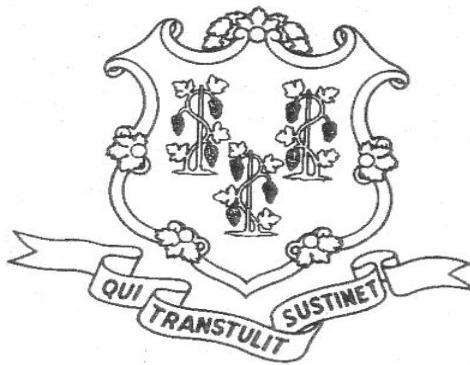


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Arden House Care and Rehabilitation Center					
Address (No. & Street, City, State, Zip Code) 850 Mix Avenue, Hamden, CT 06514					
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 10/1/2021		Report for Year Ending 9/30/2022			

License Numbers:	CCNH 2199-C	RHNS	(Specify)	Medicare Provider 07-5228
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 20371	RHNS	ICF-IID
----------------------------	---------------	------	---------

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) Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2022	Page 1	of 37
--	-----------------------	------------------------------------	-----------	----------

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 Arden House Care and Rehabilitation Center [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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) Lathrop,Christopher George		Printed Name (Owner) Diane Morris - VP Reimbursement		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public) Comm. Expires / /	
Address of Notary Public				

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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 Arden House Care and Rehabilitation Center	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 850 Mix Avenue, Hamden, CT 06514				
Report Prepared By Rick Fink	Phone Number 410-494-7657	Date 12/28/2022		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	7,503,268	7,503,268	
5. All other wages paid	\$	1,185,334	1,185,334	
6. Total Wages Paid	\$	8,688,602	8,688,602	
7. Total salaries paid	\$	466,401	466,401	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	9,155,003	9,155,003	

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
203-281-3500	9/30/2022	2	37
Name of Facility (as shown on license) Arden House Care and Rehabilitation Center		Address (No. & Street, City, State, Zip) 850 Mix Avenue, Hamden, CT 06514	
License Numbers: CCNH 2199-C	RHNS	(Specify)	Medicare Provider No. 07-5228
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 Lathrop,Christopher George			
		Nursing Home Administrator's License No.:	1988
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 Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2022		Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:					
Legal Name of Corporation		Business Address		State(s) in Which Incorporated	
Name of Directors, Officers		Business Address		Title	No. Shares Held by Each
See Attached					
Names of Stockholders Owning at Least 10% of Shares					
See Attached					

General Information and Questionnaire

Individual Proprietorship

Name of Facility Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2022	Page 3B	of 37
--	-----------------------	------------------------------------	------------	----------

If this facility is owned or operated as an individual proprietorship, provide the following information:

**Harborside Connecticut Limited Partnership
d/b/a Arden House
OWNERSHIP DISCLOSURE**

LICENSEE

Harborside Connecticut LP

FEIN: 06-1496629

Provider Location: Arden House, 850 Mix Avenue, Hamden CT 06514-2102

AGENT FOR SERVICE: Corporation Service Company, 50 Weston Street, Hartford CT 06120

Harborside Health I LLC 101 East State Street Kennett Square PA 19348 FEIN: 51-0304578	General Partner of: Harborside Connecticut LP
Harborside Healthcare Advisors, LP 101 East State Street Kennett Square PA 19348 FEIN: 04-2985690	100% Member of Harborside Health I, LLC
Harborside Healthcare LLC 101 East State Street Kennett Square PA 19348 FEIN: 04-3307188	99% Partner of: Harborside Healthcare Advisors, LP
KHI, LLC* 101 East State Street Kennett Square PA 19348	1% Partner of Harborside Healthcare Advisors LP
SunBridge Healthcare LLC 101 East State Street Kennett Square PA 19348 FEIN: 85-0370802	100% Member of Harborside Healthcare LLC
GHC Holdings LLC 101 East State Street Kennett Square PA 19348 FEIN: 26-0740682	100% Owner of SunBridge Healthcare LLC
100% Owned by Genesis Healthcare LLC	

Genesis HealthCare LLC

EIN: 27-3237296

101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations II, LLC (100%)

GEN Operations II, LLC

EIN: 27-3237225

101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations I, LLC

EIN: 27-3237090
101 East State Street
Kennett Square, PA 19348

Ownership

FC-GEN Operations Investment, LL

FC-GEN Operations Investment, LLC

EIN: 27-3237005
101 East State Street
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (approximately 64.0%)
Sundance Rehabilitation Holdco, Inc. (5.2%)
Other members (30.8%) who hold rights to income and losses but no rights as to control:

- Members that are disclosed herein as owners of Genesis Healthcare, Inc. (designated with an *); and
- Other members that do not trigger 5% ownership test

Sundance Rehabilitation Holdco, Inc.

EIN: 38-3954180
101 East State Street
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (100%)

Sun Healthcare Group, Inc.

EIN: 13-4230695
101 East State Street
Kennett Square, PA 19348

Ownership

Genesis Healthcare, Inc. (100%)

Genesis Healthcare, Inc.

(publicly traded company on the OTC Market)
(f/k/a Skilled Healthcare Group, Inc.)
EIN: 20-3934755
101 East State Street
Kennett Square, PA 19348

Ownership

HCCF Management Group XI, LLC* (approximately 11.0%)

ZAC Properties XI, LLC* (approximately 7.6%)

Welltower, Inc. (approximately 5.6%)
Others that do not trigger 5% ownership test

HCCF Management Group XI, LLC

EIN: 20-8751674
3820 Mansell Road
Suite 280
Alpharetta, GA 30022

Ownership

[Arnold M. Whitman\[1\]](#)
3820 Mansell Road
Suite 280
Alpharetta, GA 30022

ZAC Properties XI, LLC

EIN: 20-8794579
1617 JFK Boulevard
Suite 545
Philadelphia, PA 19103

Ownership

[Steven E. Fishman\[2\]](#)

1617 JFK Boulevard
Suite 545
Philadelphia, PA 19103
Other members that do not trigger 5% ownership test

Welltower Inc.

EIN: 34-1096634
4500 Dorr Street
Toledo, OH 43615

Ownership

(publicly traded company on the New York Stock Exchange) _____

[1] HCCF is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Whitman may

[2] ZAC Properties is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Fishman

General Information and Questionnaire

Related Parties*

Name of Facility Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2022	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	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Home Office	Pg 16/m12	#VALUE!	#VALUE!
Genesis ElderCare Rehabilitation Services GRS	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	74%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	792,447	792,447
		<input type="radio"/>	<input checked="" type="radio"/>					
Genesis ElderCare Physician Services GPS_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12		
Career Staffing Carstaff_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	86%	Nursing Agency/ Temporary Services	Pg 13/B11 pg 10-12, 15	535,112	528,468
Respiratory Health Services NCRHS C	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	61%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	20,769	20,769
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	231,684	231,684
		<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 Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2022	Page 5	of 37
--	-----------------------	------------------------------------	-----------	----------

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

1. In the preparation of this Report, were all costs allocated as required? 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 Arden House Care and Rehabilitation	License No. 2199-C	Report for Year Ended 9/30/2022	Page 7	of 37
---	-----------------------	------------------------------------	-----------	----------

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?

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 American Arbitration Association	972-702-8222
2 Timothy S Wall State Marshall	
3 WF-Harborside Connecticut LP	
4	
5	

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

1 13727 Noel Road St 700 Dallas, TX 75240
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	for the work of Union Grievance	\$
2	Marshall Fee	\$ 1,470
3	Probate court fee for the conservatorship	\$ 5,848
4		\$
5		\$
		Charge for Services Provided
		\$ 7,318

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 Arden House Care and Rehabilitation Center			License No. 2199-C			Report for Year Ended 9/30/2022				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					360	360						
A. On last day of PREVIOUS report period	360	360										
B. On last day of THIS report period	271	271							271	271		
2. Number of Residents					197	197						
A. As of midnight of PREVIOUS report period	197	197										
B. As of midnight of THIS report period	217	217							217	217		
3. Total Number of Days Care Provided During Period					2,095	2,095			851	851		
A. Medicare	2,946	2,946										
B. Medicaid (Conn.)	62,282	62,282			46,180	46,180			16,102	16,102		
C. Medicaid (other states)												
D. Private Pay	3,283	3,283			2,371	2,371			912	912		
E. State SSI for RCH												
F. Other (Specify)	6,102	6,102			4,430	4,430			1,672	1,672		
G. Total Care Days During Period (3A thru F)	74,613	74,613			55,076	55,076			19,537	19,537		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	74,613	74,613			55,076	55,076			19,537	19,537		

Schedule of Resident Statistics (Cont'd)

Name of Facility Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2022	Page 9	of 37
--	-----------------------	------------------------------------	-----------	----------

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)					
2/1/2022	X			89						271				

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)
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	15	156		46				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	711.39	263.00		487.80				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	TOTAL	CCNH	RHNS	(Specify)
	1,302	1,302		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	2,477	2,477		
C. Other	11,642	11,642		
D. Total Physical Therapy Treatments	15,421	15,421		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	389	389	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments	674	674	
C. Other	1,539	1,539	
D. Total Speech Therapy Treatments	2,602	2,602	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	1,088	1,088	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments	2,205	2,205	
C. Other	10,666	10,666	
D. Total Occupational Therapy Treatments	13,959	13,959	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		2199-C	9/30/2022		10
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)	176,232	2,056			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	62,902	1,704			
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	452,885	15,634			
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	157,298	4,869			
b. Other Maintenance Workers	73,348	3,615			
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	227,268	3,766			
b. RN					
1. Direct Care	1,034,392	21,811			
2. Administrative**	160,871	3,082			
c. LPN					
1. Direct Care	2,370,398	67,116			
2. Administrative**					
d. Aides and Attendants	3,742,582	172,386			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	243,682	10,755			
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	258,120	8,823			
n. Marketing					
o. Other (Specify) See Attached Schedule	195,025	7,828			
<i>A-13. Total Salary Expenditures</i>	9,155,003	323,446			

* 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 Arden House Care and Rehabilitation Center			License No. 2199-C		Report for Year Ended 9/30/2022			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	
Arden House Care and Rehabilitation Center				2199-C		9/30/2022			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***										
Lathrop,Christopher George - 10/1/2021 - present	176,232				Management of Center	2,056	2			
-										
-										
Section IV - Assistant Administrators										
Jackson,Telisha Sheree - 1/5/2022-9/30/2022	55,916				Management of Center	1,528	3			
Serrano,Maria Ann 10/1/2021- 11/03/2021 - 10/1/2021- 11/03/2021	6,985				Management of Center	176	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
	2199-C	9/30/2022		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	60,513	414			
3. Pharmacist	34,155	697			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	388,840	5,327			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	45,720	242			
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	143,272	1,837			
b. Other					
10. Occupational Therapist					
a. Resident Care	372,338	5,101			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	92,272	1,539			
2. Administrative***					
b. LPN					
1. Direct Care	280,664	6,627			
2. Administrative***					
c. Aides	162,176	6,638			
d. Other					
12. Other (Specify)					
See Attached Schedule	49,007				
B-13 Total Fees Paid in Lieu of Salaries	1,628,957	28,422			

* 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
		9/30/2022		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	37,355	37,355		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	95,382	95,382		
4. Social Security (F.I.C.A.)	\$	677,139	677,139		
5. Health Insurance	\$	679,225	679,225		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	529,402	529,402		
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$	62,249	62,249		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	292,864	292,864		
d. Accounting and Auditing	\$				
e. Legal (<i>Services should be fully described on Page 7</i>)	\$	7,318	7,318		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$	26,700	26,700		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	15,358	15,358		
2. Cellular Phones	\$	2,302	2,302		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$	99	99		
3. Resident Day User Fee	\$	1,109,761	1,109,761		
Subtotal	\$	3,535,154	3,535,154		

* 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)
1020520020 Union Health & Welfare	\$ 969	\$ -	\$ -
3080520020 Union Health & Welfare	\$ 1,134	\$ -	\$ -
3210520020 Union Health & Welfare	\$ 1,516	\$ -	\$ -
3215520020 Union Health & Welfare	\$ 22,034	\$ -	\$ -
3225520020 Union Health & Welfare	\$ 35,712	\$ -	\$ -
5035520020 Union Health & Welfare	\$ 740	\$ -	\$ -
1020520060 Benefit Allocations	\$ 143	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total	\$ 62,249	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0 \$ -	\$ -	\$ -
	- \$ 99	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total	\$ 99	\$ -	\$ -

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

Name of Facility Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2022	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>	3,535,154	3,535,154		
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$	821	821	
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$	1,162	1,162	
5. Education Expenses Related to Seminars and Conventions	\$	864	864	
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	\$	29,840	29,840	
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	\$	7,621	7,621	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	14,760	14,760	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$	1,061	1,061	
10. Contributions*** See Attached Schedule	\$	350	350	
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	5,805	5,805	
12. Administrative Management Services**	\$	1,049,657	1,049,657	
13. Other (<i>Specify</i>) See Attached Schedule	\$	127,605	127,605	
<i>C-14 Total Administrative & General Expenditures</i>	\$	4,774,698	4,774,698	

* 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	\$ 22,956	\$ -	\$ -
Marketing Expense	\$ 1,437	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 5,424	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ -	\$ -	\$ -
Marketing Expense	\$ 22	\$ -	\$ -
	\$ -	\$ -	\$ -
Total Other Advertising	\$ 29,840	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 14,760	\$ -	\$ -
Dues to Chamber of Commerce	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Dues	\$ 14,760	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 350	\$ -	\$ -
Political Contributions	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Contributions	\$ 350	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 6,436	\$ -	\$ -
Collection Fees	\$ 35,414	self-disallowed	\$ -
Education Expense	\$ -	\$ -	\$ -
Employee Physicals	\$ 31,275	\$ -	\$ -
Employee Relations	\$ 5,861	\$ -	\$ -
Printing	\$ 191	\$ -	\$ -
Training Expense	\$ 239	\$ -	\$ -
Fines & Penalties	\$ (3,473)	self-disallowed	\$ -
Miscellaneous	\$ (1,337)	\$ -	\$ -
Rental Expense	\$ 6,598	\$ -	\$ -
Accrued Expense Estimation	\$ -	self-disallowed	\$ -
Landlord Operating Taxes	\$ -	\$ -	\$ -
State Tax Annual Report Filing	\$ -	\$ -	\$ -
Recruiting Fees	\$ 46,071	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Non-recurring Charges	\$ -	\$ -	\$ -
Interest Expense	\$ -	\$ -	\$ -
Uniforms	\$ -	\$ -	\$ -
Equipment Non-Capitalized	\$ 330	\$ -	\$ -
Rental Expense	\$ -	\$ -	\$ -
Total Other Administrative and General	\$ 127,605	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Arden House Care and Rehabilitation Cen	2199-C	9/30/2022	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	#VALUE!	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 Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2022		Page 18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 419,401	419,401		
2. Non-Food Supplies	\$ 64,105	64,105		
3. Other (Specify) _____	\$			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 1,958,705	1,958,705		
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 2,442,211	2,442,211		
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 Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2022		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. \$	15,206	15,206		
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. \$	-1,741	-1,741		
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	791,360	791,360		
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	804,825	804,825		
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 Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 24,731	24,731		
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.	\$ 1,181,273	1,181,273		
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	1,206,004	1,206,004		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	293,142	293,142		
b. Medicine Cabinet Drugs	\$	39,623	39,623		
c. Medical and Therapeutic Supplies	\$	252,561	252,561		
d. Ambulance/Limousine***	\$	9,127	9,127		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	628	628		
f. X-rays and Related Radiological Procedures***	\$	8,972	8,972		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	102,475	102,475		
i. Recreation	\$	36,013	36,013		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	162,997	162,997		
5M. Total Resident Care Expenditures (5a - 5j)	\$	905,538	905,538		

* 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	\$ 74,283	\$ -	\$ -
Advertising-Help Wanted	\$ (94)	\$ -	\$ -
Advertising-Help Wanted	\$ 18,931	\$ -	\$ -
Books, Dues & Subscriptions	\$ -	\$ -	\$ -
Education Expense	\$ 857	\$ -	\$ -
Supplies	\$ 319	\$ -	\$ -
Supplies	\$ 5,156	\$ -	\$ -
Supplies	\$ 38	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Training Expense	\$ 37,631	\$ -	\$ -
Rental Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 12,068	\$ -	\$ -
Consolidated Billing	\$ 13,700	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Miscellaneous	\$ -	\$ -	\$ -
Licenses & Certifications	\$ 110	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
Total Other Resident Care	\$ 162,997	\$ -	\$ -

Report of Expenditures

* 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 Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2022			Page 22 37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 624,825	624,825			
b. Heat	\$ 65,939	65,939			
c. Light & Power	\$ 203,734	203,734			
d. Water	\$ 173,089	173,089			
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)	\$ 1,067,587	1,067,587			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 38,676	38,676			
b. Building & Building Improvements	\$ 17,179	17,179			
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 22,654	22,654			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 78,509	78,509			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,857,159	1,857,159			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 541,948	541,948			
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 2,477,616	2,477,616			

* 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:				
10/31/2021	New Walkway Paving	\$ 3,200	06 08	\$ 440
10/31/2021	Paving for Parking Lot, curbs, and line str	\$ 161,429	06 08	\$ 22,196
11/30/2021	New Concrete for Courtyard - Deposit	\$ 27,796	06 07	\$ 3,519
1/31/2022	New Curbing topsoil & Fence Line backfil	\$ 6,824	06 05	\$ 709
Total additions for Land Improvements		\$ 199,249		\$ 26,864 *
Deletions:				
10/1/2021	Reversed-September 2021 Accrual	\$ (3,200)		
10/1/2021	Reversed-September 2021 Accrual	\$ (161,429)		
Total deletions for Land Improvements		\$ (164,629)		\$ - **

*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:				
8/31/2022	Exhaust Fan & Duct Work for Dish Machi	\$ 7,490	05 10	\$ 107
9/30/2022	Fire Doors interior	\$ 23,254	05 09	\$ -
9/30/2022	Fire Doors exterior	\$ 12,882	05 09	\$ -
3/31/2022	New Flooring for Connector, Entry, & Staf	\$ 35,018	06 03	\$ 2,801
9/30/2022	Removal Of Drop Ceiling Track And Tiles	\$ 36,661	05 09	\$ -
Total additions for Building Improvements		\$ 115,305		\$ 2,908 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

Schedule of Movable Equipment Acquired during this report period

***Ties to Page 23, Line D2c**

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

***Ties to Page 24, Line C3**

****Ties to Page 24, Line C2**

Arden House Care and Rehabilitation Center
Depreciation Expense Report
As of September 30, 2022

1,604,227.58

Acct Desc	G/L Asset	Acct Desc Sys	Description	In Svc Date	Acquired Value	PT	Depr
57000	150080	Movable E 006789	Sun Valt	12/1/2012	118,970.00	P	SLM
57000	150088	Movable E 006790	Sun Valt	12/1/2012	89,090.00	P	SLM
57000	150110	Movable E 006791	Sun Valt	12/1/2012	36,700.00	P	SLM
57000	150130	Movable E 006792	Sun Valt	12/1/2012	4,900.00	A	SLM
57000	150085	Movable E 007045	LIFESA	1 ######	2,004.70	P	SLM
57000	150085	Movable E 007046	FURNIT	1 ######	11,866.15	P	SLM
57000	150080	Movable E 007350	19 in LE	5/31/2013	178.67	P	SLM
57000	150085	Movable E 007352	Cubelet i	5/31/2013	3,855.14	P	SLM
57000	150085	Movable E 007353	20 UCX	5/31/2013	27,675.18	P	SLM
57000	150087	Movable E 007475	Blower v	3/31/2013	1,617.58	P	SLM
57000	150087	Movable E 007476	Blower v	3/31/2013	3,540.39	P	SLM
57000	150100	Movable E 007480	16 Maes	6/30/2013	1,323.20	P	SLM
57000	150088	Movable E 007481	10 MAT	6/30/2013	48,285.03	P	SLM
57000	150085	Movable E 007482	4 Ndura,	6/30/2013	1,545.11	P	SLM
57000	150085	Movable E 007483	Vistra 4.	6/30/2013	398.76	P	SLM
57000	150085	Movable E 007484	2 Counte	6/30/2013	7,645.40	P	SLM
57000	150110	Movable E 007776	3 Comdi	8/31/2013	670.01	P	SLM
57000	150110	Movable E 007777	2 Comdi	8/31/2013	531.75	P	SLM
57000	150088	Movable E 007963	Mattress	1 ######	337.47	P	SLM
57000	150087	Movable E 007964	Wheelba	1 ######	495.93	P	SLM
57000	150087	Movable E 007965	Portable	1 ######	467.82	P	SLM
57000	150087	Movable E 007966	2 portabl	1 ######	935.65	P	SLM
57000	150087	Movable E 007967	Access h	1 ######	948.64	P	SLM
57000	150080	Movable E 007968	RCA 22i	1 ######	1,186.24	P	SLM
57000	150087	Movable E 008160	Value Li	1 ######	458.11	P	SLM
57000	150085	Movable E 008319	GE ches	1/31/2014	723.17	P	SLM
57000	150087	Movable E 008320	DEWAL	1/31/2014	355.03	P	SLM
57000	150088	Movable E 008414	6 MATT	2/28/2014	1,882.40	P	SLM
57000	150085	Movable E 008415	Double	2/28/2014	2,839.27	P	SLM
57000	150085	Movable E 008485	Omni Cy	3/31/2014	7,019.11	P	SLM
57000	150085	Movable E 008588	Big Blue	4/30/2014	461.68	P	SLM
57000	150088	Movable E 008589	2 MATT	4/30/2014	627.47	P	SLM
57000	150085	Movable E 008590	6 Tracer	4/30/2014	1,928.68	P	SLM
57000	150085	Movable E 008591	8 Tracer	4/30/2014	2,417.33	P	SLM
57000	150100	Movable E 008723	Credit C	5/31/2014	73.07	P	SLM
57000	150085	Movable E 008830	Lid Asse	6/30/2014	810.99	P	SLM

57000	150088	Movable E008831	25 MAT 6/30/2014	8,189.00	P	SLM
57000	150085	Movable E008832	11.00 cu 6/30/2014	507.28	P	SLM
57000	150080	Movable E008833	7 RCA 2 6/30/2014	1,913.18	P	SLM
57000	150085	Movable E009062	Direct C 9/30/2014	140.76	P	SLM
57000	150110	Movable E009407	Mobile I 1/31/2015	15.90	P	SLM
57000	150110	Movable E009408	1 HP Las 1/31/2015	445.05	P	SLM
57000	150110	Movable E009498	Licenses 2/28/2015	15.90	P	SLM
57000	150085	Movable E009501	UCXT B 3/31/2015	2,107.80	P	SLM
57000	150085	Movable E009502	Tracer S 3/31/2015	375.98	P	SLM
57000	150085	Movable E009521	Bin Shel 3/31/2015	484.32	P	SLM
57000	150085	Movable E009522	Bin Shel 3/31/2015	723.13	P	SLM
57000	150085	Movable E009523	Bin Shel 3/31/2015	920.79	P	SLM
57000	150085	Movable E009594	8 GEN C 4/30/2015	15,915.11	P	SLM
57000	150088	Movable E009595	12 MAT 4/30/2015	3,907.22	P	SLM
57000	150085	Movable E009629	Direct C 4/30/2015	158.93	P	SLM
57000	150100	Movable E009630	Destroy 4/30/2015	5,329.07	P	SLM
57000	150085	Movable E009631	Tracer S 4/30/2015	341.98	P	SLM
57000	150080	Movable E009833	10,000 B 7/31/2015	331.38	P	SLM
57000	150085	Movable E009834	Medical 7/31/2015	1,350.00	P	SLM
57000	150088	Movable E009835	10 MAT 7/31/2015	3,137.33	P	SLM
57000	150080	Movable E009836	Detecto 7/31/2015	1,057.09	P	SLM
57000	150080	Movable E009842	4 Attend 7/31/2015	8,595.70	P	SLM
57000	150080	Movable E009998	Haier 12 8/31/2015	465.81	P	SLM
57000	150085	Movable E009999	Direct C 8/31/2015	1,978.10	P	SLM
57000	150110	Movable E010220	1 HP Ofi #####	126.38	P	SLM
57000	150087	Movable E010351	Storage 1 #####	464.93	P	SLM
57000	150085	Movable E010431	Vertical 1/31/2016	6,375.69	P	SLM
57000	150088	Movable E010484	MATTR 2/29/2016	364.41	P	SLM
57000	150088	Movable E010485	MATTR 2/29/2016	364.41	P	SLM
57000	150087	Movable E010612	QEP bric 3/31/2016	314.33	P	SLM
57000	150087	Movable E010908	POU Wa 6/30/2016	563.28	P	SLM
57000	150088	Movable E010909	2 MATT 6/30/2016	627.47	P	SLM
57000	150088	Movable E010910	MATTR 6/30/2016	364.41	P	SLM
57000	150088	Movable E010911	MATTR 6/30/2016	364.41	P	SLM
57000	150088	Movable E010912	6 Derma 6/30/2016	13,446.56	P	SLM
57000	150085	Movable E010913	2 GEN C 6/30/2016	3,977.38	P	SLM
57000	150087	Movable E011141	Air Circ 8/31/2016	380.71	P	SLM
57000	150080	Movable E011142	Unimac 8/31/2016	16,369.12	P	SLM
57000	150085	Movable E011281	Counter #####	8,066.62	P	SLM
57000	150085	Movable E011282	3/8i Dori #####	184.42	P	SLM
57000	150110	Movable E011354	HP Lase 1 #####	430.71	P	SLM
57000	150110	Movable E011394	HP Lase 1 #####	430.71	P	SLM
57000	150085	Movable E011516	Electric 1/31/2017	1,379.81	P	SLM
57000	150080	Movable E011517	Attendar 1/31/2017	7,669.12	P	SLM
57000	150087	Movable E011555	Fellowes 1/31/2017	421.14	P	SLM

57000	150080	Movable E011613	2 Panace 2/28/2017	1,056.99	P	SLM
57000	150085	Movable E011614	2 Maxi F 2/28/2017	5,532.37	P	SLM
57000	150080	Movable E011615	Detecto 1 2/28/2017	2,046.15	P	SLM
57000	150085	Movable E011616	30 in LA 2/28/2017	1,110.29	P	SLM
57000	150087	Movable E011617	Natmar I 2/28/2017	1,022.01	P	SLM
57000	150080	Movable E011814	Dehumic 3/31/2017	397.94	P	SLM
57000	150085	Movable E011815	14 cu ft t 3/31/2017	600.88	P	SLM
57000	150088	Movable E011952	DermaFl 5/31/2017	2,625.25	P	SLM
57000	150085	Movable E011953	Counter 5/31/2017	4,250.21	P	SLM
57000	150080	Movable E012098	Dehumic 7/31/2017	301.27	P	SLM
57000	150088	Movable E012099	Instant C 7/31/2017	391.00	P	SLM
57000	150087	Movable E012414	Trade Ca #####	637.39	P	SLM
57000	150087	Movable E012596	Rolling C 2/28/2018	1,162.46	P	SLM
57000	150087	Movable E012722	ZOLL A 3/31/2018	1,385.72	P	SLM
57000	150085	Movable E012753	HTR boc 4/30/2018	4,020.74	P	SLM
57000	150087	Movable E012828	QEP 24 4/30/2018	316.15	P	SLM
57000	150080	Movable E012835	Mobile S 5/31/2018	551.94	P	SLM
57000	150110	Movable E012836	Waterprc 5/31/2018	977.26	P	SLM
57000	150080	Movable E012900	Welch A 5/31/2018	2,967.14	P	SLM
57000	150087	Movable E013005	POU Wa 6/30/2018	550.77	P	SLM
57000	150080	Movable E013077	Whirlpool 7/31/2018	623.25	P	SLM
57000	150087	Movable E013078	Chain Sa 7/31/2018	314.53	P	SLM
57000	150087	Movable E013081	Cordless 8/31/2018	477.51	P	SLM
57000	150087	Movable E013146	Wallpap 8/31/2018	928.11	P	SLM
57000	150080	Movable E013162	Washing 9/30/2018	16,154.46	P	SLM
57000	150088	Movable E013232	Promatt #####	2,195.53	P	SLM
57000	150087	Movable E013233	Cordless #####	791.74	P	SLM
57000	150088	Movable E013408	10 Visco #####	2,414.25	P	SLM
57000	150085	Movable E013490	24 Overl #####	1,939.31	P	SLM
57000	150088	Movable E013577	2 Visco 1/31/2019	5,069.93	P	SLM
57000	150087	Movable E013578	Heat Gui 1/31/2019	375.02	P	SLM
57000	150085	Movable E013581	2 Maxw 2/28/2019	3,052.97	P	SLM
57000	150085	Movable E013582	18 Maxv 2/28/2019	5,468.58	P	SLM
57000	150085	Movable E013663	Direct S 2/28/2019	2,246.37	P	SLM
57000	150085	Movable E013667	Maxwell 3/31/2019	1,264.93	P	SLM
57000	150110	Movable E013857	Model 7 4/30/2019	770.00	P	SLM
57000	150087	Movable E013858	Drain Cl 4/30/2019	699.55	P	SLM
57000	150085	Movable E013859	Hollywo 4/30/2019	345.07	P	SLM
57000	150088	Movable E013965	15 Mattr 5/31/2019	3,621.38	P	SLM
57000	150087	Movable E014054	Cut Off 6/30/2019	902.91	P	SLM
57000	150080	Movable E014055	2 Prosun 6/30/2019	518.31	P	SLM
57000	150050	Bldg Imp 014058	11 New 1 7/31/2019	11,242.49	R	SLM
57000	150080	Movable E014059	2 Prosun 7/31/2019	518.31	P	SLM
57000	150100	Movable E014060	ADA TI 7/31/2019	309.69	P	SLM
57000	150080	Movable E014237	Unimac 8/31/2019	16,729.90	P	SLM

57000	150117	Movable E014238	350' Cat	8/31/2019	531.75	P	SLM
57000	150075	Non Mova 014243	Replaced	8/31/2019	2,343.72	P	SLM
57000	150057	Bldg Imp 014246	Weatherj	9/30/2019	956.29	P	SLM
57000	150080	Movable E014340	8 Floor I	9/30/2019	48,267.39	P	SLM
57000	150025	Land Imp 014658	Replace	01/31/20	14,144.55	R	SLM
57000	150025	Land Imp 014659	Concrete	01/31/20	8,784.51	R	SLM
57000	150057	Bldg Imp 015289	New Ma	09/30/20	7,972.00	P	SLM
57000	150058	Bldg Imp 015229	New AO	08/31/20	10,000.00	P	SLM
57000	150075	Non Mova 014856	New Cor	03/31/20	11,618.74	P	SLM
57000	150080	Movable E015148	Prosume	07/31/20	280.87	P	SLM
57000	150080	Movable E015230	Welch A	08/31/20	2,332.82	P	SLM
57000	150085	Movable E014660	Booster	10/31/20	5,365.89	P	SLM
57000	150085	Movable E014765	24 - Ove	03/31/20	1,990.36	P	SLM
57000	150085	Movable E015143	2 - Ultra	06/30/20	3,983.15	P	SLM
57000	150087	Movable E015144	Lawn M	06/30/20	442.52	P	SLM
57000	150087	Movable E015290	Dewalt F	09/30/20	356.99	P	SLM
57000	150088	Movable E014944	10 - Pan	04/30/20	2,126.79	P	SLM
57000	150088	Movable E015147	3 - ProM	07/31/20	5,553.81	P	SLM
57000	150025	Land Imp 016037	New Pay	08/31/21	80,714.33	R	SLMN
57000	150057	Bldg Imp 015974	Deposit	06/30/21	28,225.75	P	SLMN
57000	150057	Bldg Imp 015975	New Flo	06/30/21	28,917.78	P	SLMN
57000	150058	Bldg Imp 015601	Final Ins	12/31/20	12,350.00	P	SLMN
57000	150080	Movable E015803	6 - Welc	03/31/21	14,274.04	P	SLMN
57000	150080	Movable E016035	Record S	07/31/21	769.00	P	SLMN
57000	150085	Movable E015447	1 - Two	11/30/20	1,599.48	P	SLMN
57000	150085	Movable E015718	20 - Ultr	03/31/21	37,382.13	P	SLMN
57000	150087	Movable E015605	Victory I	01/31/21	744.44	P	SLMN
57000	150088	Movable E015603	64 - Pan	01/31/21	13,611.44	P	SLMN
57000	150088	Movable E015665	56 - Pan	01/31/21	12,012.10	P	SLMN
57000	150088	Movable E015880	6 - ProM	05/31/21	10,597.12	P	SLMN
57000	150100	Movable E015666	40 - Log	02/28/21	6,805.55	P	SLMN
57000	150110	Movable E015604	HP Lase	01/31/21	477.41	P	SLMN
57000	150020	Land Imp	Septemb	9/30/2021	3,200.00	P	SLMN
57000	150025	Land Imp	Septemb	9/30/2021	161,428.66	P	SLMN
57000	150080	Movable E015803	6 - Welc	03/31/2021	14,274.04	P	SLMN
57000	150080	Movable E016035	Record S	07/31/2021	769.00	P	SLMN
57000	150085	Movable E015447	1 - Two	#####	1,599.48	P	SLMN
57000	150085	Movable E015718	20 - Ultr	03/31/2021	37,382.13	P	SLMN
57000	150087	Movable E015605	Victory I	01/31/2021	744.44	P	SLMN
57000	150088	Movable E015603	64 - Pan	01/31/2021	13,611.44	P	SLMN
57000	150088	Movable E015665	56 - Pan	01/31/2021	12,012.10	P	SLMN
57000	150088	Movable E015880	6 - ProM	05/31/2021	10,597.12	P	SLMN
57000	150100	Movable E015666	40 - Log	02/28/2021	6,805.55	P	SLMN
57000	150110	Movable E015604	HP Lase	01/31/2021	477.41	P	SLMN
57000	150087	Movable E015538	Genesis	9/30/2021	324.37	P	SLMN

57000	150020	Land Imp	016095	New Wa #####	3200	R	SLM
57000	150025	Land Imp	016096	Paving ft #####	161428.66	R	SLM
57000	150025	Land Imp	016114	New Coi #####	27796.17	R	SLM
57000	150025	Land Imp	016143	New Cui 1/31/2022	6824.48	R	SLM
57000	150050	Bldg Imp	016260	Exhaust 8/31/2022	7490	R	SLM
57000	150050	Bldg Imp	016283	Fire Doo 9/30/2022	23253.81	R	SLM
57000	150055	Bldg Imp	016284	Fire Doo 9/30/2022	12882.2	R	SLM
57000	150057	Bldg Imp	016181	New Flo 3/31/2022	35018.01	P	SLM
57000	150057	Bldg Imp	016285	Removal 9/30/2022	36660.68	P	SLM
57000	150080	Movable E	016187	4 - Hoye 4/30/2022	17049.98	P	SLM
57000	150085	Movable E	016224	ice mach 6/30/2022	4143.85	P	SLM
57000	150085	Movable E	016242	Robot C 7/31/2022	8914.21	P	SLM
57000	150085	Movable E	016243	Manitow 7/31/2022	4071.08	P	SLM

Sch 23 Total Deprn	78,508.93
Sch 29 total Deprn Adj	62,970.46
Total Deprn Expense	<u>141,479.39</u>

EstLife	Depreciable Basis	Prior Accum Depreciation 9/30/2021	587,982.94	141,479.39	729,462.33
			2022	Current YTD Depreciation	Current Accum Depreciation 9/30/2022
07 00	118,970.00	118,970.00	-	118,970.00	
03 00	89,090.00	89,090.00	-	89,090.00	
02 00	36,700.00	36,700.00	-	36,700.00	
04 00	4,900.00	4,900.00	-	4,900.00	
10 00	2,004.70	1,754.11	200.47	1,954.58	
10 00	11,866.15	10,382.92	1,186.62	11,569.54	
07 00	178.67	178.67	-	178.67	
10 00	3,855.14	3,212.59	385.51	3,598.10	
10 00	27,675.18	23,062.67	2,767.52	25,830.18	
05 00	1,617.58	1,617.58	-	1,617.58	
05 00	3,540.39	3,540.39	-	3,540.39	
10 00	1,323.20	1,091.64	132.32	1,223.96	
03 00	48,285.03	48,285.03	-	48,285.03	
10 00	1,545.11	1,274.71	154.51	1,429.22	
10 00	398.76	329.00	39.88	368.88	
10 00	7,645.40	6,307.46	764.54	7,072.00	
03 00	670.01	670.01	-	670.01	
03 00	531.75	531.75	-	531.75	
03 00	337.47	337.47	-	337.47	
05 00	495.93	495.93	-	495.93	
05 00	467.82	467.82	-	467.82	
05 00	935.65	935.65	-	935.65	
05 00	948.64	948.64	-	948.64	
07 00	1,186.24	1,186.24	-	1,186.24	
05 00	458.11	458.11	-	458.11	
10 00	723.17	554.44	72.32	626.76	
05 00	355.03	355.03	-	355.03	
03 00	1,882.40	1,882.40	-	1,882.40	
10 00	2,839.27	2,153.13	283.93	2,437.06	
10 00	7,019.11	5,264.32	701.91	5,966.23	
10 00	461.68	342.43	46.17	388.59	
03 00	627.47	627.47	-	627.47	
10 00	1,928.68	1,430.45	192.87	1,623.31	
10 00	2,417.33	1,792.85	241.73	2,034.58	
10 00	73.07	53.59	7.31	60.90	
10 00	810.99	587.98	81.10	669.08	

03 00	8,189.00	8,189.00	-	8,189.00
10 00	507.28	367.79	50.73	418.51
07 00	1,913.18	1,913.18	-	1,913.18
09 09	140.76	101.07	14.44	115.51
03 00	15.90	15.90	-	15.90
03 00	445.05	445.05	-	445.05
03 00	15.90	15.90	-	15.90
09 03	2,107.80	1,481.15	227.87	1,709.02
09 03	375.98	264.22	40.65	304.87
09 03	484.32	340.34	52.36	392.70
09 03	723.13	508.16	78.18	586.34
09 03	920.79	647.06	99.54	746.60
09 02	15,915.11	11,140.56	1,736.19	12,876.75
03 00	3,907.22	3,907.22	-	3,907.22
09 02	158.93	111.27	17.34	128.60
09 02	5,329.07	3,730.34	581.35	4,311.69
09 02	341.98	239.39	37.31	276.70
07 00	331.38	291.94	39.44	331.38
08 11	1,350.00	933.64	151.40	1,085.05
03 00	3,137.33	3,137.33	-	3,137.33
07 00	1,057.09	931.24	125.85	1,057.09
07 00	8,595.70	7,572.41	1,023.29	8,595.70
07 00	465.81	404.83	60.98	465.81
08 10	1,978.10	1,362.30	223.94	1,586.24
03 00	126.38	126.38	-	126.38
05 00	464.93	464.93	-	464.93
08 05	6,375.69	4,292.55	757.51	5,050.05
03 00	364.41	364.41	-	364.41
03 00	364.41	364.41	-	364.41
05 00	314.33	314.33	-	314.33
05 00	563.28	563.28	-	563.28
03 00	627.47	627.47	-	627.47
03 00	364.41	364.41	-	364.41
03 00	364.41	364.41	-	364.41
03 00	13,446.56	13,446.56	-	13,446.56
08 00	3,977.38	2,610.16	497.17	3,107.33
05 00	380.71	380.71	-	380.71
07 00	16,369.12	11,887.11	2,338.45	14,225.56
07 08	8,066.62	5,173.17	1,052.17	6,225.33
07 08	184.42	118.29	24.05	142.34
03 00	430.71	430.71	-	430.71
03 00	430.71	430.71	-	430.71
07 05	1,379.81	868.19	186.04	1,054.24
07 00	7,669.12	5,112.75	1,095.59	6,208.34
05 00	421.14	393.07	28.07	421.14

07 00	1,056.99	692.08	151.00	843.08
07 04	5,532.37	3,457.73	754.41	4,212.14
07 00	2,046.15	1,339.74	292.31	1,632.05
07 04	1,110.29	693.93	151.40	845.33
05 00	1,022.01	936.84	85.17	1,022.01
07 00	397.94	255.83	56.85	312.68
07 03	600.88	372.96	82.88	455.84
03 00	2,625.25	2,625.25	-	2,625.25
07 01	4,250.21	2,600.13	600.03	3,200.16
06 11	301.27	181.49	43.56	225.05
03 00	391.00	391.00	-	391.00
05 00	637.39	488.67	127.48	616.14
05 00	1,162.46	833.09	232.49	1,065.59
05 00	1,385.72	970.01	277.14	1,247.15
06 02	4,020.74	2,227.71	652.01	2,879.73
05 00	316.15	216.03	63.23	279.26
06 01	551.94	302.44	90.73	393.17
03 00	977.26	977.26	-	977.26
06 01	2,967.14	1,625.83	487.75	2,113.58
05 00	550.77	358.00	110.15	468.15
05 11	623.25	333.58	105.34	438.91
05 00	314.53	199.20	62.91	262.11
05 00	477.51	294.46	95.50	389.97
05 00	928.11	572.33	185.62	757.96
05 09	16,154.46	8,428.41	2,809.47	11,237.88
03 00	2,195.53	2,134.54	60.99	2,195.53
05 00	791.74	461.85	158.35	620.19
03 00	2,414.25	2,280.12	134.13	2,414.25
05 06	1,939.31	969.65	352.60	1,322.26
03 00	5,069.93	4,506.60	563.33	5,069.93
05 00	375.02	200.01	75.00	275.01
05 04	3,052.97	1,478.78	572.43	2,051.22
05 04	5,468.58	2,648.85	1,025.36	3,674.21
05 04	2,246.37	1,088.09	421.19	1,509.28
05 03	1,264.93	602.35	240.94	843.29
03 00	770.00	620.27	149.73	770.00
05 00	699.55	338.11	139.91	478.02
05 02	345.07	161.41	66.79	228.19
03 00	3,621.38	2,816.63	804.75	3,621.38
05 00	902.91	406.31	180.58	586.90
05 00	518.31	233.24	103.66	336.91
04 11	11,242.49	4,954.32	2,286.61	7,240.92
04 11	518.31	228.41	105.42	333.83
04 11	309.69	136.48	62.99	199.46
04 10	16,729.90	7,211.17	3,461.36	10,672.53

04 10	531.75	229.20	110.02	339.22
04 10	2,343.72	1,010.23	484.91	1,495.13
04 09	956.29	402.65	201.32	603.97
04 09	48,267.39	20,323.11	10,161.56	30,484.67
10	14,144.55	2,357.43	1,414.46	3,771.88
10	8,784.51	1,464.09	878.45	2,342.54
10	7,972.00	797.20	797.20	1,594.40
5	10,000.00	2,166.67	2,000.00	4,166.67
10	11,618.74	1,742.81	1,161.87	2,904.69
7	280.87	46.81	40.12	86.94
7	2,332.82	361.03	333.26	694.29
10	5,365.89	894.32	536.59	1,430.90
10	1,990.36	298.55	199.04	497.59
10	3,983.15	497.89	398.32	896.21
5	442.52	110.63	88.50	199.13
5	356.99	71.40	71.40	142.80
3	2,126.79	1,004.32	708.93	1,713.25
3	5,553.81	2,159.82	1,851.27	4,011.09
7	80,714.33	960.88	11,530.62	12,491.50
7	28,225.75	1,008.06	4,032.25	5,040.31
7	28,917.78	1,032.78	4,131.11	5,163.89
5	12,350.00	1,852.50	2,470.00	4,322.50
7	14,274.04	1,019.57	2,039.15	3,058.72
7	769.00	18.31	109.86	128.17
10	1,599.48	133.29	159.95	293.24
10	37,382.13	1,869.11	3,738.21	5,607.32
5	744.44	99.26	148.89	248.15
3	13,611.44	3,024.76	4,537.15	7,561.91
3	12,012.10	2,669.36	4,004.03	6,673.39
3	10,597.12	1,177.46	3,532.37	4,709.83
7	6,805.55	567.13	972.22	1,539.35
3	477.41	106.09	159.14	265.23
10	3,200.00	26.67	320.00	346.67
10	161,428.66	1,345.24	16,142.87	17,488.10
7	14,274.04	169.93	2,039.15	2,209.08
7	769.00	9.15	109.86	119.01
7	1,599.48	19.04	228.50	247.54
7	37,382.13	445.03	5,340.30	5,785.33
5	744.44	12.41	148.89	161.30
3	13,611.44	378.10	4,537.15	4,915.24
3	12,012.10	333.67	4,004.03	4,337.70
3	10,597.12	294.36	3,532.37	3,826.74
7	6,805.55	81.02	972.22	1,053.24
3	477.41	13.26	159.14	172.40
5	324.37	5.41	64.87	70.28

7	3,200.00	-	38.10	38.10
7	161,428.66	-	1,921.77	1,921.77
7	27,796.17	-	330.91	330.91
7	6,824.48	-	81.24	81.24
5	7,490.00	-	124.83	124.83
5	23,253.81	-	387.56	387.56
5	12,882.20	-	214.70	214.70
7	35,018.01	-	416.88	416.88
5	36,660.68	-	611.01	611.01
7	17,049.98	-	202.98	202.98
7	4,143.85	-	49.33	49.33
5	8,914.21	-	148.57	148.57
5	4,071.08	-	67.85	67.85

Amortization Schedule*

Name of Facility Arden House Care and Rehabilitation Center			License No. 2199-C		Report for Year Ended 9/30/2022			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 Arden House Care and Rehabilitation	License No. 2199-C	Report for Year Ended 9/30/2022	Page 25	of 37
---	-----------------------	------------------------------------	------------	----------

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	n/a			
2. Date Structure Completed	n/a			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	271			
6. Square Footage				
7. Acquisition Cost				
a. Land	n/a			
b. Building	n/a			

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	12/21/2018-12	10 years	1,857,159
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 9/30/2022			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						
00						
2. Second Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
00						
3. Third Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
00						
4. Fourth Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
00						
B. CHEFA Loan Information						
1. Original Loan Amount	\$					
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended			Page	of
		9/30/2022			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						
00						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
00						
B. Item	Rate	Amount				
Lender						
Address of Lender						
00						
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)	\$	35,221	35,221			
b. Insurance on Automobiles	\$					
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)	\$	196,463	196,463			
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$					
14d. Total Insurance Expenditures (14a + b + c)	\$	231,684	231,684			
15. Total All Expenditures (A-13 thru C-14)	\$	24,694,122	24,694,122			

D. Adjustments to Statement of Expenditures

Name of Facility Arden House Care and Rehabilitation Center				License No. 2199-C	Report for Year Ended 9/30/2022		Page of 28 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 38,567	38,567		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 936,752	936,752		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 292,864	292,864		
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 *	\$ 29,840	29,840		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 350	350		
21.			Unallowable Management Fees	\$ #VALUE!	#VALUE!		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ #VALUE!	#VALUE!		
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)				\$ #VALUE!	#VALUE!		

* 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	\$ 38,567	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
Total Other Salaries Adjustment			\$ 38,567	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 142,583	\$ -	\$ -
13	5	Rehabilitation Services	\$ 246,257	\$ -	\$ -
13	9	Speech Therapist	\$ 143,272	\$ -	\$ -
13	10	Occupational Therapist	\$ 372,338	\$ -	\$ -
13	12	Other	\$ 5,016	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Respiratory Purchased Services	\$ 20,642	\$ -	\$ -
13	11a	Nursing Agency Purchased -RN	\$ 1,146	\$ -	\$ -
13	11b	Nursing Agency Purchased -LPN	\$ 3,485	\$ -	\$ -
13	11c	Nursing Agency Purchased -Certified Nursing Aides	\$ 2,014	\$ -	\$ -
0	0		0	\$ -	\$ -
Total Other Fees Adjustments			\$ 936,752	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 35,414	\$ -	\$ -
16	m-13	Estimated Accrual	\$ -	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ -	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ -	\$ -	\$ -
16	m-13	Penalty	\$ (3,473)	\$ -	\$ -
16	m-12		0	\$ -	\$ -
15	1-a-1	adj workers comp	#VALUE!	\$ -	\$ -
13	B12	Disallowed The SNAP Strike Cost	\$ -	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
Total Other A&G Adjustments			#VALUE!	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility Arden House Care and Rehabilitation Center				License No. 2199-C	Report for Year Ended 9/30/2022		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
			Subtotals Brought Forward	\$ #VALUE!	#VALUE!			
			Page 20 - Resident Care Supplies***					
27.	20	5-a-2	Prescription Drugs	\$ 293,142	293,142			
28.	20	5-d	Ambulance/Limousine	\$ 9,127	9,127			
29.	20	5-f	X-rays, etc	\$ 8,972	8,972			
30.	20	5-h	Laboratory	\$ 102,475	102,475			
31.			Medical Supplies	\$				
32.	20	5-e-2	Oxygen (non emergency)	\$ 628	628			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 30,923	30,923			
			Page 22 - Maintenance and Property					
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (62,970)	(62,970)			
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	\$ 25,091	25,091			
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$ #VALUE!	#VALUE!			
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)	\$ #VALUE!	#VALUE!			

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	\$ 13,700	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 5,156	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 12,068	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
Total Other Ancillary Costs			\$ 30,923	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	\$ 6,018	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ (494)	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ (1,647)	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (66,847)	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
Total Excess Movable Equipment Depreciation			\$ (62,970)	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Indirect Adjustments

Attachment Page 29

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$ 25,091	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
Total Other Adjustments			\$ 25,091	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	#VALUE!	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
Total Other Adjustments			#VALUE!	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
Total Unallowable Building Interest			\$ -	\$ -	\$ -

Schedule of Other Resident Revenue - Medicare

Related Exp

Schedule of Other Non-Medicare Resident Revenue

Related Exp.

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-b	Medicaid- X-Ray	-	-	-
II-6-b	Medicaid- Laboratory	2,921.87	-	-
II-6-b	Medicaid- Respiratory Therapy & Supplies	8,700.50	-	-
II-6-b	Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Medicaid- Audiology	-	-	-
II-6-b	Medicaid- Incontinency	-	-	-
II-6-b	Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Medicaid- Physician Visit	-	-	-
II-6-b	Medicaid- Ambulance	-	-	-
II-6-b	Medicaid- Flu Shot	-	-	-
II-6-b	Contractuals-Medicaid- X-Ray	-	-	-
II-6-b	Contractuals-Medicaid- Laboratory	(1,242.48)	-	-
II-6-b	Contractuals-Medicaid- Respiratory Therapy & Supplies	(3,699.74)	-	-
II-6-b	Contractuals-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Medicaid- Audiology	-	-	-
II-6-b	Contractuals-Medicaid- Incontinency	-	-	-
II-6-b	Contractuals-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Contractuals-Medicaid- Physician Visit	-	-	-
II-6-b	Contractuals-Medicaid- Ambulance	-	-	-
II-6-b	Contractuals-Medicaid- Flu Shot	-	-	-
II-6-b	Non-Medicaid- X-Ray	4,510.12	-	-
II-6-b	Non-Medicaid- Laboratory	24,610.32	-	-
II-6-b	Non-Medicaid- Respiratory Therapy & Supplies	4,738.50	-	-
II-6-b	Non-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Non-Medicaid- Audiology	-	-	-
II-6-b	Non-Medicaid- Incontinency	-	-	-
II-6-b	Non-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Non-Medicaid- Physician Visit	-	-	-
II-6-b	Non-Medicaid- Ambulance	813.82	-	-
II-6-b	Non-Medicaid- Flu Shot	-	-	-
II-6-b	Non-Medicaid- Capitation Contracts	399,325.00	-	-
II-6-b	Contractuals-Non-Medicaid- X-Ray	(1,424.63)	-	-
II-6-b	Contractuals-Non-Medicaid- Laboratory	(7,773.78)	-	-
II-6-b	Contractuals-Non-Medicaid- Respiratory Therapy & Supplies	(1,496.77)	-	-
II-6-b	Contractuals-Non-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid- Audiology	-	-	-
II-6-b	Contractuals-Non-Medicaid- Incontinency	-	-	-
II-6-b	Contractuals-Non-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid- Physician Visit	-	-	-
II-6-b	Contractuals-Non-Medicaid- Ambulance	(257.07)	-	-
II-6-b	Contractuals-Non-Medicaid- Flu Shot	-	-	-
II-6-b	Contractuals-Non-Medicaid- Capitation Contracts	(126,136.75)	-	-
	0 -	-	-	-
Total Other Resident Revenue		\$ 303,589	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts-		\$ 1,504	\$ -	\$ -
0			\$ -	\$ -	\$ -
0			\$ -	\$ -	\$ -
Total Interest Income		\$ 1,504	\$ -	\$ -	

Schedule of Other Revenues

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30 37
		Item	Total	CCNH	RHNS
					(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 28,175,627	28,175,627			
b. Medicaid Room and Board Contractual Allowance **	\$ (11,981,220)	(11,981,220)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,507,623	1,507,623			
b. Medicare Room and Board Contractual Allowance **	\$ (136,804)	(136,804)			
4. a. Private-Pay Residents and Other	\$ 4,335,618	4,335,618			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,369,513)	(1,369,513)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 127,801	127,801			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (11,597)	(11,597)			
c. Prescription Drugs - Non-Medicare	\$ 222,401	222,401			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (76,009)	(76,009)			
2. a. Medical Supplies - Medicare	\$ 558	558			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (51)	(51)			
c. Medical Supplies - Non-Medicare	\$ 5	5			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (2)	(2)			
3. a. Physical Therapy - Medicare	\$ 310,360	310,360			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (28,163)	(28,163)			
c. Physical Therapy - Non-Medicare	\$ 493,668	493,668			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (169,848)	(169,848)			
4. a. Speech Therapy - Medicare	\$ 131,657	131,657			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (11,947)	(11,947)			
c. Speech Therapy - Non-Medicare	\$ 196,841	196,841			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (70,236)	(70,236)			
5. a. Occupational Therapy - Medicare	\$ 322,533	322,533			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (29,267)	(29,267)			
c. Occupational Therapy - Non-Medicare	\$ 458,184	458,184			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (157,735)	(157,735)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 56,535	56,535			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 303,589	303,589			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 22,600,608	22,600,608			
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>)	\$ 1,504	1,504			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 736,920	736,920			
V. Total Other Revenue (1 thru 8)	\$ 738,424	738,424			
VI. Total All Revenue (III +V)	\$ 23,339,032	23,339,032			

* 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.

G. Balance Sheet

Name of Facility Arden House Care and Rehabilitation C	License No. 2199-C	Report for Year Ended 9/30/2022	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 10,979	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 2,384,440	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ (22,949)	
4. Inventories			\$ 51,440	
5. Prepaid Expenses			\$ 1,910,615	
a. Prepaid Expenses				
b. Prepaid Property Tax		(305,856)		
c. Prepaid Personal Property Tax		11,524		
d. See Schedule		2,204,947		
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)			\$ 4,334,525	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	279,964	\$ 240,304	
	Accum. Depreciation	39,660	Net	
3. Buildings	*Historical Cost	202,770	\$ 177,843	
	Accum. Depreciation	24,927	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation		Net	
6. Movable Equipment	*Historical Cost	133,133	\$ 98,933	
	Accum. Depreciation	34,200	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 517,080	

* 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	
page 31	A-5	Prepaid Escrow Real Estate	\$ 451,212
page 31	A-5	Prepaid Escrow Insurance	\$ 60,010
page 31	A-5	Prepaid Escrow Replace Reserve	\$ 1,693,725
Total Prepaid Expenses			\$ 2,204,947

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	ROU Bldg Asset-Oper Lease	\$ 10,850,978
32	D7	AccumAmort-ROU Bldg OprLease	\$ (2,086,117)
32	D7	O L/T A Suspense	
32	D7	Intercompany	
Total Other Assets			\$ 8,764,860

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	Accr Exp Other	\$ 7,463
33	A12	Accr Exp Water and Sewer	\$ 10,993
33	A12	Accr Exp Gas	\$ 1,144
33	A12	Accr Exp Electricity	\$ 14,061
33	A12	Deferred Revenue	\$ 158,938
33	A12	A/R Credit Gross Up Liability	\$ 132,081
33	A12	Accrued Provider/Bed Tax	\$ 288,372
33	A12	Accr Sales and Use Tax - FY18	\$ 245
33	A12	CP OprLease-Bldg Obligation	\$ 1,095,986
33	A12	CP-Self Insurance WC Reserve	\$ 476,751
33	A12	CP-Self Insurance GLPL Reserve	\$ 669,967
33	A12		
Total Other Current Liabilities (Itemize)			\$ 2,856,001

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
Arden House Care and Rehabilitation C	2199-C	9/30/2022	32 37
Account	Amount		
Total Brought Forward:			\$ 4,851,605
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>)			\$ (955,901)
I/C Due to/Due From Owned		(9,720,761)	
I/C Due to/Due From Multicare			
See Schedule		8,764,860	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ (955,901)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 3,895,704

* 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
		9/30/2022	33	37
		Account	Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 1,756,188
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>)				\$ 328,915
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$ 3,087
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>)				\$ 2,856,001
See Schedule				2,856,001
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 4,944,191

* 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 Arden House Care and Rehabilitation Center	License No. 2199-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				4,944,191
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>)				\$ 11,652,776
LT Debt-Financing Obligation				11,652,776
Escheatable Funds				
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 11,652,776
C. Total All Liabilities (Lines A-13 + B-5)				\$ 16,596,967

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility Arden House Care and Rehabilitation	License No. 2199-C	Report for Year Ended 9/30/2022	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				\$ (11,346,172)
6. Gain or Loss for Period 10/1/2021 thru 9/30/2022				\$ (1,355,091)
7. Total Net Worth				\$ (12,701,263)
C. Total Reserves and Net Worth				\$ (12,701,263)
D. Total Liabilities, Reserves, and Net Worth				\$ 3,895,704

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Arden House Care and Rehabilitation Ce	2199-C	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ (11,346,173)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 23,339,032		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 24,694,122		
D. Net Income or Deficit				\$ (1,355,090)		
E. Balance				\$ (12,701,263)		
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				\$ (12,701,263)		

I. Preparer's/Reviewer's Certification

Name of Facility Arden House Care and Rehabilitation	License No. 2199-C	Report for Year Ended 9/30/2022	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		
Rick Fink		
Address Address 515 Fairmount Avenue, STE 800, Towson, Maryland 21286		Phone Number 410-494-7657
Contacted Person Regarding Additional Information Needed Regarding This Report Rick Fink		Phone Number 410-494-7657
Contact Email Address Rick.Fink@geneshcc.com		