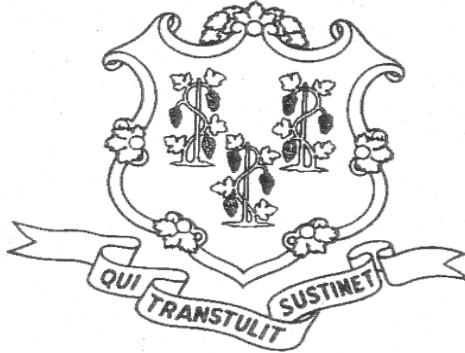


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) HBR Trumbull, LLC -d/b/a: St. Joseph's Manor				
Address (No. & Street, City, State, Zip Code) 6448 Main Street, Trumbull, CT 06611				
Type of Facility				
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)		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 2321-C	RHNS	(Specify)	Medicare Provider 07-5001
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Medicaid Provider Numbers:	CCNH 6841	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) HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor [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) Marian Gaudioso		Printed Name (Owner) Lashuan Bethea-VP-Legislative Affairs-Genesis Healthcare		
Subscribed and Sworn to before me:	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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	Period Covered:		From 10/1/2019	To 9/30/2020
Address of Facility 6448 Main Street, Trumbull, CT 06611				
Report Prepared By Thomas Farnan	Phone Number 978-247-5029		Date 12/28/2020	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	8,788,685	8,776,491	12,194
5. All other wages paid	\$	1,642,156	1,527,205	114,951
6. Total Wages Paid	\$	10,430,841	10,303,696	127,145
7. Total salaries paid	\$	667,392	649,977	17,415
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	11,098,233	10,953,673	144,560

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	Report for Year Ended	Page	of
203-268-6204	9/30/2020	2	37

Name of Facility (as shown on license) HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		Address (No. & Street, City, State, Zip) 6448 Main Street, Trumbull, CT 06611		
License Numbers: CCNH 2321-C	RHNS	(Specify)	Medicare Provider No. 07-5001	
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 <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box) <input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.

Administrator		
Name of Administrator Marian Gaudioso		Nursing Home Administrator's License No.: 1650
Other Operators/Owners who are assistant administrators (full or part time) of this facility.		
Name		License No.:

General Information and Questionnaire Partners/Members

General Information and Questionnaire
Corporate Owners

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2020	Page of 3A 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	Business Address 101 East State Street, Kennett Square, PA 19348	State(s) in Which Incorporated DE	
Name of Directors, Officers See Attached	Business Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares See Attached			

General Information and Questionnaire

Individual Proprietorship

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	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:

General Information and Questionnaire

Related Parties*

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	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 <div style="float: right; margin-top: -20px;">If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</div>				
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 <div style="float: right; margin-top: -20px;">If "Yes," provide the following information:</div>				
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	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	1,118,079	1,118,079
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	64%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	781,557	781,557
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	37%	Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	85%	Medical Director /NP	Pg 13/B8, Pg 10/A12	17,120	17,120
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	66%	Outside Agency	Pg 13/B11 pg 10-12, 15		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	12,365	12,365
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	551,443	551,443
		<input checked="" type="radio"/>	<input 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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	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.

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.

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

○ No

Total ***

* 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 HBR Trumbull, LLC -d/b/a: St. Jos	License No. 2321-C	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 previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
---	---

Services Provided by This Firm (*describe fully*)

1 Year end financial audit	\$
2	\$
3	\$
4	\$
	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 Included in Management Fee pg. 16 m-12

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Gerald J. Broderick CT State Marshal Fairfield County 2 3 4 5	Telephone Number 203-209-3503
---	----------------------------------

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

1 PO BOX 110428, Trumbulll, CT 06611 2 3 4 5	
--	--

Services Provided by This Firm (*describe fully*)

1 State Marshall fee for Citation Appointment of Conservator	\$ 177
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 177

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

Yes No

Schedule of Resident Statistics

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			License No. 2321-C				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												
A. On last day of PREVIOUS report period	297	274		23	297	274		23				
B. On last day of THIS report period	292	269		23					292	269		23
2. Number of Residents												
A. As of midnight of PREVIOUS report period	258	244		14	258	244		14				
B. As of midnight of THIS report period	262	245		17					262	245		17
3. Total Number of Days Care Provided During Period												
A. Medicare	3,698	3,698			3,104	3,104			594	594		
B. Medicaid (Conn.)	66,271	66,271			52,462	52,462			13,809	13,809		
C. Medicaid (other states)												
D. Private Pay	4,099	4,099			3,226	3,226			873	873		
E. State SSI for RCH	5,471			5,471	4,256			4,256	1,215			1,215
F. Other (Specify)	3,221	3,221			2,785	2,785			436	436		
G. Total Care Days During Period (3A thru F)	82,760	77,289		5,471	65,833	61,577		4,256	16,927	15,712		1,215
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	333			333	295			295	38			38
B. Other Bed Reserve Days	27	27			27	27						
5. Total Resident Days (3G + 4A + 4B)	83,120	77,316		5,804	66,155	61,604		4,551	16,965	15,712		1,253

Schedule of Resident Statistics (Cont'd)

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Man			License No. 2321-C			Report for Year Ended 9/30/2020			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	RHNS	(Specify)	Lost		Gained		CCNH	RHNS	(Specify)	
(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)			
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.											
Change in Resident Days								CCNH	RHNS	(Specify)	
								1st change			
2nd change											
3rd change											
4th change											
6. Number of Residents and Rates on September 30 of Cost Year											
Item	Medicare		Medicaid		Self-Pay			Other State Assisted			
	CCNH	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR		
No. of Residents	9	152		15				13			
Per Diem Rate											
a. One bed rm.											
b. Two bed rms.	675.53	275.00		571.22				94.00			
c. Three or more bed rms.											
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)
								2,732	2,732		
A. Medicare - Part B											
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments								1,735	1,735		
C. Other								10,634	10,634		
D. Total Physical Therapy Treatments								15,101	15,101		
8. Total Number of Speech Therapy Treatments											
A. Medicare - Part B								393	393		
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments								420	420		
C. Other								1,318	1,318		
D. Total Speech Therapy Treatments								2,131	2,131		
9. Total Number of Occupational Therapy Treatments											
A. Medicare - Part B								4,857	4,857		
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments								2,313	2,313		
C. Other								12,709	12,709		
D. Total Occupational Therapy Treatments								19,879	19,879		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of		
		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	(Specify) Hours		
A. Salaries and Wages*							
1. Operators/Owners (Complete also Sec. I of Schedule A1)							
2. Administrator(s) (Complete also Sec. III of Schedule A1)	182,106	2,009		13,707	151		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	49,267	1,860		3,708	140		
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	479,207	21,407		36,069	1,611		
5. Dietary Service							
a. Head Dietitian							
b. Food Service Supervisor							
c. Dietary Workers							
6. Housekeeping Service							
a. Head Housekeeper							
b. Other Housekeeping Workers							
7. Repairs & Maintenance Services							
a. Engineer or Chief of Maintenance	140,636	3,820		10,585	287		
b. Other Maintenance Workers	278,240	13,921		20,943	1,048		
8. Laundry Service							
a. Supervisor							
b. Other Laundry Workers							
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	418,604	7,414					
b. RN							
1. Direct Care	1,308,303	32,958	RN				
2. Administrative**	190,174	4,244	NUMD				
c. LPN							
1. Direct Care	3,277,537	101,803	LPN				
2. Administrative**			NLN1				
d. Aides and Attendants	3,838,465	199,903	PCA				
e. Physical Therapists			ACN1				
f. Speech Therapists			CNA				
g. Occupational Therapists							
h. Recreation Workers	338,605	17,819		25,486	1,341		
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	290,518	9,659		21,867	727		
n. Marketing							
o. Other (Specify)							
See Attached Schedule	162,011	8,183		12,194	616		
A-13. Total Salary Expenditures	10,953,672	424,999		144,560	5,922		

* 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)

State of Connecticut

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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor				License No. 2321-C		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										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor				2321-C		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***										
Marian Gaudioso	182,106		13,707		Management of Center	2,160	2			
Section IV - Assistant Administrators										
Beard,Nicole Elizabeth	49,267		3,708		Assists in overseeing facility operations	2,000	3			

*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
	2321-C	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	22,200				
3. Pharmacist	27,930	698			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	677,417	11,290			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	61,802	192			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	30,788	581			
b. Other					
10. Occupational Therapist					
a. Resident Care	165,135	3,058			
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	30,778				
B-13 Total Fees Paid in Lieu of Salaries	1,016,050	15,819			

* 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*

* 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
		9/30/2020		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	540,023	534,623		5,400
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	117,353	116,179		1,174
4. Social Security (F.I.C.A.)	\$	812,292	804,169		8,123
5. Health Insurance	\$	1,220,770	1,208,562		12,208
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	485,482	480,627		4,855
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$	20,825	20,617		208
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	216,232	201,096		15,136
d. Accounting and Auditing	\$				
e. Legal (<i>Services should be fully described on Page 7</i>)	\$	177	165		12
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	27,057	25,163		1,894
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	25,870	24,059		1,811
2. Cellular Phones	\$	3,810	3,543		267
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 (Specify) See Attached Schedule	\$	867	806		61
3. Resident Day User Fee	\$	1,137,940	1,137,940		
Subtotal	\$	4,608,698	4,557,549		51,149

* 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

Description	CCNH	RHNS	(Specify)
Union Health & Welfare	\$ 43	\$ -	\$ 0
Union Health & Welfare	\$ 9,255	\$ -	\$ 93
Union Health & Welfare	\$ 10,920	\$ -	\$ 110
Benefit Allocations	\$ 399	\$ -	\$ 4
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total	\$ 20,617	\$ -	\$ 208

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales Tax	\$ 806	\$ -	\$ 61
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total	\$ 806	\$ -	\$ 61

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2020		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	4,608,698	4,557,549		51,149
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	5,708	5,308		400
5. Education Expenses Related to Seminars and Conventions	\$				
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	12,101	11,254		847
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	\$	8,344	7,760		584
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	31,413	29,214		2,199
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	339	315		24
10. Contributions*** See Attached Schedule	\$	3,055	2,841		214
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	10,842	10,083		759
12. Administrative Management Services**	\$	1,291,505	1,201,100		90,405
13. Other (<i>Specify</i>) See Attached Schedule	\$	95,906	89,192		6,713
<i>C-14 Total Administrative & General Expenditures</i>	\$	6,067,911	5,914,617		153,294

* 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)
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 1,970	\$ -	\$ 148
Marketing Expense	\$ 5,093	\$ -	\$ 383
Marketing Expense	\$ (317)	\$ -	\$ (24)
Marketing Exp- Corporate Spend	\$ 4,507	\$ -	\$ 339
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Other Advertising	\$ 11,254	\$ -	\$ 847

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses and Certification fee	\$ 29,214	\$ -	\$ 2,199
Total Dues	\$ 29,214	\$ -	\$ 2,199

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Political Contributions	\$ 2,841	\$ -	\$ 214
Total Contributions	\$ 2,841	\$ -	\$ 214

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 6,519	\$ -	\$ 491
Collection Fees	\$ 60,545	\$ -	\$ 4,557
Education Expense	\$ 2	\$ -	\$ 0
Employee Physicals	\$ 9,305	\$ -	\$ 700
Employee Relations	\$ 4,680	\$ -	\$ 352
Printing	\$ 271	\$ -	\$ 20
Training Expense	\$ 262	\$ -	\$ 20
Uniforms	\$ 95	\$ -	\$ 7
Fines & Penalties	\$ -	\$ -	\$ -
Miscellaneous	\$ 4	\$ -	\$ 0
Rental Expense	\$ 167	\$ -	\$ 13
Accrued Expense Estimation	\$ (4,467)	\$ -	\$ (336)
State Tax Annual Report Filing	\$ 298	\$ -	\$ 22
Landlord Operating Taxes	\$ 558	\$ -	\$ 42
Non-recurring Charges	\$ -	\$ -	\$ -
Interest Expense	\$ 7	\$ -	\$ 1
Foreign Recruitment Cost	\$ 10,625	\$ -	\$ 800
Recruiting Fees	\$ 321	\$ -	\$ 24
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Other Administrative and General	\$ 89,192	\$ -	\$ 6,713

Schedule C-1 - Management Services*

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's N	License No. 2321-C	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 #
Genesis Administrative Services LLC, 101 East St., Kennett Square, PA 19348	1,118,079	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

*** 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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2020		Page 18 of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 427,866	397,915		29,951
2. Non-Food Supplies	\$ 69,336	64,482		4,854
3. Other (Specify) _____	\$ 2,107	1,960		147
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 1,893,344	1,760,810		132,534
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 2,392,653	2,225,167		167,486
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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2020		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. \$	13,013	12,102		911
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. \$	14,052	13,068		984
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	595,567	553,877		41,690
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	622,632	579,047		43,585
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.	\$ 25,336	23,562		1,774
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.	\$ 953,674	886,917		66,757
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	979,010	910,479		68,531
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	227,582	227,582		
b. Medicine Cabinet Drugs	\$	23,074	23,074		
c. Medical and Therapeutic Supplies	\$	246,768	246,768		
d. Ambulance/Limousine***	\$	179	179		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	9,043	9,043		
f. X-rays and Related Radiological Procedures***	\$	18,359	18,359		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	57,006	57,006		
i. Recreation	\$	44,680	41,552		3,128
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	163,290	151,860		11,430
5M. Total Resident Care Expenditures (5a - 5j)	\$	789,981	775,423		14,558

* 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)
Incontinency	\$ 105,979	\$ -	\$ 7,977
Advertising-Help Wanted	\$ 3,276	\$ -	\$ 247
Education Expense	\$ 823	\$ -	\$ 62
Meetings & Seminars	\$ -	\$ -	\$ -
Supplies	\$ 902	\$ -	\$ 68
Supplies	\$ 18,879	\$ -	\$ 1,421
Supplies	\$ 649	\$ -	\$ 49
Office Supplies	\$ 1,218	\$ -	\$ 92
Office Supplies	\$ -	\$ -	\$ -
Supplies	\$ 65	\$ -	\$ 5
Rental Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 8,053	\$ -	\$ 606
Consolidated Billing	\$ 11,461	\$ -	\$ 863
Books, Dues & Subscriptions	\$ 58	\$ -	\$ 4
Tuition Reimbursement	\$ -	\$ -	\$ -
Office Supplies	\$ 31	\$ -	\$ 2
Licenses & Certifications	\$ -	\$ -	\$ -
Incontinency - Rebates	\$ (343)	\$ -	\$ (26)
Tuition Reimbursement	\$ (614)	\$ -	\$ (46)
Training Expense	\$ 1,395	\$ -	\$ 105
T&E-Lodging/Transportation	\$ 28	\$ -	\$ 2
	0	\$ -	\$ -
	0	\$ -	\$ -
Total Other Resident Care	\$ 151,860	\$ -	\$ 11,430

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		Page	of
		9/30/2020		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 531,240	494,053			37,187
b. Heat	\$ 196,072	182,347			13,725
c. Light & Power	\$ 297,070	276,275			20,795
d. Water	\$ 388,631	361,427			27,204
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$				
f. Other (<i>itemize</i>)	\$				
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 1,413,013	1,314,102			98,911
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 18,639	17,334			1,305
c. Non-Movable Equipment	\$ 1,051	977			74
d. Movable Equipment	\$ 16,692	15,524			1,168
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 36,382	33,835			2,547
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	\$ 867,440	806,719			60,721
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 235,158	218,697			16,461
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,138,980	1,059,251			79,729

* 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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/0/1900		1/0/1900	\$ -	\$ -
1/0/1900		1/0/1900	\$ -	\$ -
1/0/1900		1/0/1900	\$ -	\$ -
1/0/1900		1/0/1900	\$ -	\$ -
1/0/1900		1/0/1900	\$ -	\$ -
1/0/1900		1/0/1900	\$ -	\$ -
Total additions for Land Improvements		\$ -		\$ -
Deletions:				
1/0/1900		1/0/1900	\$ -	\$ -
Total deletions for Land Improvements		\$ -		\$ -

²⁶Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

* Ties to Page 23, Line B3
**Ties to Page 23, Line B2

Page 25, Exhibit D

Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
1/31/2020	replaced Heat Exchanger w/ new for office	\$ 14,038	08 11	\$ 1,050
1/1/1990		1/0/1900 \$ -	- \$ -	\$ -
1/1/1990		1/0/1900 \$ -	- \$ -	\$ -
1/1/1990		1/0/1900 \$ -	- \$ -	\$ -
1/1/1990		1/0/1900 \$ -	- \$ -	\$ -
1/1/1990		1/0/1900 \$ -	- \$ -	\$ -
Total additions for Non-Movable Equipment				\$ 14,038
Deletions:				
1/0/1900		1/0/1900 \$ -	- \$ -	\$ -
Total deletions for Non-Movable Equipment				\$ -
Total to Page 33 Line C3				

**Ties to Page 23, Line C2

-- Tie to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

**Ties to Page 23, Line D2b

Schedule of Household Imp-

Acquisition Date **Description of Item**

Account	Description of Item	Cost	Ex.	Description
Additions:				
Total additions for Leashold Improvement		\$ -		\$ -
Deletions:				
Total deletions for Leashold Improvement		\$ -		\$ -
*Ties to Page 24, Line C3				

**Ties to Page 24, Line C3

Amortization Schedule*

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			License No. 2321-C		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 HBR Trumbull, LLC -d/b/a: St. Joseph	License No. 2321-C	Report for Year Ended 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	292				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased		Date of Lease	Term of Lease	Annual Amount of Lease
GMF-CT	Facility Lease		7/1/2019-12/31	10 years	806,719
650 Madison Avenue New York, NY 10022					

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 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	License No.	Report for Year Ended 9/30/2020			Page	of
					27	37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$				
14. Insurance						
a. Insurance on Property (buildings only)	\$	58,008	53,947			4,061
b. Insurance on Automobiles	\$					
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)	\$	493,435	458,895			34,540
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$					
14d. Total Insurance Expenditures (14a + b + c)	\$	551,443	512,842			38,601
15. Total All Expenditures (A-13 thru C-14)	\$	26,069,905	25,260,649			809,256

D. Adjustments to Statement of Expenditures

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor				License No. 2321-C	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.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 63,233	58,807		4,426
Page 13 - Professional Fees							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 900,343	900,343		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 216,232	201,096		15,136
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.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 12,101	11,254		847
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 3,055	2,841		214
21.			Unallowable Management Fees	\$ 173,426	161,287		12,139
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 87,524	83,031		4,493
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)				\$ 1,455,914	1,418,658		37,256

* 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	2	Administrator's salary disallowed	\$ 58,807	\$ -	\$ 4,426
10	a12o		0	\$ -	\$ -
10	a12o		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
Total Other Salaries Adjustment			\$ 58,807	\$ -	\$ 4,426

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 172,392	\$ -	\$ -
13	5	Rehabilitation Services	\$ 505,025	\$ -	\$ -
13	9	Speech Therapist	\$ 30,788	\$ -	\$ -
13	10	Occupational Therapist	\$ 165,135	\$ -	\$ -
13	12	Other	\$ 3,510	\$ -	\$ -
13	12	Other	\$ 11,170	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ 12,322	\$ -	\$ -
Total Other Fees Adjustments			\$ 900,343	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-8a	1020630310	\$ -	\$ -	\$ -
16	m-13	1020630120	\$ 60,545	\$ -	\$ 4,557
16	m-13	1020660990	\$ (4,467)	\$ -	\$ (336)
16	m-13	7010800030	\$ -	\$ -	\$ -
16	m-13	1020640080	\$ -	\$ -	\$ -
0	0		0	\$ -	\$ -
15	1a3		0	\$ -	\$ -
15	1a4		0	\$ -	\$ -
15	1-a-1	adj workers comp	\$ 26,953	\$ -	\$ 272
Total Other A&G Adjustments			\$ 83,031	\$ -	\$ 4,493

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			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.	2321-C	9/30/2020		29 37	
Item Description				Total Amount of Decrease	CCNH	RHNS	(Specify)
		Subtotals Brought Forward		\$ 1,455,914	1,418,658		37,256
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 227,582	227,582		
28.	20	5-d	Ambulance/Limousine	\$ 179	179		
29.	20	5-f	X-rays, etc	\$ 18,359	18,359		
30.	20	5-h	Laboratory	\$ 57,006	57,006		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 9,043	9,043		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 41,282	41,282		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation				
			See Attached Schedule	\$ (300,792)	(300,792)		
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	\$ 22,080	22,080		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 30,494	28,360		2,135
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 339,972	316,174		23,798
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)			\$ 1,901,119	1,837,931		63,189

*** 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

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
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)		\$ (36,489,624)	(35,030,039)			(1,459,585)
b. Medicaid Room and Board Contractual Allowance **		\$ 18,423,434	17,686,497			736,937
2. a. Medicaid (<i>All other states</i>)		\$				
b. Other States Room and Board Contractual Allowance **		\$				
3. a. Medicare Residents (<i>all inclusive</i>)		\$ (2,032,638)	(2,032,638)			
b. Medicare Room and Board Contractual Allowance **		\$ 213,352	213,352			
4. a. Private-Pay Residents and Other		\$ (4,162,863)	(4,162,863)			
b. Private-Pay Room and Board Contractual Allowance **		\$ 962,975	962,975			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare		\$ (102,765)	(102,765)			
b. Prescription Drugs - Medicare Contractual Allowance **		\$ 10,787	10,787			
c. Prescription Drugs - Non-Medicare		\$ (137,021)	(127,430)			(9,591)
d. Prescription Drugs - Non-Medicare Contractual Allowance **		\$ 37,837	35,188			2,649
2. a. Medical Supplies - Medicare		\$ (57)	(57)			
b. Medical Supplies - Medicare Contractual Allowance **		\$ 6	6			
c. Medical Supplies - Non-Medicare		\$ (235)	(219)			(16)
d. Medical Supplies - Non-Medicare Contractual Allowance **		\$ 116	108			8
3. a. Physical Therapy - Medicare		\$ (364,836)	(364,836)			
b. Physical Therapy - Medicare Contractual Allowance **		\$ 38,294	38,294			
c. Physical Therapy - Non-Medicare		\$ (390,633)	(363,289)			(27,344)
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$ 113,394	105,456			7,938
4. a. Speech Therapy - Medicare		\$ (119,918)	(119,918)			
b. Speech Therapy - Medicare Contractual Allowance **		\$ 12,587	12,587			
c. Speech Therapy - Non-Medicare		\$ (115,820)	(107,713)			(8,107)
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$ 38,402	35,714			2,688
5. a. Occupational Therapy - Medicare		\$ (553,314)	(553,314)			
b. Occupational Therapy - Medicare Contractual Allowance **		\$ 58,078	58,078			
c. Occupational Therapy - Non-Medicare		\$ (498,466)	(463,573)			(34,893)
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$ 149,614	139,141			10,473
6. a. Other (<i>Specify</i>) - Medicare		\$ (62,340)	(57,977)			(4,364)
b. Other (<i>Specify</i>) - Non-Medicare		\$ (373,166)	(347,045)			(26,122)
III. Total Resident Revenue (Section I. thru Section II.)		\$ (25,344,821)	(24,535,492)			(809,328)
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		\$ (16,419)	(15,270)			(1,149)
5. Interest Income (<i>Specify</i>)		\$ (3,990)	(3,990)			
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift shops		\$ (12,871)	(11,970)			(901)
8. Other (<i>Specify</i>)		\$ (1,322,768)	(1,322,768)			
V. Total Other Revenue (1 thru 8)		\$ (1,356,048)	(1,353,998)			(2,050)
VI. Total All Revenue (III +V)		\$ (26,700,869)	(25,889,491)			(811,378)

* 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)
II-6-a	Medicare	X-Ray	\$ (9,967)	\$ - S (750)
II-6-a	Medicare	Laboratory	\$ (25,066)	\$ - S (1,887)
II-6-a	Medicare	Respiratory Ther	\$ (2,121)	\$ - S (160)
II-6-a	Medicare	Nursing Treatment	\$ -	\$ - S -
II-6-a	Medicare	Audiology	\$ -	\$ - S -
II-6-a	Medicare	Incontinency	\$ -	\$ - S -
II-6-a	Medicare	Oxygen & Suppli	\$ -	\$ - S -
II-6-a	Medicare	Physician Visit	\$ (285)	\$ - S (21)
II-6-a	Medicare	Ambulance	\$ (12,129)	\$ - S (913)
II-6-a	Medicare	Flu Shot	\$ (15,208)	\$ - S (1,145)
II-6-a	Medicare	Capitation Contral	\$ -	\$ - S -
II-6-a	Medicare	Radiology Service	\$ -	\$ - S -
II-6-a	Medicare	Outpatient Ther	\$ -	\$ - S -
II-6-a	Medicare	Case Management	\$ -	\$ - S -
II-6-a	Contractuals-Medicare	X-Ray	\$ 1,046	\$ - S 79
II-6-a	Contractuals-Medicare	Laboratory	\$ 2,633	\$ - S 198
II-6-a	Contractuals-Medicare	Respiratory Ther	\$ 223	\$ - S 17
II-6-a	Contractuals-Medicare	Nursing Treatment	\$ -	\$ - S -
II-6-a	Contractuals-Medicare	Audiology	\$ -	\$ - S -
II-6-a	Contractuals-Medicare	Incontinency	\$ -	\$ - S -
II-6-a	Contractuals-Medicare	Oxygen & Suppli	\$ -	\$ - S -
II-6-a	Contractuals-Medicare	Physician Visit	\$ 30	\$ - S 2
II-6-a	Contractuals-Medicare	Ambulance	\$ 1,273	\$ - S 96
II-6-a	Contractuals-Medicare	Flu Shot	\$ 1,596	\$ - S 120
II-6-a	Contractuals-Medicare	Capitation Contral	\$ -	\$ - S -
II-6-a	Contractuals-Medicare	Radiology Service	\$ -	\$ - S -
II-6-a	Contractuals-Medicare	Outpatient Ther	\$ -	\$ - S -
II-6-a	Contractuals-Medicare	Case Management	\$ -	\$ - S -
Total Other Resident Revenue - Medicare				
\$ (57,977) \$ - S (4,364)				

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	\$ (145)	\$ - S (11)
II-6-b	Medicaid	Laboratory	\$ 432	\$ - S 33
II-6-b	Medicaid	Respiratory Ther	\$ (3,239)	\$ - S (244)
II-6-b	Medicaid	Nursing Treatment	\$ -	\$ - S -
II-6-b	Medicaid	Audiology	\$ -	\$ - S -
II-6-b	Medicaid	Incontinency	\$ -	\$ - S -
II-6-b	Medicaid	Oxygen & Suppli	\$ -	\$ - S -
II-6-b	Medicaid	Physician Visit	\$ -	\$ - S -
II-6-b	Medicaid	Ambulance	\$ -	\$ - S -
II-6-b	Medicaid	Flu Shot	\$ -	\$ - S -
II-6-b	Medicaid	Capitation Contral	\$ -	\$ - S -
II-6-b	Medicaid	Radiology Service	\$ -	\$ - S -
II-6-b	Medicaid	Outpatient Ther	\$ -	\$ - S -
II-6-b	Medicaid	Case Management	\$ -	\$ - S -
II-6-b	Contractuals-Medicaid	X-Ray	\$ 73	\$ - S 6
II-6-b	Contractuals-Medicaid	Laboratory	\$ (218)	\$ - S (16)
II-6-b	Contractuals-Medicaid	Respiratory Ther	\$ 1,636	\$ - S 123
II-6-b	Contractuals-Medicaid	Nursing Treatment	\$ -	\$ - S -
II-6-b	Contractuals-Medicaid	Audiology	\$ -	\$ - S -
II-6-b	Contractuals-Medicaid	Incontinency	\$ -	\$ - S -
II-6-b	Contractuals-Medicaid	Oxygen & Suppli	\$ -	\$ - S -
II-6-b	Contractuals-Medicaid	Physician Visit	\$ -	\$ - S -
II-6-b	Contractuals-Medicaid	Ambulance	\$ -	\$ - S -
II-6-b	Contractuals-Medicaid	Flu Shot	\$ -	\$ - S -
II-6-b	Contractuals-Medicaid	Capitation Contral	\$ -	\$ - S -
II-6-b	Contractuals-Medicaid	Radiology Service	\$ -	\$ - S -
II-6-b	Contractuals-Medicaid	Outpatient Ther	\$ -	\$ - S -
II-6-b	Contractuals-Medicaid	Case Management	\$ -	\$ - S -
II-6-b	Contractuals-Medicaid	Daycare	\$ -	\$ - S -
II-6-b	Private insurance, other	X-Ray	\$ (6,799)	\$ - S (512)
II-6-b	Private insurance, other	Laboratory	\$ (30,806)	\$ - S (2,319)
II-6-b	Private insurance, other	Respiratory Ther	\$ (1,828)	\$ - S (138)
II-6-b	Private insurance, other	Nursing Treatment	\$ -	\$ - S -
II-6-b	Private insurance, other	Audiology	\$ -	\$ - S -
II-6-b	Private insurance, other	Incontinency	\$ -	\$ - S -
II-6-b	Private insurance, other	Oxygen & Suppli	\$ -	\$ - S -
II-6-b	Private insurance, other	Physician Visit	\$ -	\$ - S -
II-6-b	Private insurance, other	Ambulance	\$ (3,281)	\$ - S (247)
II-6-b	Private insurance, other	Flu Shot	\$ -	\$ - S -
II-6-b	Private insurance, other	Capitation Contral	\$ (406,869)	\$ - S (30,625)
II-6-b	Private insurance, other	Radiology Service	\$ -	\$ - S -
II-6-b	Private insurance, other	Outpatient Ther	\$ -	\$ - S -
II-6-b	Private insurance, other	Daycare	\$ -	\$ - S -
II-6-b	Contractuals-Non-Medicaid	X-Ray	\$ 1,573	\$ - S 118
II-6-b	Contractuals-Non-Medicaid	Laboratory	\$ 7,126	\$ - S 536
II-6-b	Contractuals-Non-Medicaid	Respiratory Ther	\$ 423	\$ - S 32
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment	\$ -	\$ - S -
II-6-b	Contractuals-Non-Medicaid	Audiology	\$ -	\$ - S -
II-6-b	Contractuals-Non-Medicaid	Incontinency	\$ -	\$ - S -
II-6-b	Contractuals-Non-Medicaid	Oxygen & Suppli	\$ -	\$ - S -
II-6-b	Contractuals-Non-Medicaid	Physician Visit	\$ -	\$ - S -
II-6-b	Contractuals-Non-Medicaid	Ambulance	\$ 759	\$ - S 57
II-6-b	Contractuals-Non-Medicaid	Flu Shot	\$ -	\$ - S -
II-6-b	Contractuals-Non-Medicaid	Capitation Contral	\$ 94,119	\$ - S 7,084
II-6-b	Contractuals-Non-Medicaid	Radiology Service	\$ -	\$ - S -
II-6-b	Contractuals-Non-Medicaid	Outpatient Ther	\$ -	\$ - S -
II-6-b	Contractuals-Non-Medicaid	Daycare	\$ -	\$ - S -
Total Other Resident Revenue				
\$ (347,045) \$ - S (26,122)				

Interest Income

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest on Overdue Accts	Interest	\$ (3,990)	\$ - S -	
Total Interest Income		\$ (3,990)	\$ - S -		

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	Federal Stimulus 1	0	\$ (147,600)	\$ - S -
IV-8	Federal Stimulus 2	0	\$ (381,483)	\$ - S -
IV-8	Federal Stimulus 3	0	\$ (725,000)	\$ - S -
IV-8	Reental Fee	0	\$ (45,176)	\$ - S -
IV-8	ABD Document Support GL 600506-3090	0	\$ (116)	\$ - S -
IV-8	Rehab settlement	0	\$ (600)	\$ - S -
IV-8	RehabCare Settlement Administrator	0	\$ (398)	\$ - S -
IV-8		0	\$ (40)	\$ - S -
IV-8		0	\$ (20)	\$ - S -
IV-8	Instamed Test Payment EFT - Cap One 0730	0	\$ (0)	\$ - S -
IV-8	Aging and Disability Services	0	\$ (20)	\$ - S -
IV-8	Rehab Screen	0	\$ (1,560)	\$ - S -
IV-8	Record Corp Deposits for September 2020-University of Pittsburgh CK326	0	\$ (10,750)	\$ - S -
Total Other Revenue				
\$ (1,322,768) \$ - S -				

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's	2321-C	9/30/2020	31	37
Account				Amount
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 12,461	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,757,618	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ (737,486)	
4. Inventories			\$ 132,246	
5. Prepaid Expenses			\$ 23,524	
a. _____				
b. _____				
c. _____				
d. See Schedule		23,524		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 1,188,364	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	220,234	\$	195,940
	Accum. Depreciation	24,294 Net		
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost	14,038	\$	12,988
	Accum. Depreciation	1,050 Net		
6. Movable Equipment	*Historical Cost	128,091	\$	110,325
	Accum. Depreciation	17,766 Net		
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
PPE CIP				
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 319,253	

* 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	
30	A5	Prepaid Expenses	\$ 14,646
30	A5	Prepaid Prop Taxes	\$ 4,092
30	A5	Prepaid Personal Property Tax	\$ 4,786
30	A5		
Total Prepaid Expenses			\$ 23,524

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	
32	D7	Elimination Intercompany	\$ 15,957,236
32	D7	I/C Due to/Due From GHCLLC	\$ 163,047,819
		I/C Due to/Due From GHCLLC PR	\$ (115,312,331)
		I/C Due to/Due From GHCLLC A/P	\$ (56,682,172)
		I/C Due to/Due From GHCLLC EX	\$ 1,174
		I/C Due to/Due From GHCLLC AR	\$ (7,396,504)
		I/C Due to/Due From GHCLLC IN	\$ (347,987)
Total Other Assets			\$ (732,765)

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	
33	A12	A/R Credit Gross Up Liability	\$ 111,497
33	A12	Accrued Provider/Bed Tax	\$ 237,547
33	A12	Accr Gross Rec Tax-FY11	\$ 2,640
33	A12	Accr Gross Rec Tax-FY12	\$ 2,400
33	A12	Accr Gross Rec Tax-FY13	\$ 2,400
33	A12	Accr Gross Rec Tax-FY14	\$ 2,400
33	A12	Accr Gross Rec Tax-FY15	\$ 2,400
33	A12	Accr Gross Rec Tax-FY16	\$ 2,400
33	A12	Accr Gross Rec Tax-FY17	\$ 2,400
33	A12	Accr Gross Rec Tax-FY18	4800
33	A12	Accr Sales and Use Tax - FY18	282
Total Other Current Liabilities (Itemize)			\$ 371,166

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 HBR Trumbull, LLC -d/b/a: St. Joseph'	License No. 2321-C	Report for Year Ended 9/30/2020	Page 32	of 37
Account		Amount		
Total Brought Forward:			\$	1,507,616
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements	*Historical Cost Accum. Depreciation	Net	\$	
3. Buildings	*Historical Cost Accum. Depreciation	Net	\$	
4. Non-Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$	
5. Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$	
6. Motor Vehicles	*Historical Cost Accum. Depreciation	Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense	*Historical Cost Accum. Depreciation	Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	3,334,181
ROU Bldg Asset-Oper Lease	4,575,109			
AccumAmort-ROU Bldg OprLease	(508,162)			
See Schedule	(732,765)			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	3,334,181
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,841,797

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Mand	2321-C	9/30/2020	33	37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 745,020
2. Notes Payable (<i>itemize</i>)				\$
See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$
Name of Lender				
Purpose				
Amount				
Date Due				
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 523,491
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$ 3,389
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>)				\$ 1,665,200
Accr Exp Other				1,179 Accr Exp Suspense
Accr Exp Water and Sewer				6,220 Accr Exp Nursing Purch 831,681
Accr Exp Gas				9,974 Deferred Revenue 433,382
Accr Exp Electricity				11,598 See Schedule 371,166
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 2,937,100

* 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 HBR Trumbull, LLC -d/b/a: St. Joseph's Ma	License No. 2321-C	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount
Total Brought Forward:				2,937,100
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>)				\$ 4,172,329
LT Debt-Financing Obligation				4,170,601
Escheatable Funds				1,728
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 4,172,329
C. Total All Liabilities (Lines A-13 + B-5)				\$ 7,109,429

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph	License No. 2321-C	Report for Year Ended 9/30/2020	Page 35	of 37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (2,898,602)
6. Gain or Loss for Period	10/1/2019	thru	9/30/2020	\$ 630,970
7. Total Net Worth				\$ (2,267,631)
C. Total Reserves and Net Worth				\$ (2,267,631)
D. Total Liabilities, Reserves, and Net Worth				\$ 4,841,798

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's	2321-C	9/30/2020	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2019				\$ (2,898,597)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 26,700,871
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 26,069,905
D. Net Income or Deficit				\$ 630,966
E. Balance				\$ (2,267,631)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions				\$
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$
Name and Address (No., City, State, Zip)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)				\$
Purpose		Amount		
3. Total Deductions				\$
H. Balance at End of Period				\$ (2,267,631)