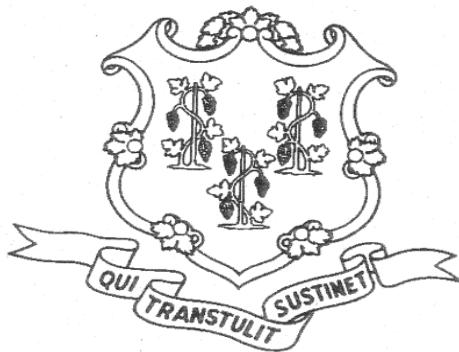


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Lord Chamberlain Nursing & Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 7003 Main Street, Stratford, CT 06614	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 968C	RHNS	(Specify)	Medicare Provider 07-5339
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Medicaid Provider Numbers:	CCNH 9688	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2020	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 Lord Chamberlain Nursing & Rehabilitation Center [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, 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) James Bergers			Printed Name (Owner) Martin Sbriglio	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Lord Chamberlain Nursing & Rehabilitation Center	Period Covered:		From 10/1/2019	To 9/30/2020
Address of Facility 7003 Main Street, Stratford, CT 06614				
Report Prepared By Ryders Health Management	Phone Number 203-381-1327	Date 12/17/2020		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

	Phone No. of Facility 203-381-1327	Report for Year Ended 9/30/2020	Page 2
Name of Facility (as shown on license) Lord Chamberlain Nursing & Rehabilitation Center		Address (No. & Street, City, State, Zip) 7003 Main Street, Stratford, CT 06614	
License Numbers:	CCNH 968C	RHNS	(Specify)
Medicare Provider No. 07-5339			
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> 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.
Administrator			
Name of Administrator James Bergers		Nursing Home Administrator's License No.:	578
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name N/A		License No.:	

General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

Name of Facility Lord Chamberlain Nursing & Rehabilitation C	License No. 968C	Report for Year Ended 9/30/2020	Page of 3A 37
If this facility is owned or operated as a corporation, provide the following information:			
Legal Name of Corporation Lord Chamberlain, Inc.		Business Address 7003 Main Street, Stratford, CT 06614	State(s) in Which Incorporated CT
Name of Directors, Officers		Business Address	Title No. Shares Held by Each
Robert Sbriglio, MD, MPH, NHA		7003 Main Street, Stratford, CT 06614	Secretary 25
Martin Sbriglio, RN, NHA		7003 Main Street, Stratford, CT 06614	Treasurer 25
The Dr. Robert Sbriglio 2009 Trust		7003 Main Street, Stratford, CT 06614	25
The Martin Sbriglio 2009 Trust		7003 Main Street, Stratford, CT 06614	25
Names of Stockholders Owning at Least 10% of Shares			
Robert Sbriglio, MD, MPH, NHA		7003 Main Street, Stratford, CT 06614	Secretary 25
Martin Sbriglio, RN, NHA		7003 Main Street, Stratford, CT 06614	Treasurer 25
The Dr. Robert Sbriglio 2009 Trust		7003 Main Street, Stratford, CT 06614	25
The Martin Sbriglio 2009 Trust		7003 Main Street, Stratford, CT 06614	25

General Information and Questionnaire Individual Proprietorship

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2020	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

General Information and Questionnaire

Related Parties*

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center		License No. 968C	Report for Year Ended 9/30/2020			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="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.		
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," provide the following information:		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See Attached		<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

Basis for Allocation of Costs

Name of Facility Lord Chamberlain Nursing & Rehabilitation Cen	License No. 968C	Report for Year Ended 9/30/2020	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-6 Rev. 9/2002

**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 Lord Chamberlain Nursing & Rehabilitation Center		License No. 968C		Report for Year Ended 9/30/2020			Page 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					
Wells Fargo	<input type="radio"/>	<input checked="" type="radio"/>	Copier			16,630	16,630
BBI Technologies	<input type="radio"/>	<input checked="" type="radio"/>	Copier			10,934	10,934
LEAF	<input type="radio"/>	<input checked="" type="radio"/>	Copier			1,227	1,227
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		Total ***	28,791

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire

Accounting Basis

Name of Facility Lord Chamberlain Nursing & Rehab	License No. 968C	Report for Year Ended 9/30/2020	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 Yes If "No," explain.
previous period? No

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 Preparation of financial statements & tax returns	\$ 43,918
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 43,918

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 See Attached 2 3 4 5	Telephone Number
-------------------------------------------------------------------------------------	------------------

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

1 2 3 4 5	
-----------------------	--

Services Provided by This Firm (*describe fully*)

1 2 3 4 5	\$
	Charge for Services Provided \$

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 Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C				Report for Year Ended 9/30/2020				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					190	190						
A. On last day of PREVIOUS report period	190	190										
B. On last day of THIS report period	190	190							190	190		
2. Number of Residents					178	178						
A. As of midnight of PREVIOUS report period	178	178										
B. As of midnight of THIS report period	160	160							160	160		
3. Total Number of Days Care Provided During Period					3,601	3,601			707	707		
A. Medicare	4,308	4,308										
B. Medicaid (Conn.)	36,236	36,236			28,308	28,308			7,928	7,928		
C. Medicaid (other states)												
D. Private Pay	14,231	14,231			10,509	10,509			3,722	3,722		
E. State SSI for RCH												
F. Other (Specify)	4,527	4,527			3,323	3,323			1,204	1,204		
G. Total Care Days During Period (3A thru F)	59,302	59,302			45,741	45,741			13,561	13,561		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	574	574			372	372			202	202		
B. Other Bed Reserve Days	129	129			66	66			63	63		
5. Total Resident Days (3G + 4A + 4B)	60,005	60,005			46,179	46,179			13,826	13,826		

Schedule of Resident Statistics (Cont'd)

Name of Facility Lord Chamberlain Nursing & Rehabilitation C	License No. 968C	Report for Year Ended 9/30/2020	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?

 Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)		
				(1)	(2)	(3)	(1)	(2)	(3)					

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.

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)
2nd change						
3rd change						
4th change						

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	8	114		38				
Per Diem Rate								
a. One bed rm.	Various			527.00				
b. Two bed rms.		239.56		464.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		5,006	5,006		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other		16,542	16,542		
D. Total Physical Therapy Treatments		21,548	21,548		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		382	382	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other		992	992	
D. Total Speech Therapy Treatments		1,374	1,374	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		2,098	2,098	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other		14,357	14,357	
D. Total Occupational Therapy Treatments		16,455	16,455	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		968C	9/30/2020	10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes		<input type="radio"/> No	
		Total Cost and Hours			
Item		CCNH	Hours	RHNS	Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	136,141	2,168			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	131,713	2,080			
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	441,609	28,940			
5. Dietary Service					
a. Head Dietitian	93,920	4,032			
b. Food Service Supervisor	58,616	2,211			
c. Dietary Workers	838,015	65,343			
6. Housekeeping Service					
a. Head Housekeeper	81,914	4,203			
b. Other Housekeeping Workers	436,469	34,016			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	49,741	2,072			
b. Other Maintenance Workers	83,301	4,205			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	50,209	3,968			
9. Barber and Beautician Services					
10. Protective Services	20,822	2,064			
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	234,147	4,313			
b. RN					
1. Direct Care	1,464,255	30,644			
2. Administrative**	81,698	2,258			
c. LPN					
1. Direct Care	2,484,680	60,428			
2. Administrative**					
d. Aides and Attendants	3,284,334	98,754			
e. Physical Therapists	440,236	14,929			
f. Speech Therapists	100,709	1,647			
g. Occupational Therapists	229,527	6,242			
h. Recreation Workers	155,079	9,399			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
4. Other (Specify)					
j. Dentists	10,075	720			
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	307,269	19,467			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	52,402	2,280			
A-13. Total Salary Expenditures	11,266,879	406,380			

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

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and

Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Schedule of Other Salaries and Wages (Page 10)

Schedule of Other Fees (Page 13)

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

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C		Report for Year Ended 9/30/2020			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Martin Sbriglio, RN, NHA								Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	2,970	130,000
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).										
Mrs. Margaret Sbriglio, NHA								Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	1,040	26,000

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Lord Chamberlain Nursing & Rehabilitation Center				968C		9/30/2020			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
James Bergers	136,141			Non Discriminatory	Administrative	2,168	A2			
Section IV - Assistant Administrators										
Dr. Robert Sbriglio, MD, MPH, NHA	131,713			Non Discriminatory	Administrative	2,080	A3			

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
	968C	9/30/2020		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	8,849	59			
3. Pharmacist	10,920	218			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	46,283	309			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify) Medical Staff	1,600	16			
9. Speech Therapist					
a. Resident Care	360	5			
b. Other					
10. Occupational Therapist					
a. Resident Care	10,950	146			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	7,023	70			
2. Administrative***					
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides	91,993	1,840			
d. Other					
12. Other (Specify) See Attached Schedule	102,963	839			
B-13 Total Fees Paid in Lieu of Salaries	280,942	3,502			

* 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 Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2020		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Dr. Scifo, Trumbull, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
George Goldfarb, MD	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. D Das, Fairfield, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Douglas Duchen, Bridgeport, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. J.B. Bharucha, Trumbull, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Leonard Karkanista, Milford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Charles Kochan, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Anthony Arslan, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Mogelof, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Robert Prewitt, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Carlos Schweitzer, Derby, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Phillip Simkovitz, Trumbull, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Would Care Consultants	Wound Care Services	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Brijesh Chandwani, Fairfield, CT	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>		
ValueRx	Pharmacy Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Ranno Goldfarb & Assoc	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
JP American Staffing & Health Services	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Executive Care	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Dedicated Nursing Assoc	Nurse Pool	<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
Lord Chamberlain Nursing & Rehabilitation Cen	968C	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 524,024	524,024		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 956,141	956,141		
5. Health Insurance	\$ 1,320,153	1,320,153		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 33,657	33,657		
8. Uniform Allowance	\$ 25,964	25,964		
9. Other (Specify) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 242,325	242,325		
d. Accounting and Auditing	\$ 43,918	43,918		
e. Legal (Services should be fully described on Page 7)	\$ 23,419	23,419		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 16,545	16,545		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 18,931	18,931		
2. Cellular Phones	\$ 5,179	5,179		
i. Appraisal (Specify purpose and attach copy)*	\$ 176	176		
j. Corporation Business Taxes (franchise tax)	\$			
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,058,085	1,058,085		
Subtotal	\$ 4,268,519	4,268,519		

* 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**

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

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

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

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2020		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		4,268,519	4,268,519		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 2,492	2,492			
2. Holiday Parties for Staff	\$ 9,261	9,261			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 2,233	2,233			
5. Education Expenses Related to Seminars and Conventions	\$ 3,974	3,974			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 6,555	6,555			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 5,259	5,259			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 6,389	6,389			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 25,782	25,782			
4. Fund-Raising***	\$				
5. Medical Records	\$ 27,360	27,360			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 5,837	5,837			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 15,499	15,499			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 378	378			
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 167,354	167,354			
12. Administrative Management Services**	\$ 676,763	676,763			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 55,791	55,791			
<i>C-14 Total Administrative & General Expenditures</i>	\$ 5,279,445	5,279,445			

* 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)
Meals & Entertainment	\$ 5,259		
Total Other Travel and Entertainment	\$ 5,259	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Adv & Pub Relations	\$ 25,782		
Total Other Advertising	\$ 25,782	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ICNC	\$ 378		
CAHCF	\$ 11,673		
American Express	\$ 106		
CSMS	\$ 1,104		
AHCA	\$ 1,691		
Bridgeport Regional Business Council	\$ 547		
Total Dues	\$ 15,499	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Physician Care - Employees	\$ 14,317		
Bank Charges	\$ 9,416		
Bank Charges - Lease	\$ 24,109		
Unemployment Tax Management	\$ 3,052		
NGS Revalidation	\$ (362)		
Facility License	\$ 987		
St. Vincents	\$ 2,663		
CMIC	\$ 2,263		
Food License	\$ 284		
Misc	\$ (1,775)		
DMV	\$ 211		
CLIA Lab Program	\$ 128		
Health Dept License	\$ 71		
Elevator License	\$ 341		
Fire Marshall Inspection	\$ 53		
Zoom	\$ 33		
Total Other Administrative and General	\$ 55,791	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Lord Chamberlain Nursing & Rehabilitati	License No. 968C	Report for Year Ended 9/30/2020	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	676,763	Financial and Managerial Support Services	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.**

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

Name of Facility	License No.	Report for Year Ended		Page of
		9/30/2020		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 446,459	446,459		
2. Non-Food Supplies	\$ 90,069	90,069		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ _____			
c. Other (Specify) _____ Dietary Equipment	\$ 658	658		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 537,186	537,186		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
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 meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected 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)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. 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 Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2020		Page of 19 37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	1,586	1,586	
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)	\$	188,990	188,990	
c. Other (Specify) Laundry Supplies	\$	1,684	1,684	
3D. Total Laundry Expenditures (3a + b + c)	\$	192,261	192,261	
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. 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 3D.

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2020		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 81,300	81,300		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt.	\$			
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	81,300	81,300		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from ValueRx	\$	326,600	326,600		
b. Medicine Cabinet Drugs	\$	84,531	84,531		
c. Medical and Therapeutic Supplies	\$				
d. Ambulance/Limousine***	\$	7,734	7,734		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	59,644	59,644		
f. X-rays and Related Radiological Procedures***	\$	13,878	13,878		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	54,074	54,074		
i. Recreation	\$	20,306	20,306		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** <i>See Attached Schedule</i>	\$	673,655	673,655		
5M. Total Resident Care Expenditures (5a - 5j)	\$	1,240,421	1,240,421		

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

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Medical Supplies	\$ 547,511		
Medical Supplements	\$ 47,132		
Medical Waste	\$ 11,426		
Medical Equipment	\$ 1,859		
Medical Equipment - Rental	\$ 42,074		
Medical Supplies - Medicare	\$ (2,369)		
Physician Care - Patients	\$ 1,098		
PT Supplies	\$ 24,924		
Total Other Resident Care	\$ 673,655	\$ -	\$ -

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

* 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 9/30/2020			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	178,212	178,212			
b. Heat	\$	70,683	70,683			
c. Light & Power	\$	117,794	117,794			
d. Water	\$	27,220	27,220			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	28,791	28,791			
f. Other <i>(itemize)</i>	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	422,699	422,699			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	376,332	376,332			
c. Non-Movable Equipment	\$	72,336	72,336			
d. Movable Equipment	\$	118,032	118,032			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	566,700	566,700			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	360,000	360,000			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	335,894	335,894			
c. Personal property taxes	\$	46,252	46,252			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,308,846	1,308,846			

* 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

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2019	Lobby Flooring	\$ 19,570		
6/30/2020	Newport Wing Renovation - Reversed	\$ (37,887)		
Total additions for Building Improvement		\$ (18,317)	\$ -	*
Deletions:				
Total deletions for Building Improvement		\$ -	\$ -	**

***Ties to Page 23, Line B3**

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2019	Circuit Breaker	\$ 4,185		
12/31/2019	A/C Repair	\$ 1,062		
1/31/2020	Kitchen Door Holder	\$ 1,906		
2/29/2020	Cooler Door Handle Assembly	\$ 1,436		
3/31/2020	Dietary Sink	\$ 14,954		
4/30/2020	Sprinkler	\$ 912		
5/31/2020	Dishwasher	3087.09		
5/31/2020	Staff Stations	1851.13		
5/31/2020	AC	492.18		
6/30/2020	Room Blower Motor	2505.2		
7/31/2020	AC Condensor	2255.52		
2/29/2020	Sprinkler	1209.2		
7/31/2020	Condensor	1632.16		
Total additions for Non-Movable Equipment		\$ 37,488		\$ - *
Deletions:				

					ttachment Pages 23 24
Total deletions for Non-Movable Equipment		\$ -		\$ -	**

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2019	Dual Bedside Station	\$ 1,495		
10/31/2019	Dual Bedside Station	\$ 1,767		
10/31/2019	Vital Spot Temp	\$ 1,936		
10/31/2019	Wheelchair	\$ 1,342		
10/31/2019	Chair Lift	\$ 1,426		
10/31/2019	Overbed Tables (10)	\$ 1,296		
10/31/2019	Coaguchek (3)	\$ 1,490		
11/30/2019	TV's	\$ 1,969		
11/30/2019	Dual Bedside Station	\$ 1,357		
12/31/2019	Dual Bedside Station	\$ 1,471		
12/31/2019	Bladder Scanner	\$ 7,244		
12/31/2019	Bedside Rails	\$ 1,393		
1/31/2020	Computers	\$ 1,169		
2/28/2020	Dual Bedside Station	\$ 1,451		
2/28/2020	Overbed Tables (10)	\$ 1,365		
4/30/2020	Dual Bedside Station	\$ 1,674		
5/31/2020	TV's	\$ 1,896		
5/31/2020	Dual Bedside Station	\$ 1,590		
6/30/2020	TV's	\$ 1,039		
6/30/2020	Ice Machine	\$ 3,481		
7/31/2020	Single Bedside Station	\$ 1,105		
7/31/2020	TV's	\$ 1,093		
8/31/2020	Foam Mattress (10)	\$ 2,660		
9/30/2020	TV's	\$ 2,045		
9/30/2020	Floor Machine 20 "	\$ 1,774		
Total additions for Movable Equipment		\$ 46,526	\$ -	*
Deletions:				
Total deletions for Movable Equipment		\$ -	\$ -	**

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C		Report for Year Ended 9/30/2020			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Lord Chamberlain Nursing & Rehabili	License No. 968C	Report for Year Ended 9/30/2020	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility
or leased from a Related Party?*

Yes

No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased	05/21/05			
2. Date Structure Completed	1968/1976/1994			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	190			
6. Square Footage	71,118			
7. Acquisition Cost				
a. Land				
b. Building				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable	Variable		
b. Date Mortgage Obtained	02/01/15	11/20/11		
c. Interest Rate for the Cost Year	356.00%	364.00%		
d. Term of Mortgage (number of years)	7			
e. Amount of Principal Borrowed		2,000,000		
f. Principal balance outstanding as of _____				

Complete if Mortgage was Refinanced

During Current Cost Year

g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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 Lord Chamberlain Nursing & Rehabil	License No. 968C	Report for Year Ended 9/30/2020			Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage			\$			
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage			\$			
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility Lord Chamberlain Nursing & Rehab	License No. 968C	Report for Year Ended 9/30/2020			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$	197,305	197,305		
Interest Exp & Finance Charges						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	197,305	197,305		
14. Insurance						
a. Insurance on Property (buildings only)		\$	26,151	26,151		
b. Insurance on Automobiles		\$	7,649	7,649		
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$	119,496	119,496		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	153,296	153,296		
15. Total All Expenditures (A-13 thru C-14)		\$	20,960,579	20,960,579		

D. Adjustments to Statement of Expenditures

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C	Report for Year Ended 9/30/2020		Page 28 of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS (Specify)
Page 10 - Salaries and Wages						
1.			Outpatient Service Costs	\$		
2.			Salaries not related to Resident Care	\$		
3.	10	A12g	Occupational Therapy	\$ 229,527	229,527	
4.			Other - See attached Schedule	\$ 52,402	52,402	
Page 13 - Professional Fees						
5.			Resident Care Physicians **	\$		
6.	13	B10a	Occupational Therapy	\$ 10,950	10,950	
7.			Other - See attached Schedule	\$ 35,000	35,000	
Pages 15 & 16 - Administrative and General						
8.			Discriminatory Benefits	\$		
9.	15	1c	Bad Debts	\$ 242,325	242,325	
10.			Accounting	\$		
10a.			Legal	\$		
11.			Telephone	\$		
12.			Cellular Telephone	\$		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$		
14.			Gifts, flowers and coffee shops	\$		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$		
16.	16	17	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 5,259	5,259	
17.			Automobile Expense (e.g. personal use)	\$		
18.	16	m3	Unallowable Advertising *	\$ 25,782	25,782	
19.			Income Tax / Corporate Business Tax	\$		
20.			Fund Raising / Contributions	\$		
21.			Unallowable Management Fees	\$		
22.			Barber and Beauty	\$		
23.			Other - See attached Schedule	\$ 378	378	
Page 18 - Dietary Expenditures						
24.			Meals to employees, guests and others who are not residents	\$		
Page 19 - Laundry Expenditures						
25.			Laundry services to employees, guests and others who are not residents	\$		
Page 20 - Housekeeping Expenditures						
26.			Housekeeping services to employees, guests and others who are not residents	\$		
Subtotal (Items 1 - 26)			\$ 601,623	601,623		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A12o	Respiratory Therapist	\$ 52,402		
Total Other Salaries Adjustment			\$ 52,402	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	Cardiology Consultant	\$ 23,000		
13	B12	Wound Consultant	\$ 12,000		
Total Other Fees Adjustments			\$ 35,000	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8a	Chamber of Commerce	\$ 378		
Total Other A&G Adjustments			\$ 378	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

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

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center				License No. 968C	Report for Year Ended 9/30/2020		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
			Subtotals Brought Forward	\$ 601,623	601,623			
			Page 20 - Resident Care Supplies***					
27.	20	5a2	Prescription Drugs	\$ 326,600	326,600			
28.	20	5d	Ambulance/Limousine	\$ 7,734	7,734			
29.	20	5f	X-rays, etc	\$ 13,878	13,878			
30.	20	5h	Laboratory	\$ 54,074	54,074			
31.			Medical Supplies	\$				
32.	20	500	Oxygen (non emergency)	\$ 59,644	59,644			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$				
			Page 22 - Maintenance and Property					
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$				
36.			Depreciation on Unallowable Motor Vehicles	\$				
37.			Unallowable Property and Real Estate Taxes	\$				
38.			Rental of Building Space or Rooms	\$				
39.			Other - See Attached Schedule	\$				
			Page 27 - Insurance					
40.			Mortgage Insurance	\$				
41.			Property Insurance	\$				
			Other - Miscellaneous					
42.			Other - Indirect	\$				
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$				
45.			Management Fees Direct	\$				
46.			Management Fees Indirect	\$				
47.			Other - Direct	\$				
			Not For Profit Providers Only					
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$				
49.			Total Amount of Decrease (Items 1 - 48)	\$ 1,063,553	1,063,553			

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

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2020			Page 30	of 37
		Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 15,650,011	15,650,011				
b. Medicaid Room and Board Contractual Allowance **	\$ (8,277,502)	(8,277,502)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,262,456	2,262,456				
b. Medicare Room and Board Contractual Allowance **	\$ 628,432	628,432				
4. a. Private-Pay Residents and Other	\$ 9,123,978	9,123,978				
b. Private-Pay Room and Board Contractual Allowance **	\$ (639,640)	(639,640)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 330,789	330,789				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (330,789)	(330,789)				
c. Prescription Drugs - Non-Medicare	\$ 97,256	97,256				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 84,163	84,163				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 482,634	482,634				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (482,634)	(482,634)				
c. Physical Therapy - Non-Medicare	\$ 345,533	345,533				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 62,821	62,821				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (62,821)	(62,821)				
c. Speech Therapy - Non-Medicare	\$ 65,611	65,611				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 277,652	277,652				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (277,652)	(277,652)				
c. Occupational Therapy - Non-Medicare	\$ 239,738	239,738				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 0	0				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 231,584	231,584				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 19,811,620	19,811,620				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 2,385	2,385				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 18,020	18,020				
V. Total Other Revenue (1 thru 8)	\$ 20,405	20,405				
VI. Total All Revenue (III +V)	\$ 19,832,025	19,832,025				

* 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)
	Oxygen - Medicare	\$ 51,246		
	Respiratory Therapy - Medicare	\$ 1,260		
	Medical Supply - Medicare	\$ 7,923		
	X-Ray - Medicare	\$ 12,678		
	Lab - Medicare	\$ 36,284		
	Contractuals - Medicare	\$ (109,391)		
	Total Other Resident Revenue - Medicare	\$ 0	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
	Optum Care Stipend	\$ 188,126		
	Remedy Shared Savings	\$ 41,207		
	X-Ray - Private Insurance	\$ 65		
	X-Ray - Managed Care	\$ 260		
	Lab - Private Pay	\$ 398		
	Lab - Private Insurance	\$ 148		
	Lab - Managed Care	\$ 1,098		
	Oxygen - Private Pay	\$ 56		
	Oxygen - Managed Care	\$ 225		
	Total Other Resident Revenue	\$ 231,584	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income	\$ 2,385			
	Total Interest Income	\$ 2,385	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Handivan	\$ 18,020		
	Total Other Revenue	\$ 18,020	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page of
		9/30/2020	31 37
Account			Amount
Assets			
A. Current Assets			
1. Cash (<i>on hand and in banks</i>)			\$ 4,086,196
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 5,828,307
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$
4. Inventories			\$ 11,000
5. Prepaid Expenses			\$ 427,872
a. Prepaid Corporate Taxes			7,968
b. Prepaid Insurance			8,542
c. Prepaid Expenses			411,362
d. See Schedule			
6. Interest Receivable			\$
7. Medicare Final Settlement Receivable			\$
8. Other Current Assets (<i>itemize</i>)			\$ (2,313,173)
Exchange			37,248
Medicaid Advances			(511,558)
Loans & Exchanges			(1,838,863)
See Schedule			
A-9. Total Current Assets (Lines A1 thru 8)			\$ 8,040,203
B. Fixed Assets			
1. Land			\$
2. Land Improvements	*Historical Cost	50,531	\$ 44,534
	Accum. Depreciation	5,997	Net
3. Buildings	*Historical Cost	5,694,093	\$ 1,883,312
	Accum. Depreciation	3,810,781	Net
4. Leasehold Improvements	*Historical Cost		\$
	Accum. Depreciation		Net
5. Non-Movable Equipment	*Historical Cost	1,482,295	\$ 124,640
	Accum. Depreciation	1,357,655	Net
6. Movable Equipment	*Historical Cost	2,545,954	\$ 184,134
	Accum. Depreciation	2,361,820	Net
7. Motor Vehicles	*Historical Cost	258,882	\$ 41,309
	Accum. Depreciation	217,573	Net
8. Minor Equipment-Not Depreciable			\$
9. Other Fixed Assets (<i>itemize</i>)			\$ 6,000
Work in Progress		6,000	
See Schedule			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 2,283,929

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

Total Prepaid Expenses		\$ -

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

Page Ref Line Ref Description

Total Other Current Assets (Itemize)		\$ -

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

Page Ref Line Ref Description

Total Other Other Fixed Assets (Itemize)		\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

Due from Greentree Manor	\$ 184,682
Due from Mystic Healthcare	\$ 478,488
Due from Ryders Health Management	\$ 159,532
Due from Lighthouse Home Care	\$ 127,680
Due from Lighthouse Home Healthcare	\$ 376,578
Investment in Subsidiary	\$ 1,000
Due to/from Subsidiary	\$ (1,892,042)
Due from Ryders Rehab	\$ 84,144
Total Other Assets	\$ (479,937)

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Note Payable - Auto	\$ 11,773
Total Notes Payable	\$ 11,773

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
		9/30/2020	32 37
Account		Amount	
		Total Brought Forward:	\$ 10,324,132
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			\$
2. Land Improvements	*Historical Cost _____ Accum. Depreciation _____	Net	\$
3. Buildings	*Historical Cost _____ Accum. Depreciation _____	Net	\$
4. Non-Movable Equipment	*Historical Cost _____ Accum. Depreciation _____	Net	\$
5. Movable Equipment	*Historical Cost _____ Accum. Depreciation _____	Net	\$
6. Motor Vehicles	*Historical Cost _____ Accum. Depreciation _____	Net	\$
7. Minor Equipment-Not Depreciable			\$
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$
D. Investment and Other Assets			
1. Deferred Deposits			\$
2. Escrow Deposits			\$
3. Organization Expense	*Historical Cost _____ Accum. Depreciation _____	Net	\$
4. Goodwill (Purchased Only)			\$
5. Investments Related to Resident Care (itemize)			\$
6. Loans to Owners or Related Parties (itemize)			\$
Name and Address	Amount	Loan Date	
7. Other Assets (itemize)			\$ (423,396)
Due from Cheshire House	53,034		
Due from Douglas Manor	3,507		
See Schedule	(479,937)		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ (423,396)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 9,900,737

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

G. Balance Sheet (cont'd)

Name of Facility Lord Chamberlain Nursing & Rehabilitation C	License No. 968C	Report for Year Ended 9/30/2020	Page 33	of 37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 1,145,240
2. Notes Payable (<i>itemize</i>)				\$ 5,658,858
Peoples LOC				2,400,000
PPP Loan				3,177,500
Note Payable - McKesson				69,585
See Schedule				11,773
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$
Name of Lender				Purpose
				Amount
				Date Due
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 426,470
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>)				\$ 589,398
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$
11. Accrued Income Taxes*				\$
12. Other Current Liabilities (<i>itemize</i>)				\$ 1,929,730
Construction Loan - Peoples				96,999 Accrued User Fee 974,782
AFLAC - Individual				76,602 Accrued PTO 431,901
Patient Fund				121,274 Property Tax Payable 198,162
Accrued Expenses				30,009 See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 9,749,696

* 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 Lord Chamberlain Nursing & Rehabilitation	License No. 968C	Report for Year Ended 9/30/2020	Page 34	of 37
Account			Amount	
Total Brought Forward:			9,749,696	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable			\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)			\$	2,853,806
Due to LC Realty	2,558,179			
Due to Aaron Manor	169,763			
Due to Bel-Air Manor	125,863			
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$	2,853,806
C. Total All Liabilities (Lines A-13 + B-5)			\$	12,603,502

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

Name of Facility	License No.	Report for Year Ended	Page of
Lord Chamberlain Nursing & Rehabilit	968C	9/30/2020	35 37
Account			Amount
A. Reserves			
1. Reserve for value of leased land			\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$
4. Reserve for leasehold real properties on which fair rental value is based			\$
5. Reserve for funds set aside as donor restricted			\$
6. Total Reserves			\$
B. Net Worth			
1. Owner's Capital			\$
2. Capital Stock			\$ 10,000
3. Paid-in Surplus			\$
4. Treasury Stock			\$
5. Cumulated Earnings			\$ (1,584,211)
6. Gain or Loss for Period 10/1/2019 thru 9/30/2020			\$ (1,128,554)
7. Total Net Worth			\$ (2,702,765)
C. Total Reserves and Net Worth			\$ (2,702,765)
D. Total Liabilities, Reserves, and Net Worth			\$ 9,900,737

H. Changes in Total Net Worth

I. Preparer's/Reviewer's Certification

Name of Facility Lord Chamberlain Nursing &	License No. 968C	Report for Year Ended 9/30/2020	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		

Preparer/Reviewer Certification

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

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
Elizabeth Maglio		
Address		Phone Number
88 Ryders Lane, Stratford, CT 06614		203-381-1327 ext 628
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number
Elizabeth Maglio		203-381-1327
Contact Email Address		
emaglio@rydershealth.com		