" type="radio"/>		Staffing	13,272			16	m11
Crown Care		<input type="radio"/>	<input checked="" type="radio"/>		Shredding/Storage	26,885			22	6f
HR Consultants INC		<input type="radio"/>	<input checked="" type="radio"/>		Employment Training	28,488			16	m11
Image First		<input type="radio"/>	<input checked="" type="radio"/>		Laundry	187,902			19	3b
Sparkle	5140 Highway 9, South Howell, NJ 07731	<input checked="" type="radio"/>	<input type="radio"/>	Have a percentage of ownership	Laundry	82,074			19	3b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2018			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	108,651	108,651			
b. Heat	\$	100,435	100,435			
c. Light & Power	\$	157,254	157,254			
d. Water	\$	62,894	62,894			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	8,932	8,932			
f. Other (<i>itemize</i>)	\$	163,932	163,932			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	602,098	602,098			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	16,334	16,334			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	15,064	15,064			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	31,398	31,398			
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	\$	1,380,000	1,380,000			
10. Property Taxes						
a. Real estate taxes paid by owner	\$	122,580	122,580			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	15,503	15,503			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,549,481	1,549,481			

* 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)
Trash Removal	\$ 61,585		
Service Contracts	\$ 28,451		
Plant Supplies	\$ 35,093		
Grounds Maintenance	\$ 31,901		
Minor Decorating	\$ 3,741		
Dietary Small Equipment Purchase	\$ 668		
Plant Purchased Services	\$ 732		
A&G Equipment Rental	\$ 1,761		
Total Other Repairs and Maintenance	\$ 163,932	\$ -	\$ -

Depreciation Schedule

Name of Facility New Milford Rehabilitation, LLC			License No. 2207C			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													
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			182,312		182,312	9,373	SL	Various	12,251				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			107,458		107,458		SL	Various	4,083				
B-4. Subtotal										16,334			
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						47,493		47,493	9,430	SL	Various	11,036	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						42,498		42,498		SL	Various	4,028	
D-3. Subtotal													15,064
E. Total Depreciation													31,398

New Milford Rehabilitation, LLC
9/30/2018

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:				
11/30/2017	Flooring	\$ 30,415	15	\$ 1,690
11/30/2017	Boiler	\$ 1,950	15	\$ 108
11/30/2017	Motor	\$ 1,965	15	\$ 109
1/31/2018	Flooring	\$ 22,050	15	\$ 980
1/31/2018	Flooring	\$ 22,050	15	\$ 980
7/31/2018	Generator	\$ 3,158	15	\$ 53
7/31/2018	Pump	\$ 3,180	15	\$ 35
8/31/2018	Construction	\$ 4,460	15	\$ 25
9/30/2018	Boiler	\$ 6,165	15	\$ 103
9/30/2018	Hot Water	\$ 12,065	15	\$ -
Total additions for Building Improvements		\$ 107,458		\$ 4,083 *
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	Computer - September	\$ 1,680	5	\$ 336
11/30/2017	Time Clock	\$ 3,191	5	\$ 532
12/31/2017	Beds	\$ 6,060	5	\$ 909
2/28/2018	Beds & Furniture	\$ 3,713	5	\$ 433
2/28/2018	Computers	\$ 2,775	5	\$ 324
3/31/2018	Beds	\$ 3,401	5	\$ 340
4/30/2018	Computers	\$ 5,188	5	\$ 432
4/30/2018	Patient Lift	\$ 1,749	5	\$ 146
4/30/2018	Patient Equipment	\$ 1,728	5	\$ 144
5/31/2018	Beds	\$ 4,218	5	\$ 281
7/31/2018	Beds	\$ 3,021	5	\$ 151
9/30/2018	Beds	\$ 2,455	5	\$ -
9/30/2018	Kitchen equipment	\$ 3,319	5	\$ -
Total additions for Movable Equipment		\$ 42,498		\$ 4,028 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility New Milford Rehabilitation, LLC			License No. 2207C		Report for Year Ended 9/30/2018			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 New Milford Rehabilitation, LLC	License No. 2207C	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	04/01/16				
4. Date of Initial Licensure	04/01/16				
5. Total Licensed Bed Capacity	148				
6. Square Footage	53,395				
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed				
b. Date Mortgage Obtained	04/01/16				
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)	4				
e. Amount of Principal Borrowed	9,800,000				
f. Principal balance outstanding as of 9/30/2018	9,633,585				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2018	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
New Milford Rehabilitation, LLC		2207C		9/30/2018		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)				\$	7,796	7,796	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	7,796	7,796	
14. Insurance							
a. Insurance on Property (buildings only)				\$	24,061	24,061	
b. Insurance on Automobiles				\$	2,223	2,223	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	13,520	13,520	
2. Fire and Extended Coverage				\$			
3. Other (Specify) Liability				\$	65,520	65,520	
14d. Total Insurance Expenditures (14a + b + c)				\$	105,324	105,324	
15. Total All Expenditures (A-13 thru C-14)				\$	15,198,579	15,198,579	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC				2207C	9/30/2018	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	\$ 14,815	14,815		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	10a/1	Occupational Therapy	\$ 399,174	399,174		
7.			Other - See attached Schedule	\$ 73,864	73,864		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 12,139	12,139		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 2,081	2,081		
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.	16	16	Automobile Expense (e.g. personal use)	\$ 26,308	26,308		
18.	16	m2/m	Unallowable Advertising *	\$ 37,485	37,485		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 40,000	40,000		
22.	16	m6	Barber and Beauty	\$ 2,238	2,238		
23.			Other - See attached Schedule	\$ 39,426	39,426		
Page 18 - Dietary Expenditures							
24.	30	IV5	Meals to employees, guests and others who are not residents	\$ 686	686		
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)				\$ 648,216	648,216		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Social Service Wages - Marketing Duties	\$ 14,815		
Total Other Salaries Adjustment			\$ 14,815	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b12	Nursing Admin Purchased Services	\$ 42,871		
13	b2	Dentist	\$ 7,229		
13	8b	Rehab Director Resident Care	\$ 12,000		
13	8a	Medical Director Over Allowable	\$ 11,764		
Total Other Fees Adjustments			\$ 73,864	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	12	Employee Relations	\$ 6,536		
16	m11	Marketing - Related party	\$ 495		
16	m13	Bank Charges	\$ 12,727		
16	m13	Miscellaneous	\$ 3,050		
16	m13	State Assessment	\$ 8,125		
		Benefits on disallowed salary above	\$ 2,963		
20	4b	Housekeeping Purchased Services - Disallow markup on related party service	\$ 5,530		
Total Other A&G Adjustments			\$ 39,426	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC				2207C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 648,216	648,216		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 235,174	235,174		
28.	20	5d	Ambulance/Limousine	\$ 5,830	5,830		
29.	20	5f	X-rays, etc	\$ 19,794	19,794		
30.	20	5h	Laboratory	\$ 55,072	55,072		
31.	20	5c	Medical Supplies	\$ 19,794	19,794		
32.	20	5e2	Oxygen (non emergency)	\$ 8,636	8,636		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 67,095	67,095		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (24,332)	(24,332)		
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	\$ 4,473	4,473		
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	\$ 23,503	23,503		
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)				\$ 1,063,255	1,063,255		

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

New Milford Rehabilitation, LLC
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental	\$ 378		
20	5j	Physical Therapy Equipment Rental	\$ 29,460		
2	5j	Nursing Admin Small Equipment Purchase	\$ 9,114		
20	5j	Medical Supplies % of Nursing/Incontinent/Wound Care Supplies	\$ 5,653		
20	5j	OT Small Equipment Purchase	\$ 533		
20	5j	Specialty Mattresses	\$ 21,957		
Total Other Ancillary Costs			\$ 67,095	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		To include movable depreciation expense at prior owner basis which were purchased by new owner	\$ (24,332)		
Total Excess Movable Equipment Depreciation			\$ (24,332)	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6f	Minor Decorating	\$ 3,741		
22	6f	Plant Purchased Services	\$ 732		
Total Other Property Adjustments			\$ 4,473	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12c-d	Interest Expense	\$ 7,796		
20	5j	Cable TV	\$ 15,654		
30	IV5	Interest Income	\$ 53		
Total Other Adjustments			\$ 23,503	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$ 14,936,830	14,936,830			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,495,528)	(7,495,528)			
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$ 2,877,579	2,877,579			
b. Medicare Room and Board Contractual Allowance **	\$ 1,363,016	1,363,016			
4. a. Private-Pay Residents and Other	\$ 4,127,942	4,127,942			
b. Private-Pay Room and Board Contractual Allowance **	\$ (449,831)	(449,831)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 202,929	202,929			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (199,415)	(199,415)			
c. Prescription Drugs - Non-Medicare	\$ 93,964	93,964			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (86,914)	(86,914)			
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	\$ 922,491	922,491			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (842,647)	(842,647)			
c. Physical Therapy - Non-Medicare	\$ 254,109	254,109			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (185,496)	(185,496)			
4. a. Speech Therapy - Medicare	\$ 152,551	152,551			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (132,604)	(132,604)			
c. Speech Therapy - Non-Medicare	\$ 63,589	63,589			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (43,792)	(43,792)			
5. a. Occupational Therapy - Medicare	\$ 873,010	873,010			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (842,490)	(842,490)			
c. Occupational Therapy - Non-Medicare	\$ 179,339	179,339			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (150,911)	(150,911)			
6. a. Other (Specify) - Medicare	\$				
b. Other (Specify) - Non-Medicare	\$ 7,772	7,772			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,625,493	15,625,493			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 686	686			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$ 53	53			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$ (41,459)	(41,459)			
V. Total Other Revenue (1 thru 8)	\$ (40,720)	(40,720)			
VI. Total All Revenue (III +V)	\$ 15,584,773	15,584,773			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 / 6a	Oxygen Medicare A	\$ 3,815		
30 / 6a	X-Ray Medicare A	\$ 18,585		
30 / 6a	LAB Medicare A	\$ 43,607		
30 / 6a	Less: Contractual Adjustment	\$ (66,007)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 / 6b	Lab EverCare	\$ 8,205		
30 / 6b	Oxygen Managed Care	\$ 470		
30 / 6b	X-Ray Managed Care	\$ 3,884		
30 / 6b	X-Ray Medicaid	\$ 163		
30 / 6b	Lab Managed Care	\$ 8,868		
30 / 6b	Less: Contractual Adjustment	\$ (13,818)		
Total Other Resident Revenue		\$ 7,772	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 / IV5	Interest Income		\$ 53		
Total Interest Income			\$ 53	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 / 6b	Miscellaneous Expense	\$ (41,459)		
Total Other Revenue		\$ (41,459)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	429,569
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,111,375
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	661,603
4. Inventories			\$	
5. Prepaid Expenses			\$	94,855
a. Expenses	10,165			
b. Taxes	35,435			
c. Sewer	7,929			
d. See Schedule	41,326			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	51,468
Patient Funds Held in Trust	51,468			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,348,870
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>289,770</u>		\$	264,063
	Accum. Depreciation <u>25,707</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>89,991</u>		\$	65,497
	Accum. Depreciation <u>24,494</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	23,241
Construction in Progress	23,241			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	352,801

* 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
New Milford Rehabilitation, LLC	2207C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	3,701,671
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>)			\$	12,810
Deposits		12,810		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	12,810
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,714,481

* 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	
31	A5d	Insurance	\$ 41,326
Total Prepaid Expenses			\$ 41,326

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 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 New Milford Rehabilitation, LLC		License No. 2207C	Report for Year Ended 9/30/2018	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,230,741
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>)				\$	415,087
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	9,333
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>)				\$	377,856
Resident Trust		51,468			
Accrued Operating Expenses		60,539			
Accrued Provider User Fee		212,849			
Deferred Revenue		53,000	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,033,017

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				2,033,017
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>)				\$ 382,597
Name and Address of Lender	Amount	Loan Date		
NMHC Realty LLC	382,597	Various		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 382,597
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,415,614

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

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2018	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			\$	801,832
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	110,841
6. Gain or Loss for Period			\$	386,194
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	1,298,867
C. Total Reserves and Net Worth			\$	1,298,867
D. Total Liabilities, Reserves, and Net Worth			\$	3,714,481

H. Changes in Total Net Worth

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	801,832
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	15,584,773
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	15,198,579
D. Net Income or Deficit			\$	386,194
E. Balance			\$	1,188,026
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Equity Contributions		200,000		
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	200,000
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	89,159
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Distribution			89,159	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	89,159
H. Balance at End of Period		09/30/18	\$	1,298,867

I. Preparer's/Reviewer's Certification

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Blum, Shapiro & Company, P.C.</i>	Title	Date Signed <i>2/8/2019</i>		
Printed Name of Preparer Blum, Shapiro & Company, P.C.				
Address Address 2 Enterprise Drive, Suite 302, Shelton, CT		Phone Number 203-944-2100		
Annual Report Contact George Thomas		Phone Number 203-944-2100		
Annual Report Contact Email Address GTHOMAS@blumshapiro.com				