

February 11, 2019

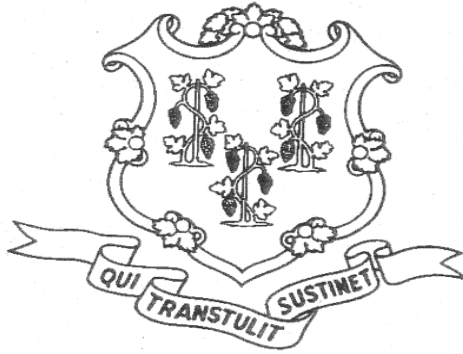
Mr. Chris LaVigne, Director  
Office of Reimbursement and CON  
Department of Social Services  
55 Farmington Ave  
Hartford, CT 06105

Dear Chris:

Enclosed please find the 2018 Medicaid Cost Report for Regency House of Wallingford, Inc.

In preparing this cost report, we did not perform any disallowances for the administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Regency House of Wallingford, Inc.	
Address (No. & Street, City, State, Zip Code) 181 East Main Street, Wallingford, CT 06492	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2072-C	RHNS	(Specify)	Medicare Provider 075261
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Medicaid Provider Numbers:	CCNH 9084	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

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### General Information

Name of Facility (as licensed) Regency House of Wallingford, Inc.	License No. 2072-C	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 Regency House of Wallingford, Inc. [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 Bond			Printed Name (Owner) Marvin J. Ostreicher		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Regency House of Wallingford, Inc.	Period Covered:		From 10/1/2017	To 9/30/2018
Address of Facility 181 East Main Street, Wallingford, CT 06492				
Report Prepared By Blum, Shapiro & Company, P.C.	Phone Number (203) 944-2100		Date 2/11/2019	
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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 203-265-1661		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Regency House of Wallingford, Inc.		Address (No. & Street, City, State, Zip) 181 East Main Street, Wallingford, CT 06492		
License Numbers:	CCNH 2072-C	RHNS (Specify)	Medicare Provider No. 075261	
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 type="radio"/> LLC <input type="radio"/> Partnership <input checked="" 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.				
<b>Administrator</b>				
Name of Administrator David Bond		Nursing Home Administrator's License No.:	001349	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



## General Information and Questionnaire Corporate Owners

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	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 Regency House of Wallingford, Inc.	Business Address 181 East Main Street, Wallingford, CT 06492	State(s) in Which Incorporated CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
M.J. Ostreicher	181 Wildacare Ave Lawrence, NY 11559	President	675	
B. Bokow	722 Almont Road Far Rockaway, NY 11691	Secretary	100	
A. Zitter	9 Dogwood Lane Lawrence, NY 11559	Director	225	
Names of Stockholders Owning at Least 10% of Shares				
M.J. Ostreicher	181 Wildacare Ave Lawrence, NY 11559	President	675	
B. Bokow	722 Almont Road Far Rockaway, NY 11691	Secretary	100	
A. Zitter	9 Dogwood Lane Lawrence, NY 11559	Shareholder	225	





**General Information and Questionnaire  
 Related Parties\***

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	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	%**				
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"/>					
		<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  
Related Parties\***

Name of Facility Regency House of Wallingford		License No. 2072-C		Report for Year Ended 9/30/2018		Page 4		of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If "Yes," provide the Name/Address and complete the information on Page 11 of the report.		
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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		Cost Reported	Actual Cost to the Related Party
		Yes	No	%**		Page # / Line #			
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, Ct 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45%	PT,OT,ST Services/Consulting	13	5a,9a,10a,12	957,132	937,997
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63%	Radiology	20	5f	30,588	28,569
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15	1a5	707,424	707,424
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Management	16	m12	574,525	574,525
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Consulting Fees	16	m13	46,034	46,034
Marlborough Health Care Center, Inc.	85 Stage Harbor Road, Marlborough, CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16	m13	24,974	24,974
Wallingford Realty	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent/Real Estate Taxes	22	9, 10b	1,092,000	1,092,000
Milford Health Care Center, Inc.	195 Platt St Milford CT 06460	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Employee	13	6	109,797	109,797
20Sunrise	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16	m12	16,880	16,880
Stauderman Realty	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16	m12	1,886	1,886
Cambridge Health and Rehabilitation Center	2428 Easton Tpk Fairfield CT 06825	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Workers Comp Transactions/ Shared Employee	15	1a1	51,984	51,984
New Milford Crossings, LLC	19 Poplar St New Milford CT 06776	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Workers Comp Transactions	15	1a1	57,813	57,813
Procure LTC Pharmacy Of CT LLC	155 Northboro Rd STE 4 Southborough MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Drugs	20	5a2	422,761	394,109
Procure LTC Pharmacy Of MA LLC	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Drugs/OTC/RX Consult	20/13	5a2,b,i/B3,12	900	839

\* Use additional sheets if necessary.

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

\*\*\* Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

**General Information and Questionnaire  
Related Parties\***

Name of Facility Regency House of Wallingford		License No. 2072-C	Report for Year Ended 9/30/2018	Page 4	of 37				
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.				
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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		Cost Reported	Actual Cost to the Related Party
		Yes	No	%**		Page # / Line #			
Wallingford Realty	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	157,763	157,763
Marlborough Health Care Center, Inc.	85 Stage Harbor Road, Marlborough, CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	15,230	15,230
Harbor Hill Care Center, Inc.	111 Church St, Middletown, CT 06457	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	8,581	8,581
The Hebrew Center for Health & Rehabilitation	1 Abrahms Blvd, West Hartford, CT 06117	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	5,792	5,792
Ludlowe Center for Health & Rehab., LLC	118 Jefferson Street, Fairfield, CT 06825	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	781	781
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	98,151	98,151
Bloomfield Health Care Center of CT, LLC	355 Park Avenue, Bloomfield, CT 06002, USA	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	684	684
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Prepaid Expenses	33	A1	151,846	151,846
Cambridge Manor of Fairfield, LLC	2428 Easton Turnpike, Fairfield, CT 06824	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	40,248	40,248
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63%	Due to Related	33	A12	8,591	8,591
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45%	Due to Related	33	A12	3,500	3,500
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related (Debt)	33/34	A12/B4	112,060	112,060
Procure LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Due to Related	33	A12	105,828	105,828
Bristol Crossings LLC	61 Bellevue Ave, Bristol, CT 06010	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	7,212	7,212
Milford Health Care Center, Inc.	195 Platt St Milford CT 06460	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	34,198	34,198

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties  
 \*\*\* Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> 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. Shared expenses, allocated by bed size or geographic territory. See page 17 attachment.				
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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
N/A				

### General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Regency House of Wallingford, Inc.			2072-C	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						
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	60 / ongoing	2,930	2,930	
Wescom Solutions, PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	Ongoing	Ongoing	31,100	31,100	
De Lage Landen PO Box 41602, Philidelphia, PA 19101-1602	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/01/15	39 Months	4,331	2,507	
De Lage Landen PO Box 41602, Philidelphia, PA 19101-1602	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/01/18	39 Months	4,702	2,219	
De Lage Landen PO Box 41602, Philidelphia, PA 19101-1602	<input type="radio"/>	<input checked="" type="radio"/>	Copier	11/01/14	39 Months	709	414	
Leaf PO Box 742647, Cincinnati, OH 45274-2647	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/11/16	36 months	558	557	
Lexus Financial PO Box 4102 Carol Stream IL, 60197-020562UNO15	<input type="radio"/>	<input checked="" type="radio"/>	Car	03/14/15	39 Months	6,480	6,480	
	<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
<b>Total ***</b>							46,207	

\* 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.

**De Lage Landen Financial Services, Inc.**

**Lease Agreement**

LESSEE	Full Legal Name <b>Regency House of Wallingford</b>			Phone Number		
	Billing Address <b>181 East Main Street</b> Send Email Invoice To:			City <b>Wallingford</b>	State <b>CT</b>	Zip <b>06492</b>
EQUIPMENT	Make	Model Number	Serial Number	Quantity	Description (Attach Separate Schedule A If Necessary)	
	<b>Toshiba</b>	<b>E-Studio</b>		<b>7</b>	<b>Multi-functional Copying Systems / See schedule A</b>	
PAYMENT INFORMATION	Number of Lease Payments	Lease Payment*	Plus Applicable Taxes		Term of Lease In Months	Payment Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	<b>39</b>	<b>\$537.69</b>	Plus Applicable Taxes		<b>39</b>	End of Lease Option: <input checked="" type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1 <input type="checkbox"/> Other
		*	Plus Applicable Taxes		End of Lease Purchase Option shall be FMV unless another option is selected.	
	Lease Payment <input type="checkbox"/> includes / <input checked="" type="checkbox"/> does NOT include maintenance/service/supplies [check one]			Security Deposit (PLUS) First Period (PLUS) Other (EQUALS) Total Payment Enclosed		
* Lease payment may be adjusted for up front sales tax.			+			=

**1. Lease:** You (the "Lessee") agree to lease from us (the "Lessor") the Equipment listed above and on any attached schedule (the "Lease"). You authorize us to adjust the Lease payments by up to 15% if the cost of the Equipment or taxes differs from the supplier's estimate. You agree to pay us a fee of \$75.00 to reimburse our expenses for preparing financing statements, other documentation costs and all ongoing administration costs during the term of this Lease. We may increase the Lease Payment on an annual basis, in an amount not to exceed ten percent (10%) of the Lease Payment in effect at the end of the prior annual period. Security deposits are non-interest bearing. If you are not in default, we will return the deposit to you when the Lease is terminated. If a payment is not made when due, you will pay us a late charge of 5% of the payment or \$10.00, whichever is greater. **YOU AGREE THAT NO ONE IS AUTHORIZED TO WAIVE OR CHANGE ANY LEASE TERM OR PROVISION.**

**2. Term:** This Lease is effective on the date that it is accepted and signed by us, and the term of this Lease begins on that date or any later date that we designate (the "Commencement Date") and continues thereafter for the number of months indicated above. Lease payments are due as invoiced by us. As you will have possession of the Equipment from the date of its delivery, if we accept and sign this Lease you will pay us interim rent for the period from the date the Equipment is delivered to you until the Commencement Date as reasonably calculated by us based on the Lease payment, the number of days in that period, and a month of 30 days. Your obligations are absolute, unconditional, and are not subject to cancellation, reduction, setoff or counterclaim.

**3. Title:** Unless you have a \$1.00 purchase option, we will have title to the Equipment. If you have a \$1.00 purchase option and/or the Lease is deemed to be a security agreement, you grant us a security interest in the Equipment and all proceeds thereof. You authorize us to file Uniform Commercial Code ("UCC") financing statements on the Equipment.

**4. Equipment Use, Maintenance and Warranties:** We are leasing the Equipment to you "AS-IS" AND MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE. We transfer to you any manufacturer warranties. You are required at your cost to keep the Equipment in good working condition and to pay for all supplies and repairs. The Lease Payments set forth above do not include the cost of maintenance, service, and/or supplies ("Service"), unless indicated in the above "Payment Information" box. Notwithstanding anything to the contrary, however, you agree that we are not responsible for providing such Service for the Equipment and you will make all claims related to Service to the Service provider ("Provider"). No Provider may alter the terms of this Lease or make any promises or arrangements that alter our rights or your obligations under this Lease. You agree that you are expressly assuming any risks arising from such Provider's inability to deliver such Service, under any circumstance, including, without limitation, such Provider's financial condition or its inability to repair or service the Equipment. You agree that any claims related to Service will not impact your obligation to pay all Lease payments when due.

**5. Assignment:** You agree not to transfer, sell, sublease, assign, pledge or encumber either the Equipment or any rights under this Lease without our prior written consent. You agree that we may sell, assign, or transfer the Lease and the new owner will have the same rights and benefits we now have and will not have to perform any of our obligations and the rights of the new owner will not be subject to any claims, defenses, or setoffs that you may have against us or any supplier.

**6. Risk of Loss and Insurance:** You are responsible for risks of loss or damage to the Equipment and if any loss occurs you are required to satisfy all of your Lease obligations. You will keep the Equipment insured against all risks of loss or damage for an amount equal to its replacement cost. You will list us as the sole loss payee for the insurance and give us written proof of the insurance. If you do not provide such insurance, you agree that we have the right, but not the obligation, to obtain insurance against theft and physical damage, and add an insurance fee to the amount due from you, on which we may make a profit. We are not responsible for any losses or injuries caused by the Equipment and you will reimburse us and defend us against any such claims. This indemnity will continue after the termination of this Lease. You will obtain and maintain comprehensive public liability insurance naming us as an additional insured with coverages and amounts acceptable to us.

**7. Taxes:** You agree to pay when due, either directly or as a reimbursement to us, all taxes (including, without limit, sales, use, and personal property) and charges in connection with ownership, lease and use of the Equipment. We may charge you a processing fee for adminis-

tering property tax filings. You will indemnify us on an after-tax basis against the loss or unavailability of any tax benefits anticipated at the Commencement Date arising out of your acts or omissions. This indemnity will continue even after the termination of this Lease.

**8. Default and Remedies:** You are in default on this Lease if: a) you fail to pay a Lease payment or any other amount when due; or b) you breach any other obligation under the Lease or any other Lease with us. If you are in default on the Lease we may: (i) declare the entire balance of unpaid Lease payments for the full Lease term immediately due and payable to us; (ii) sue you for and receive the total amount due on the Lease plus the Equipment's anticipated end of Lease fair market value or fixed price purchase option (the "Residual") with future lease payments and the Residual discounted to the date of default at 1% per annum, plus reasonable collection and legal costs; (iii) charge you interest on all monies due at the rate of 18% per year or the highest rate permitted by law from the date of default; (iv) charge you a return-check or non-sufficient funds charge ("NSF Charge") of \$25.00 for a check that is returned; and (v) require that you immediately return the Equipment to us or we may peacefully repossess it. Any return or repossession will not be considered a termination or cancellation of the Lease. If the Equipment is returned or repossessed we will sell or re-rent the Equipment at terms we determine, at one or more public or private sales, with or without notice to you, and apply the net proceeds (after deducting any related expenses) to your obligations. You remain liable for any deficiency with any excess being retained by us. You agree that if notice of sale is required by law to be given, 10 days notice will constitute reasonable notice. You are also required to pay (i) all expenses incurred by us in connection with enforcement of any remedies, including all expenses of repossessing, storing, shipping, repairing, and selling the Equipment, and (ii) reasonable attorney's fees.

**9. End of Lease, Return, Purchase Option, and Renewal:** You will give us at least 60 days but not more than 120 days written notice (to our address below) before the expiration of the initial lease term (or any renewal term) of your intention to purchase or return the Equipment. With proper notice you may: a) purchase all the Equipment as indicated above under "End of Lease Option" (fair market value purchase option amounts will be determined by us based on the Equipment's in place value); or b) return all the Equipment in good working condition at your cost in a timely manner, and to a location we designate. If you fail to notify us, or if you do not (i) purchase or (ii) return the Equipment as provided herein, this Lease will automatically renew at the same payment amount for consecutive 60-day periods. If the Equipment is returned to us, you shall remove all confidential information from the Equipment prior to return. If any Software License ("License") included hereunder passes title to you, such title shall automatically vest and remain in us. If such vesting requires a written conveyance, you hereby convey to us any title you have or hereafter acquire in the Software and relinquish any subsequent title in the Software. If licensor's consent is required, you shall assist us in obtaining consent.

**10. Miscellaneous:** You agree that the Lease is a Finance Lease as defined in Article 2A of the Uniform Commercial Code ("UCC"). You acknowledge that we have given you the Equipment supplier's name. We hereby notify you that you may have rights under the supplier's contract and may contact the supplier for a description of these rights. You agree that we are authorized, without notice to you, to supply missing information or correct obvious errors in the Lease. **This Lease was made in Pennsylvania ("PA"); is deemed to be performed in PA and shall be governed and construed in accordance with the laws of PA. You consent to the non-exclusive jurisdiction, personal or otherwise, in any state or federal court in PA, and waive trial by jury.** You agree (i) to waive any and all rights and remedies granted to you under UCC Section 2A-508 through 2A-522, (ii) that the Equipment will only be used for business purposes and not for personal, family, or household use, and will not be moved from the above location without our consent, and (iii) this Lease may be executed in counterparts and any facsimile, photographic or other electronic transmission and/or electronic signing of this Lease by you when manually countersigned by us or attached to our original signature counterpart and/or in our possession shall constitute the sole original chattel paper as defined in the UCC for all purposes and will be admissible as legal evidence thereof. At our option, we may require a manual signature. We may inspect the Equipment during the Lease term. We shall not be liable to you for indirect, special, or consequential damages. No failure to act shall be deemed a waiver of any rights hereunder.

LESSEE SIGNATURE	You agree that this is a non-cancelable lease. The Equipment is: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	
	Signature	Date
	<i>[Signature]</i>	<i>4/23/18</i>
LESSEE SIGNATURE	Title	Print Name
	<i>Purchasing</i>	<i>Michael Boker</i>
Legal Name of Corporation Regency House of Wallingford		

LESSOR	<b>De Lage Landen Financial Services, Inc.</b>	
	Lease Processing Center, 1111 Old Eagle School Road, Wayne, PA 19087	
	PHONE: (800) 735-3273 • FAX: (800) 776-2329	
	Commencement Date	Lease Number
Accepted By:		

ACCEPTANCE	The Equipment has been received, put in use, is in good working order and is satisfactory and acceptable.		
	Signature	Date	Title
GUARANTY	I unconditionally guaranty prompt payment of all the Lessee's obligations under the Lease. The Lessor is not required to proceed against the Lessee or the Equipment or enforce other remedies before proceeding against me. I waive notice of acceptance and all other notices or demands of any kind to which I may be entitled. I consent to any extensions or modification granted to the Lessee and the release and/or compromise of any obligations of the Lessee or any other guarantors without releasing me from my obligations. This is a continuing guaranty and will remain in effect in the event of my death and may be enforced by or for the benefit of any assignee or successor of the Lessor. This guaranty is governed by and constituted in accordance with the laws of the Commonwealth of PA and I consent to non-exclusive jurisdiction of any state or federal court in PA and waive trial by jury.		
	Signature	Print Name	Date

080ED0C243v10

# SCHEDULE A

SCHEDULE FORMING PART OF LEASE BETWEEN LESSOR, De Lage Landen Financial Services, Inc.

AND Regency House of Wallingford, LESSEE,


DATE: April 23, 2018 LEASE NUMBER: \_\_\_\_\_

## DESCRIPTION OF EQUIPMENT:

- 1 Toshiba e-Studio 7508A multi-functional copying system
- 1 Toshiba e-Studio 3008A multi-functional copying system
- 1 Toshiba e-Studio 3005AC color multi-functional copying system
- 1 Toshiba e-Studio 477s
- 1 Kyocera 2040DN

THIS SCHEDULE SHALL HERE AFTER FORM PART OF THE AFOREMENTIONED LEASE.

YOU AGREE THAT A FACSIMILE COPY OF THIS DOCUMENT WITH FACSIMILE SIGNATURES MAY BE TREATED AS AN ORIGINAL AND WILL BE ADMISSIBLE AS EVIDENCE IN A COURT OF LAW.

LESSEE SIGNATURE	Signature X 
	(LEASE MUST BE SIGNED BY AUTHORIZED CORPORATE OFFICER, PARTNER OR PROPRIETOR)
	Print Name _____
	Title _____ Date _____
For <u>Regency House of Wallingford</u> Legal Name of Corporation or Partnership	

ACCEPTED BY LESSOR	Signature X _____
	Print Name _____
	For <u>De Lage Landen Financial Services, Inc.</u> Legal Name of Corporation or Partnership

050EDOC089



**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	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 Blum Shapiro 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Drive, Shelton, CT 06484-1488
--	---

Services Provided by This Firm (*describe fully*)

1	Compilation, preparation of Medicare and Medicaid cost reports, and year end tax services.	\$	31,355
2		\$	
3		\$	
4		\$	
			<b>Charge for Services Provided</b>
			\$ 31,355

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

- Yes     No    Page 15, line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Murtha Cullina 2 Goldman Gruder & Wood 3 Berchmen & Moses, P.C. 4 Treasurer State of Connecticut 5 Jackson Lewis	Telephone Number 860-240-600 203-899-8900 203-783-1200 631-247-0404
--	---

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

- 1 PO Box 150435, Hartford CT 06115  
 2 200 Connecticut Avenue Norwalk CT 06854  
 3 75 Broad Street Milford CT 06460  
 4 Hartford CT 06106  
 5 58 South Service RD Suite 250 Melville NY 11747

Services Provided by This Firm (*describe fully*)

1	Revaluation - Disallow	\$	1,800
2	Collections - Disallow	\$	2,461
3	Labor	\$	4,375
4	Conservator - Disallow	\$	231
5	Labor	\$	12,918
			<b>Charge for Services Provided</b>
			\$ 21,785

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

- Yes     No    Page 15, line 1e

### Schedule of Resident Statistics

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-C		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	130	130			130	130			130	130		
B. On last day of THIS report period	130	130			130	130			130	130		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	126	126			126	126			127	127		
B. As of midnight of THIS report period	124	124			127	127			124	124		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,853	7,853			5,822	5,822			2,031	2,031		
B. Medicaid (Conn.)	32,476	32,476			24,206	24,206			8,270	8,270		
C. Medicaid (other states)												
D. Private Pay	4,972	4,972			3,773	3,773			1,199	1,199		
E. State SSI for RCH												
F. Other (Specify) Managed Care	427	427			314	314			113	113		
G. Total Care Days During Period (3A thru F)	45,728	45,728			34,115	34,115			11,613	11,613		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	200	200			107	107			93	93		
B. Other Bed Reserve Days	62	62			32	32			30	30		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	45,990	45,990			34,254	34,254			11,736	11,736		

### Schedule of Resident Statistics (Cont'd)

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-C			Report for Year Ended 43373			Page 9		of 37	
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" 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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	
				(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	15		93		16							
Per Diem Rate												
a. One bed rm.	PPS		253.38		500/566							
b. Two bed rms.	PPS		253.38		450/525							
c. Three or more bed rms.	PPS											
7. Total Number of Physical Therapy Treatments												
A. Medicare - Part B					TOTAL	CCNH	RHNS	(Specify)				
B. Medicaid (Exclusive of Part B)					4,389	4,389						
1. Maintenance Treatments												
2. Restorative Treatments					316	316						
C. Other					19,609	19,609						
D. <b>Total Physical Therapy Treatments</b>					24,314	24,314						
8. Total Number of Speech Therapy Treatments												
A. Medicare - Part B					667	667						
B. Medicaid (Exclusive of Part B)												
1. Maintenance Treatments												
2. Restorative Treatments					19	19						
C. Other					1,592	1,592						
D. <b>Total Speech Therapy Treatments</b>					2,278	2,278						
9. Total Number of Occupational Therapy Treatments												
A. Medicare - Part B					3,342	3,342						
B. Medicaid (Exclusive of Part B)												
1. Maintenance Treatments												
2. Restorative Treatments					300	300						
C. Other					19,457	19,457						
D. <b>Total Occupational Therapy Treatments</b>					23,099	23,099						

### Report of Expenditures - Salaries & Wages

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	24,924	51				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	165,861	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	135,511	7,065				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	66,505	1,676				
c. Dietary Workers	417,453	24,879				
6. Housekeeping Service						
a. Head Housekeeper	45,200	2,088				
b. Other Housekeeping Workers	292,933	20,406				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	61,756	2,397				
b. Other Maintenance Workers	34,223	2,257				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	24,564	1,775				
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	192,290	4,028				
b. RN						
1. Direct Care	706,248	17,223				
2. Administrative**	163,217	4,759				
c. LPN						
1. Direct Care	1,430,029	54,038				
2. Administrative**						
d. Aides and Attendants	2,035,649	127,116				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	153,436	7,978				
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	229,316	6,580				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,179,115	286,396				

\* 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.



**Annual Report of Long-Term Care Facility**

CSP-11 Rev. 10/2005

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	
Regency House of Wallingford, Inc.				2072-C	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)							
<b>Section I - Operators/Owners</b>										
Marvin J. Ostreicher, 184 Wildacare Ave, Lawrence, NY 11559	24,924			Same as other employees	Supervises operations, deals with DNS & Other	51	a1	See attached		
<b>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).</b>										

\* 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.

MARVIN J. OSTREICHER- OWNER  
 TIME STUDY  
 YEAR END SEPTEMBER 30, 2018

	<b>BEDS</b>	<b>Total w/ Bnft</b>
Augusta	72	45.19
Belair	102	50.90
Bethel	161	57.21
Bloomfield	120	53.32
Brattleboro	80	47.05
Brentwood	78	45.83
Brewer	111	53.11
Bristol	132	52.61
Cambridge	160	60.60
Catskill	136	55.04
Colony	92	51.58
Country	111	56.86
Dover	112	53.47
Eastside	69	46.37
Eliot	114	53.93
Glen Falls	120	53.32
Huntington	320	72.22
Kennebunk	78	50.58
Hebrew Home	257	75.23
Ludlowe	144	57.39
Maple View	120	52.32
Marlborough	120	50.32
Maywood	120	57.57
Milford	120	51.07
Newton Wellseley	110	51.76
Norway	70	46.23
Poughkeepsie	200	59.88
Regency	130	50.89
Reservoir	144	65.64
Riverside	345	74.64
Rutland	125	51.36
Sachem	111	49.36
Sands Point	180	61.74
Utica	117	46.00
Village Crest	95	51.40
Water's Edge	150	57.53
Westgate	104	49.61
Winship	72	45.44
<b>Total</b>	<b>5,002</b>	<b>2,064.62</b>
Vacation		
Sick		
Personal		
Holiday		
<b>Total</b>		

**Annual Report of Long-Term Care Facility**

CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties\*

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Regency House of Wallingford, Inc.				2072-C	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)							
<b>Section III - Administrators***</b>										
David Bond	165,861			Same as other employees	Management & supervision of healthcare facility	2,080	a2			
<b>Section IV - Assistant Administrators</b>										

\*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		
Regency House of Wallingford, Inc.	2072-C	9/30/2018	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	32,590	807				
2. Dentist	6,500	Disallowed				
3. Pharmacist	14,899	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	434,845	8,375				
b. Other						
6. Social Worker	109,797	4,544				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	48,000	125				
b. Utilization Review (Title 18 and 19 only) monthly meeting	300	3				
c. Resident Care**	849	3				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	96,192	1,659				
b. Other						
10. Occupational Therapist						
a. Resident Care	411,527	7,100				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	32,904	Disallowed				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,188,403</b>	<b>22,616</b>				

\* 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 Regency House of Wallingford, Inc.		License No. 2072-C	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		
Nancy Eastwood - 8 White Cedar Dr. Madison, CT	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
United Health Resources - 60 Waterbury Road, Prospect CT 06460	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Gerdient Solutions - PO Box 290539, Wethersfield CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC Pharmacy of CT - 111 Executive Blvd, Farmingdale, NY, 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Preferred Therapy Solutions - 850 Silas Deane, Wethersfield, CT 06109	PT, ST, OT & Rehab Consulting Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Garumuni Desilva, M.D. - 15 Also Dr. Woodbridge, CT 06525	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Anthony Scialla - 100 York Street, New Haven, CT 06511	URC	<input type="radio"/>	<input checked="" type="radio"/>		
Swallowing Diagnostics - PO Box 484 Avon CT 06001	ST	<input type="radio"/>	<input checked="" type="radio"/>		
Mass Tex Imaging LLC - 3 Electronic Ave #201 Danvers, MA 01923-1099	ST	<input type="radio"/>	<input checked="" type="radio"/>		
Milford Health Care Center, Inc. - 195 Platt St Milford CT 06460	Social Worker	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Cambridge Manor of Fairfield, LLC - 2428 Easton Tpke, Fairfield CT 06825	Social Worker	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Blitzer, Mark L MD 330 Orchard St Suite 210 New Haven CT 06511-4429	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
CT Neurological Spec 455 Lewis Avenue, Suite 202 Meriden CT 06451-2124	Resident Care	<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"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

### C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.	2072-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 340,623	340,623		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 111,681	111,681		
4. Social Security (F.I.C.A.)	\$ 460,982	460,982		
5. Health Insurance	\$ 707,841	707,841		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 16,352	16,352		
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	\$ 31,355	31,355		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 21,785	21,785		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 19,731	19,731		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 23,419	23,419		
2. Cellular Phones	\$ 4,080	4,080		
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	\$ 803,700	803,700		
<b>Subtotal</b>	<b>\$ 2,541,549</b>	<b>2,541,549</b>		

\* 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**

Regency House of Wallingford, Inc.  
9/30/2018

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
<b>Total</b>	\$ -	\$ -	\$ -

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**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Regency House of Wallingford, Inc.	2072-C	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,541,549	2,541,549			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 3,029	3,029			
3. Gifts to Staff and Residents	\$ 10,663	10,663			
4. Employee Travel	\$ 4,688	4,688			
5. Education Expenses Related to Seminars and Conventions	\$ 2,982	2,982			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 100	100			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 24,858	24,858			
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	\$ 2,170	2,170			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 9,550	9,550			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 629	629			
9. Subscriptions	\$ 5,229	5,229			
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> )	\$				
12. Administrative Management Services**	\$ 593,291	593,291			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 180,515	180,515			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,384,253	3,384,253			

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising Promotional - Marketing - Disallowed	\$ 11,960		
Advertising Promotional - Administration - Disallowed	\$ 12,898		
<b>Total Other Advertising</b>	\$ 24,858	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	9,550		
<b>Total Dues</b>	\$ 9,550	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Donations - Disallowed	5,000		
<b>Total Contributions</b>	\$ 5,000	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Consulting Fees - Administration	\$ 46,034		
IT Services - Administration	\$ 43,582		
Purchased Services - Fiscal Operations	\$ 29,419		
Licenses and Permits - Administration	\$ 490		
Bank Charges - Administration - Disallowed	\$ 35,039		
Background Check - Administration	\$ 4,313		
Miscellaneous Expense - Administration - Disallowed	\$ 2,058		
Crime Insurance - Administration - Disallowed	\$ 3,062		
Fees- Human Resources	\$ 7,211		
Purchased Services - Administration	\$ 365		
Prior Period Expense - Disallowed	\$ 8,942		
<b>Total Other Administrative and General</b>	\$ 180,515	\$ -	\$ -

### Schedule C-1 - Management Services\*

Name of Facility	License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.	2072-C	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 #	
National Healthcare	593,291	See Attached	Page 16, Line 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.**

Start Date: 10/1/2017  
End Date: 9/30/2018

	0101	0102	0103	0104	0105	0106	0107	0108	0109	0110	0112	
	Bloomfield	Bristol	Cambridge	Ludlowe	Maple View Manor	Marlborough	Milford	New Milford	Regency	Riverside	Water's Edge	
Beds	90	132	160	144	120	90	120	95	130	345	150	
Bed %	1.78%	2.60%	3.16%	2.84%	2.37%	1.78%	2.37%	1.87%	2.56%	6.80%	2.96%	
300001-0000-00-000-0	TROY Shared Cost	(1,943.94)	(2,742.10)	(3,324.01)	(2,991.65)	(2,493.45)	(1,943.94)	(2,493.45)	(1,973.65)	(2,700.62)	(7,167.87)	(3,116.89)
391500-0000-00-000-0	Misc. Other Income-Nat. Mgmt. - - -	(1.81)	(2.65)	(3.21)	(2.89)	(2.41)	(1.81)	(2.41)	(1.91)	(2.61)	(6.92)	(3.01)
400000-0000-00-000-0	Salary-National Healthcare Management - - -	264,999.02	364,469.85	441,813.25	397,631.70	331,394.61	264,999.02	331,394.61	262,318.45	358,952.32	952,686.82	414,240.51
401000-0000-04-000-0	FICA-National Healthcare Management-Fiscal Oper -	17,230.93	23,620.40	28,632.84	25,769.50	21,476.78	17,230.93	21,476.78	17,000.17	23,262.74	61,741.11	26,845.71
401100-0000-04-000-0	FUI-National Healthcare Management-Fiscal Oper -	122.65	176.14	213.50	192.18	160.15	122.65	160.15	126.74	173.47	460.40	200.17
401200-0000-04-000-0	SUI-National Healthcare Management-Fiscal Oper -	925.43	1,370.82	1,661.73	1,495.53	1,246.47	925.43	1,246.47	986.69	1,350.09	3,583.22	1,558.05
401201-0000-00-000-0	SUI - NY-National Healthcare Management - - -	99.64	109.61	132.86	119.58	99.64	99.64	99.64	78.87	107.94	286.49	124.56
401250-0000-00-000-0	NY MTA Tax-Nat. Mgmt. - - -	513.04	687.23	833.06	749.74	624.88	513.04	624.88	494.61	676.82	1,796.39	781.06
401300-0000-04-000-0	Health Insurance-National Healthcare-Fiscal Op -	23,804.70	32,374.53	39,244.43	35,320.56	29,437.89	23,804.70	29,437.89	23,300.86	31,884.16	84,625.87	36,798.26
401400-0000-04-000-0	Workers Compensation-National Health-Fiscal Op -	(77.84)	168.85	204.88	184.32	153.83	(77.84)	153.83	121.79	166.50	441.80	192.22
401600-0000-04-000-0	Disability Expense-National Healthca-Fiscal Op -	(2.29)	(2.52)	(3.05)	(2.75)	(2.29)	(2.29)	(2.29)	(1.81)	(2.48)	(6.58)	(2.86)
401700-0000-04-000-0	Pension-National Healthcare Managem-Fiscal Op -	3,611.35	5,295.00	6,418.82	5,776.89	4,815.09	3,611.35	4,815.09	3,811.31	5,215.02	13,841.42	6,018.90
401800-0000-04-000-0	Employee Benefits - Other-National H-Fiscal Op -	765.51	962.82	1,166.99	1,050.39	875.37	765.51	875.37	692.88	948.16	2,516.49	1,094.20
402000-0000-04-000-0	Holiday Expense-National Healthcare -Fiscal Op -	1,470.14	1,623.17	1,967.41	1,770.81	1,475.56	1,470.14	1,475.56	1,167.93	1,598.36	4,242.47	1,844.61
410000-0000-04-000-0	Supplies-National Healthcare Managem-Fiscal Op -	1,113.16	1,446.66	1,753.81	1,578.28	1,315.29	1,113.16	1,315.29	1,041.26	1,424.67	3,781.51	1,644.29
410000-0000-08-000-0	Supplies-National Healthcare Managem-Maintenan -	0.20	0.30	0.36	0.32	0.27	0.20	0.27	0.21	0.29	0.78	0.34
410000-0000-09-000-0	Supplies-National Healthcare Managem-Housekeep -	18.93	26.69	32.38	29.13	24.28	18.93	24.28	19.20	26.30	69.81	30.35
411000-0000-04-000-0	Food-National Healthcare Management-Fiscal Ope -	20.06	27.04	32.78	29.51	24.59	20.06	24.59	19.45	26.63	70.67	30.73
431000-0000-04-000-0	Consulting Fees-National Healthcare -Fiscal Op -	3,349.05	4,263.06	5,167.60	4,650.98	3,876.11	3,349.05	3,876.11	3,068.01	4,198.32	11,143.22	4,845.38
432000-0000-03-000-0	Accounting Fees-National Healthcare -Administ -	323.10	465.10	563.72	507.39	422.91	323.10	422.91	334.74	458.02	1,215.68	528.65
433000-0000-03-000-0	Legal Fees-National Healthcare Manag-Administ -	24,519.09	33,704.09	40,856.21	36,771.08	30,647.18	24,519.09	30,647.18	24,257.98	33,193.69	88,101.52	38,309.69
433100-0000-03-000-0	Legal Fees - Labor-National Healthca-Administ -	(20.11)	(29.49)	(35.75)	(32.18)	(26.82)	(20.11)	(26.82)	(21.23)	(29.05)	(77.09)	(33.52)
433300-0000-03-000-0	Legal Fees - Non-reimbursa-National -Administ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
440000-0000-03-000-0	Purch Services-National Healthcare M-Administ -	8,110.46	10,634.36	12,890.41	11,601.74	9,669.40	8,110.46	9,669.40	7,653.29	10,473.00	27,796.95	12,086.98
440000-0000-08-000-0	Purch Services-National Healthcare M-Maintenan -	3,689.99	4,657.05	5,645.05	5,080.76	4,234.32	3,689.99	4,234.32	3,351.62	4,586.36	12,172.96	5,293.01
440000-0000-09-000-0	Purch Services-National Healthcare M-Housekeep -	550.95	707.55	857.74	771.99	643.33	550.95	643.33	509.19	696.80	1,849.61	804.26
440000-0000-12-000-0	Purch Services-National Healthcare Ma-Security -	3.49	3.83	4.65	4.18	3.49	3.49	3.49	2.76	3.78	10.03	4.36
440001-0000-08-000-0	Ground Services-Nat. Mgmt.-Maintenance - - -	18.23	25.09	30.45	27.37	22.84	18.23	22.84	18.05	24.71	65.63	28.57
441000-0000-03-000-0	Computer Expense-National Healthcare-Administ -	9,602.89	13,073.52	15,847.76	14,263.11	11,887.53	9,602.89	11,887.53	9,409.41	12,875.56	34,173.29	14,859.73
452000-0000-25-000-0	Equipment Rental-National Healthcare-Fiscal Op -	2,319.41	3,138.88	3,804.96	3,424.55	2,854.12	2,319.41	2,854.12	2,259.02	3,091.35	8,204.98	3,567.68
461000-0000-03-000-0	Telephone-National Healthcare Manage-Administ -	2,817.94	3,819.97	4,630.55	4,167.56	3,473.48	2,817.94	3,473.48	2,749.31	3,762.17	9,985.33	4,341.96
461100-0000-03-000-0	Telephone - Cell-National Healthcare-Administ -	1,536.11	2,072.18	2,511.95	2,260.77	1,884.24	1,536.11	1,884.24	1,491.39	2,040.77	5,416.67	2,355.34
462000-0000-25-000-0	Electric-National Healthcare Managem-Property -	1,837.33	2,467.33	2,990.89	2,691.80	2,243.49	1,837.33	2,243.49	1,775.81	2,429.96	6,449.47	2,804.43
463000-0000-25-000-0	Gas-National Healthcare Management-Property -	305.79	428.06	518.92	467.02	389.27	305.79	389.27	308.12	421.60	1,118.98	486.59
466000-0000-25-000-0	Water-National Healthcare Management-Property -	132.24	179.75	217.90	196.11	163.47	132.24	163.47	129.35	177.04	469.89	204.33
471000-0000-25-000-0	Rent-National Healthcare Management-Property -	14,794.21	19,905.81	24,129.69	21,717.14	18,100.00	14,794.21	18,100.00	14,326.56	19,604.14	52,032.82	22,625.55
472000-0000-25-000-0	Personal Property Taxes-National Hea-Fiscal Op -	820.78	1,099.95	1,333.33	1,199.88	1,000.03	820.78	1,000.03	791.68	1,083.24	2,875.08	1,250.08
473000-0000-25-000-0	Real Estate Taxes-National Healthcar-Fiscal Op -	(716.91)	(780.76)	(946.34)	(851.77)	(709.74)	(716.91)	(709.74)	(561.77)	(768.82)	(2,040.66)	(887.27)
484000-0000-04-000-0	Amort Exp - LHI-National Healthcare -Fiscal Op -	582.08	940.32	1,139.91	1,025.95	855.15	582.08	855.15	676.88	926.15	2,458.10	1,068.92
486000-0000-04-000-0	Dep Exp - Moveable Equip-National He-Fiscal Op -	8,998.22	12,011.33	14,559.99	13,104.26	10,921.61	8,998.22	10,921.61	8,644.68	11,829.25	31,396.88	13,652.33
491000-0000-03-000-0	Dues and Subscriptions-National Hea-Administ -	392.70	526.60	638.32	574.53	478.78	392.70	478.78	379.01	518.58	1,376.35	598.50
500000-0000-03-000-0	Licenses and Permits-National Health-Administ -	123.38	176.67	214.25	192.80	160.69	123.38	160.69	127.18	174.03	461.97	200.86
501000-0000-03-000-0	Advertising Employment-National Hea-Administ -	5,150.47	6,788.98	8,229.43	7,406.65	6,172.94	5,150.47	6,172.94	4,886.01	6,685.99	17,745.85	7,716.36
501100-0000-03-000-0	Advertising Promotional-National Hea-Administ -	6,954.58	8,856.77	10,735.89	9,662.06	8,051.97	6,954.58	8,051.97	6,373.80	8,722.33	23,149.01	10,064.86
503000-0000-03-000-0	Interest-National Healthcare Managem-Administ -	895.38	1,098.38	1,331.31	1,198.33	998.60	895.38	998.60	790.44	1,081.65	2,871.00	1,248.33
503600-0000-03-000-0	Bank Charges-Nat. Mgmt.-Administration - - -	757.75	1,056.89	1,281.21	1,153.05	961.02	757.75	961.02	760.70	1,040.90	2,762.72	1,201.37
504000-0000-03-000-0	Postage-National Healthcare Managem-Administ -	939.48	1,285.69	1,558.48	1,402.60	1,168.99	939.48	1,168.99	925.33	1,266.22	3,360.57	1,461.38
509000-0000-03-000-0	Seminars-National Healthcare Managem-Administ -	592.62	822.89	997.58	897.78	748.24	592.62	748.24	592.26	810.47	2,151.03	935.31
510000-0000-03-000-0	Liability Insurance-National Healthc-Administ -	1,518.24	2,077.00	2,517.78	2,266.01	1,888.66	1,518.24	1,888.66	1,494.90	2,045.59	5,429.23	2,360.84
511000-0000-03-000-0	Auto Insurance-National Healthcare M-Administ -	996.03	1,333.80	1,616.83	1,455.12	1,212.80	996.03	1,212.80	959.97	1,313.58	3,486.44	1,516.05
512000-0000-03-000-0	Umbrella Insurance-National Healthca-Administ -	(442.70)	(430.00)	(521.18)	(469.13)	(390.86)	(442.70)	(390.86)	(309.32)	(423.38)	(1,123.82)	(488.58)
513000-0000-03-000-0	Crime Insurance-National Healthcare -Administ -	947.46	1,166.02	1,413.38	1,272.10	1,060.18	947.46	1,060.18	839.13	1,148.33	3,047.81	1,325.23
517000-0000-03-000-0	Wor' kmans Comp Insurance-National	278.49	306.35	371.32	334.21	278.49	278.49	278.49	220.42	301.67	800.70	348.15
520000-0000-03-000-0	Auto Expense-National Healthcare Man-Administ -	530.80	907.18	1,099.76	989.67	825.02	530.80	825.02	653.07	893.56	2,371.43	1,031.20
520100-0000-03-000-0	Auto Lease Expense-National Healthca-Administ -	2,720.79	3,695.41	4,479.70	4,031.69	3,360.32	2,720.79	3,360.32	2,659.89	3,639.77	9,659.84	4,200.42
521000-0000-03-000-0	Travel Expense-National Healthcare M-Administ -	5,832.23	7,907.91	9,585.93	8,627.39	7,190.06	5,832.23	7,190.06	5,691.44	7,788.04	20,670.14	8,987.55
522000-0000-03-000-0	Hotel Expense-National Healthcare Ma-Administ -	4,712.59	6,429.75	7,794.21	7,014.86	5,846.35	4,712.59	5,846.35	4,627.67	6,332.36	16,806.94	7,307.98
541000-0000-03-000-0	Misc. Expense-Nat. Mgmt.-Administration - - -	777.96	1,039.12	1,259.58	1,133.63	944.89	777.96	944.89	747.81	1,023.30	2,716.08	1,181.08
541000-0000-31-000-0	Misc. Expense-National Healthcare Ma-Misc. Exp -	1,780.05	2,037.60	2,469.82	2,223.01	1,852.43	1,780.05	1,852.43	1,466.23	2,006.59	5,325.83	2,315.68
541001-0000-03-000-0	Political Contributions-Nat. Mgmt.-Administ - -	118.95	130.85	158.60	142.75	118.95	118.95	118.95	94.15	128.85	342.00	148.70
542000-0000-31-000-0	Corporate Tax - State-National Health-Misc. Exp -	609.38	928.50	1,125.59	1,013.04	844.18	609.38	844.18	668.29	914.48	2,426.93	1,055.17
544000-0000-25-000-0	Sales Tax - Conn.-National Healthcar-Fiscal Op -		5,023.32	6,089.14	5,480.29							



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

Name of Facility Regency House of Wallingford, Inc.		License No. 2072-C	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	\$ 372,303	372,303			
2.	Non-Food Supplies	\$ 34,076	34,076			
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) _____ Rental Expense		\$ 1,910	1,910			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 408,289</b>	<b>408,289</b>			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G.	Resident Meals: Total no. of meals served per day:*					
H.	Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
I.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K.	Is cost of meals provided to persons other than _____?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.	
L.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N.	Is cost of food (other than meals, e.g., snacks) _____?	<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 Regency House of Wallingford, Inc.		License No. 2072-C	Report for Year Ended 9/30/2018		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	2,588	2,588		
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 ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$	179,483	179,483		
c.	Other ( <i>Specify</i> ) Diapers \$52,089, Supplies \$370	\$	52,459	52,459		
3D.	<b>Total Laundry Expenditures</b> (3a + b + c)	\$	234,530	234,530		
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?	<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 Regency House of Wallingford, Inc.		License No. 2072-C	Report for Year Ended 9/30/2018		Page 20	of 37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	45,110	45,110		
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. \$	468	468		
C.	Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	45,578	45,578		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Pharmerica	\$	377,740	377,740		
b.	Medicine Cabinet Drugs	\$	27,398	27,398		
c.	Medical and Therapeutic Supplies	\$	162,968	162,968		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	20,784	20,784		
f.	X-rays and Related Radiological Procedures***	\$	34,358	34,358		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	49,149	49,149		
i.	Recreation	\$	65,748	65,748		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	21,761	21,761		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	759,906	759,906		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Equipment Rental - Nursing	\$ 12,734		
IV Therapy Supplies - Rehab Therapy and Ancillary	\$ 3,497		
Supplies Rehab Therapy and Ancillary	\$ 1,074		
Equipment Rental - Respiratory	\$ 4,456		
<b>Total Other Resident Care</b>	\$ 21,761	\$ -	\$ -

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

Name of Facility Regency House of Wallingford, Inc.		License No. 2072-C		Report for Year Ended 9/30/2018			Page of 21   37			
Name of Individual or Company	Address	Related ** to Owners,		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Med-Apparel Services	161 S Macquesten Pkwy Mt Vernon NY 10550	<input type="radio"/>	<input checked="" type="radio"/>	Laundry and Linen Purchased Services		26,724			19	3B
Unitex Textile Rental	161 S Macquesten Pkwy Mt Vernon NY 10550	<input type="radio"/>	<input checked="" type="radio"/>	Laundry and Linen Purchased Services		152,760			19	3B
ADM Enviormental Group	1370 Coney Island Ave Brooklyn NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Waste Removal/Recycling		25,820			22	6F
ADP	PO Box 847875 Boston, MA 02284-2875	<input type="radio"/>	<input checked="" type="radio"/>	Payroll		16,539			16	M13
Integrated Health Systems	PO Box 23072 Overland Park, KS 66283	<input type="radio"/>	<input checked="" type="radio"/>	Computer Maintenance System		13,033			16	M13
Ultimate Landscaping	45 East Main St. Wallingford, CT 06494	<input type="radio"/>	<input checked="" type="radio"/>	Ground Services		20,988			22	6F
MJ Daly, LLC	110 Mattatuck Heights, Waterbury, CT 06705	<input type="radio"/>	<input checked="" type="radio"/>	HVAC		53,170			22	6A
		<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"/>							

\* 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
Regency House of Wallingford, Inc.	2072-C	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 162,569	162,569				
b. Heat	\$ 84,619	84,619				
c. Light & Power	\$ 86,422	86,422				
d. Water	\$ 37,064	37,064				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 46,207	46,207				
f. Other ( <i>itemize</i> )	\$ 69,958	69,958				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 486,839</b>	<b>486,839</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 58,247	58,247				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 58,247</b>	<b>58,247</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 63,860	63,860				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 63,860</b>	<b>63,860</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 971,101	971,101				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 11,623	11,623				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,104,831</b>	<b>1,104,831</b>				

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Purchased Services - Security	\$ 13,887		
Ground Services Maintenance	\$ 20,988		
Pest Control - Maintenance	\$ 2,925		
Carting - Maintenance	\$ 30,873		
Short Term Lease - Mailing Machine	\$ 1,285		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 69,958</b>	<b>\$ -</b>	<b>\$ -</b>

### Depreciation Schedule

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-C			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		
<b>A. Land Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
<b>C. Non-Movable Equipment</b>												
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								
<b>D. Movable Equipment</b>												
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												
					664,520		664,520	406,162	SL	Various	55,102	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
					45,501		45,501		SL	Various	3,145	
D-3. Subtotal												
E. <b>Total Depreciation</b>												
											58,247	
											58,247	



Regency House of Wallingford, Inc.  
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
10/31/2017	BP Kit	\$ 2,047	6	\$ 341
10/31/2017	X-Back arm chair	\$ 12,451	15	\$ 830
11/30/2017	TV - Disallow	\$ 884	5	\$ 162
12/31/2017	Biosonic Ultrasonic Cleaner	\$ 880	15	\$ 49
1/31/2018	42 Bed Frame	\$ 2,839	15	\$ 142
1/31/2018	Mattress - Disallow	\$ 642	5	\$ 96
1/31/2018	Mattress - Disallow	\$ 761	5	\$ 114
2/28/2018	BP Kit	\$ 2,045	5	\$ 273
2/28/2018	TV - Disallow	\$ 911	5	\$ 121
3/31/2018	BP Kit	\$ 2,046	5	\$ 239
4/30/2018	Gazebo	\$ 1,489	5	\$ 149
6/30/2018	Lift Chair	\$ 1,162	10	\$ 39
6/30/2018	Desktop	\$ 908	5	\$ 61
7/31/2018	Bed Set	\$ 5,168	5	\$ 258
8/31/2018	Video Messenger	\$ 1,468	5	\$ 49
8/31/2018	Ultrasound bladder scanner	\$ 8,136	7	\$ 194
9/30/2018	Food processor	\$ 1,664	5	\$ 28
<b>Total additions for Movable Equipment</b>		\$ 45,501		\$ 3,145 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
10/31/2017	Fire Door	\$ 2,850	10	\$ 285
1/31/2018	Paint, Wallpaper, Guards	\$ 4,114	5	\$ 617
2/28/2018	Wall Guards/Bumbers	\$ 5,366	5	\$ 715
3/31/2018	LED Lights	\$ 60,960	15	\$ 2,371
3/31/2018	Condensing unit & Evaporator	\$ 7,582	10	\$ 442
5/31/2018	Wall protection	\$ 5,953	10	\$ 248
5/31/2018	Painting	\$ 6,646	10	\$ 277
6/30/2018	Hot water heater installation	\$ 7,486	10	\$ 250
6/30/2018	Painting	\$ 6,330	10	\$ 211
7/31/2018	Mixing Valve	\$ 11,697	10	\$ 292
7/31/2018	Fire Alarm System	\$ 6,966	10	\$ 174
3/31/2018	Painting	\$ 6,013	10	\$ 351
9/30/2018	Wall Bumpers	\$ 4,339	10	\$ 36
9/30/2018	Repipe recirculation	\$ 6,894	10	\$ 57
<b>Total additions for Leasehold Improvement</b>		\$ 143,196		\$ 6,326 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Regency House of Wallingford, Inc.			2072-C		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period			Various	895,311	549,642	SL		57,534	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)			Various	143,196		SL		6,326	
C-4. Subtotal									63,860
<b>D. Total Amortization</b>									63,860

\* 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 Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2018	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or		<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				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	130			
6. Square Footage	60,298			
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	10/01/15			
c. Interest Rate for the Cost Year	3.68%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed	12,867,900			
f. Principal balance outstanding as of 9/30/18	12,328,692			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
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
Regency House of Wallingford, Inc.	2072-C	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. <b>Total Building Interest Expense</b> (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
Regency House of Wallingford, Inc.	2072-C	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)	\$	2,245	2,245	
A. Item	Rate	Amount		
Equipment Lease	4.347%	2,245		
Lender				
M&T Bank				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$	2,245	2,245	
12. D. Other Interest Expense (Specify)	\$	9,534	9,534	
Allowable \$5,091, Admin \$1,390, Computer Loan \$3,053				
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$	11,779	11,779	
14. Insurance				
a. Insurance on Property (buildings only)	\$	120,899	120,899	
b. Insurance on Automobiles	\$	3,892	3,892	
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	7,280	7,280	
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$	41,600	41,600	
Liability				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>	\$	173,671	173,671	
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$	13,977,194	13,977,194	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended		Page	of
Regency House of Wallingford, Inc.				2072-C	9/30/2018		28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
<b>Page 10 - Salaries and Wages</b>								
1.			Outpatient Service Costs	\$				
2.	10	12M	Salaries not related to Resident Care	\$ 33,858	33,858			
3.			Occupational Therapy	\$				
4.			Other - See attached Schedule	\$				
<b>Page 13 - Professional Fees</b>								
5.	13	B8c	Resident Care Physicians **	\$ 849	849			
6.	13	10a	Occupational Therapy	\$ 411,527	411,527			
7.			Other - See attached Schedule	\$ 103,265	103,265			
<b>Pages 15 &amp; 16 - Administrative and General</b>								
8.			Discriminatory Benefits	\$				
9.			Bad Debts	\$				
10.			Accounting	\$				
10a.			Legal	\$ 4,492	4,492			
11.			Telephone	\$				
12.	15	1h2	Cellular Telephone	\$ 3,000	3,000			
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	L6	Automobile Expense (e.g. personal use)	\$ 100	100			
18.	16	M3	Unallowable Advertising *	\$ 24,858	24,858			
19.			Income Tax / Corporate Business Tax	\$				
20.	16	M10	Fund Raising / Contributions	\$ 5,000	5,000			
21.	16	M12	Unallowable Management Fees	\$ 265,615	265,615			
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$ 163,680	163,680			
<b>Page 18 - Dietary Expenditures</b>								
24.			Meals to employees, guests and others who are not residents	\$				
<b>Page 19 - Laundry Expenditures</b>								
25.			Laundry services to employees, guests and others who are not residents	\$				
<b>Page 20 - Housekeeping Expenditures</b>								
26.			Housekeeping services to employees, guests and others who are not residents	\$				
<b>Subtotal (Items 1 - 26)</b>				\$	1,016,244	1,016,244		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B2	Dentist	\$ 6,500		
13	B3	Pharmacist	\$ 14,899		
13	B8a	Medical Director	\$ 27,003		
13	B12	Consulting Fees- Nursing	\$ 15,320		
13	B12	Consulting Fees- Rehab Therapy and Ancillary	\$ 16,512		
13	B12	Consulting Fees - Lab	\$ 1,072		
13	B6	Consulting Fees - Social Service	\$ 21,959		
<b>Total Other Fees Adjustments</b>			\$ 103,265	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a 3,4,5,7	Benefits on Salaries Not related to Resident care	\$ 8,453		
16	L3	Gifts to Staff	\$ 10,663		
16	M13	Bank Charges	\$ 35,039		
16	M13	Miscellaneous Expenses	\$ 2,058		
16	M13	Crime Insurance	\$ 3,062		
16	M13	Prior Period Expense	\$ 8,942		
15	1a1	Workers Compensation Retro Expense	\$ 94,834		
16	8a	Chamber of Commerce Dues	\$ 629		
<b>Total Other A&amp;G Adjustments</b>			\$ 163,680	\$ -	\$ -



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

Name of Facility				License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.				2072-C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,016,244	1,016,244		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 377,740	377,740		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 34,358	34,358		
30.	20	5h	Laboratory	\$ 49,149	49,149		
31.	20	5c	Medical Supplies	\$ 23,332	23,332		
32.	20	5e2	Oxygen (non emergency)	\$ 20,784	20,784		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 34,912	34,912		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 9,868	9,868		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 864	864		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 10,372	10,372		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 9,206	9,206		
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,586,829	1,586,829		

\*\*\* 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.

Regency House of Wallingford, Inc.  
9/30/2018

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	Equipment Rental - Nursing	\$ 12,734		
20	51	IV Therapy Supplies - Rehab Therapy and Ancillary	\$ 3,497		
20	5a2/b	Procure Disallowed Price Markup	\$ 827		
20	5i	Cable Tv Expense - Resident Rooms	\$ 13,398		
20	51	Equipment Rental - Respiratory	\$ 4,456		
<b>Total Other Ancillary Costs</b>			\$ 34,912	\$ -	\$ -

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	D2c	Disallowed Moveable Equipment Depreciation (TV's & Mattresses)	\$ 9,868		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 9,868	\$ -	\$ -

#### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14b	Auto Insurance	\$ 3,892		
22	6e	Auto Lease	\$ 6,480		
<b>Total Other Property Adjustments</b>			\$ 10,372	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Miscellaneous Income	\$ 6,563		
30	IV5	Interest Income	\$ 1,253		
27	12d	Other Interest Expense	\$ 1,390		
<b>Total Other Adjustments</b>			\$ 9,206	\$ -	\$ -

Schedule of Unallowable Building Interest

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

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Regency House of Wallingford, Inc.	2072-C	9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 14,426,231	14,426,231			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,346,594)	(6,346,594)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 3,980,064	3,980,064			
b. Medicare Room and Board Contractual Allowance **	\$ 338,850	338,850			
4. a. Private-Pay Residents and Other	\$ 2,907,866	2,907,866			
b. Private-Pay Room and Board Contractual Allowance **	\$ (404,418)	(404,418)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 296,123	296,123			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (294,288)	(294,288)			
c. Prescription Drugs - Non-Medicare	\$ 55,142	55,142			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (55,143)	(55,143)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 29	29			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (29)	(29)			
3. a. Physical Therapy - Medicare	\$ 852,006	852,006			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (729,251)	(729,251)			
c. Physical Therapy - Non-Medicare	\$ 41,772	41,772			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (41,151)	(41,151)			
4. a. Speech Therapy - Medicare	\$ 193,641	193,641			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (151,827)	(151,827)			
c. Speech Therapy - Non-Medicare	\$ 6,576	6,576			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (6,483)	(6,483)			
5. a. Occupational Therapy - Medicare	\$ 852,564	852,564			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (753,574)	(753,574)			
c. Occupational Therapy - Non-Medicare	\$ 46,732	46,732			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (46,400)	(46,400)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 10,822	10,822			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 1,673	1,673			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 15,180,933	15,180,933			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 1,253	1,253			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 45,122	45,122			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 46,375	46,375			
<b>VI. Total All Revenue</b> (III +V)	\$ 15,227,308	15,227,308			

\* 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, Line II	Medicare A Contra	\$ (156,413)		
30, Line II	Medicare A IV Therapy	\$ 5,118		
30, Line II	Medicare A Lab	\$ 129,994		
30, Line II	Medicare A X Ray	\$ 20,455		
30, Line II	Medicare Part B Prior Period	\$ (2,645)		
30, Line II	Mgd Medicare Contra Other	\$ (87,254)		
30, Line II	Mgd Medicare IV Therapy	\$ 8,285		
30, Line II	Mgd Medicare Lab	\$ 68,172		
30, Line II	Mgd Medicare X Ray	\$ 10,470		
30, Line II	Mgd Medicare Speciality Beds	\$ 326		
30, Line II	Mgd Medicare Pt A Speciality Beds	\$ 845		
30, Line II	Medicare Part B Flu/Pneumonia	\$ 3,977		
30, Line II	Mgd Medicare Flu/Pneumonia	\$ 1,473		
30, Line II	Medicare Part A Settlement	\$ 8,019		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 10,822</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30, Line II	Commercial Insurance Contra Other	\$ (12,026)		
30, Line II	Commercial Insurance IV Therapy	\$ 330		
30, Line II	Commercial Insurance Laboratory	\$ 10,403		
30, Line II	Commercial Insurance X Ray	\$ 1,074		
30, Line II	Commercial Specialty Beds	\$ 218		
30, Line II	Medicaid Lab	\$ 22,261		
30, Line II	Medicaid Special Beds	\$ 13,472		
30, Line II	Medicaid Contra Other	\$ (36,204)		
30, Line II	Private Lab	\$ 644		
30, Line II	Private Specialty Beds	\$ 1,031		
30, Line II	Hospice Contra Other	\$ (851)		
30, Line II	Hospice Specialty Bed	\$ 851		
30, Line II	Medicaid X Ray	\$ 470		
<b>Total Other Resident Revenue</b>		<b>\$ 1,673</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, Line IV	Interest Income		\$ 1,253		
<b>Total Interest Income</b>			<b>\$ 1,253</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30, Line IV	Miscellaneous Other Income (Donations \$2,117, United Health - \$9,990, Other - \$4,338)	\$ 16,553		
30, Line IV	Provision for Income Taxes	28,569		
<b>Total Other Revenue</b>		<b>\$ 45,122</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.	2072-C	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,054,129
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,922,201
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	19,385
5. Prepaid Expenses			\$	161,962
a. Worker's Compensation	18,300			
b. Taxes (personal property, real estate)	88,469			
c. Management Fees	42,976			
d. See Schedule	12,217			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	339,045
Patient Personal Funds	52,063			
Due from Realty	157,763			
Due from Related	129,219			
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	3,496,722
B. Fixed Assets				
1. Land			\$	13,000
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,038,507</u>		\$	425,005
	Accum. Depreciation <u>613,502</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>710,021</u>		\$	245,612
	Accum. Depreciation <u>464,409</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	683,617

\* 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
Regency House of Wallingford, Inc.	2072-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	4,180,339
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	12,210,767		
	Accum. Depreciation	3,796,186	Net	\$ 8,414,581
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				
\$				
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	8,414,581
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> )				
Security Deposits			12,500	\$
Net Deferred Tax Asset			28,569	41,069
See Schedule			\$	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	41,069
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	12,635,989

\* 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	A5	General Insurance	120
31	A5	Other	12,097
Total Prepaid Expenses			\$ 12,217

**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
Regency House of Wallingford, Inc.		2072-C	9/30/2018	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	454,781
2. Notes Payable ( <i>itemize</i> )				\$	
_____ _____ _____ See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	41,624
Name of Lender		Purpose	Amount	Date Due	
M & T Bank		Equipment	23,336	Through May 2020	
Brightcore		Equipment	18,288	Through June 2020	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	361,227
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
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> )				\$	589,295
Accrued Expenses		24,253	Accrued Accounting Fees	30,855	
Patient Personal Funds		52,063	Accrued Worker's Compe	47,261	
Due to Related Party - Short Term		214,512	Accrued Pension	16,352	
Revenue Assessment		203,999	See Schedule		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	1,446,927

\* 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 Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				1,446,927
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$ 29,846
Name of Lender	Purpose	Amount	Date Due	
M & T Bank	Equipment	16,130	Through May 2020	
Brightcore	Equipment	13,716	Through June 2020	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 97,125
Due to Related Party - Long term		97,125		
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 126,971
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,573,898

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

Name of Facility	License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.	2072-C	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	8,414,581
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			\$	8,414,581
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	5,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,392,396
6. Gain or Loss for Period			\$	1,250,114
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	2,647,510
<b>C. Total Reserves and Net Worth</b>			\$	11,062,091
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	12,635,989



### I. Preparer's/Reviewer's Certification

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2018	Page of 37 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)	
<b>Preparer/Reviewer Certification</b>			
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>			
Signature of Preparer	Title	Date Signed	
Printed Name of Preparer			
Blum Shapiro & Co, P.C.			
Address		Phone Number	
2 Enterprise Drive, Shelton, CT 06484-1488		(203) 944-2100	
Annual Report Contact		Phone Number	
George Thomas		860-561-6853	
Annual Report Contact Email Address			
GTHOMAS@blumshapiro.com			