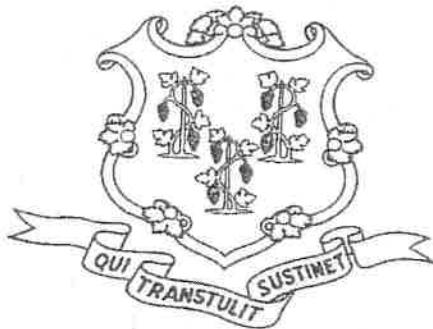


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Bethel Health and Rehabilitation Center, LLC				
Address (No. & Street, City, State, Zip Code) 13 Park Lawn Drive, Bethel, CT 06801				
Type of Facility				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2021		Report for Year Ending 9/30/2022		

License Numbers:	CCNH 2138-C	RHNS	Residential Care Home 1868	Medicare Provider 07-5400
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Medicaid Provider Numbers:	CCNH 21387	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Bethel Health and Rehabilitation Center, LLC	License No. 2138-C	Report for Year Ended 9/30/2022	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bethel Health and Rehabilitation Center, LLC [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.

(a) Subject to Desk Audit review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Erin Healy			Printed Name (Owner) Marvin Ostreicher	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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Annual Report of Long-Term Care Facility

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Bethel Health and Rehabilitation Center, LLC	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 13 Park Lawn Drive, Bethel, CT 06801				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 2/8/2023		
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-830-4180	9/30/2022	2	37
Name of Facility (as shown on license) Bethel Health and Rehabilitation Center, LLC		Address (No. & Street, City, State, Zip) 13 Park Lawn Drive, Bethel, CT 06801	
License Numbers: CCNH 2138-C	RHNS	Residential Care Home 1868	Medicare Provider No. 07-5400
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input checked="" type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home			
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. N/A
Administrator Name of Administrator Erin Healy			
		Nursing Home Administrator's License No.: 2088	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name N/A		License No.: 	

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page of
Bethel Health and Rehabilitation Center, LLC	2138-C	9/30/2022	3 37
Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered	
Bethel Health and Rehabilitation Center, LLC	13 Park Lawn Drive, Bethel, CT 06801	Bethel, CT	
Name of Partners/Members	Business Address	Title	% Owned
Bethel Investors, LLC	850 Silas Deane Highway, Wethersfield, CT 06108		0.51
Ronald C. Butler	89 Troon Way, Mashpee, MA 02649		0.3652
Grace L. Flight	2 Judd Avenue, Bethel, CT 06801		0.07
Various Other (6 People)			0.0548

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3A Rev. 10/2005

General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page of
Bethel Health and Rehabilitation Center, LLC	2138-C	9/30/2022	3A 37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
N/A			
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
N/A			
Names of Stockholders Owning at Least 10% of Shares			
N/A			

State of Connecticut

Annual Report of Long-Term Care Facility

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General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Bethel Health and Rehabilitation Center, LLC	2138-C	9/30/2022	3B	37

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

Owner(s) of Facility

N/A

State of Connecticut

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General Information and Questionnaire
Related Parties*

Name of Facility Bethel Health and Rehabilitation Center, LLC	License No. 2138-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	%**				
National Health Care Associates	20 E Sunrise Hwy, Valley Stream, NY 11581	<input type="radio"/>	<input checked="" type="radio"/>		Consulting Fees	16 / m12	25,049	25,049
NOA DIAGNOSTICS	6851 Jericho Tpke, Suite 150 Syosset, NY 11791	<input type="radio"/>	<input checked="" type="radio"/>		Radiology	20 / 5f	73,710	65,872
National Health Care Associates	20 E Sunrise Hwy, Valley Stream, NY 11581	<input type="radio"/>	<input checked="" type="radio"/>		Interest Expense	27 / 12c2	76	76
PROCARE LTC PHARMACY OF CT	1492 Highland Ave Cheshire CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Drugs/OTC/RX Consulting	Various / Various	786,530	733,442
National Health Care Associates	20 E Sunrise Hwy, Valley Stream, NY 11581	<input type="radio"/>	<input checked="" type="radio"/>		Shared Expenses	16 / m12	957,534	957,534
20Sunrise	20 E Sunrise Hwy, Valley Stream, NY 11581	<input type="radio"/>	<input checked="" type="radio"/>		Rent / Other	16 / m12	29,496	29,496
850 SILAS DEANE	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		Rent / Other	16 / m12	2,746	2,746
Preferred Therapy Solutions	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		PT, OT, ST, Therapy Consulting	13 / Various	1,266,818	1,193,109
See attached additional page 4A	Various	<input type="radio"/>	<input checked="" type="radio"/>		Various	Various / Various	5,123,100	5,123,100

* Use additional sheets if necessary.

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

State of Connecticut
Annual Report of Long-Term Care Facility
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General Information and Questionnaire
Related Parties*

Name of Facility Bethel Health Care		License No. 2138-C			Report for Year Ended 9/30/2022			Page 4a	of 37
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	%**					
National Health Care Associates-Aetna	850 Silas Deane Hwy, Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	0%	Health Insurance	15	1A5	1,009,644	1,009,644
National Health Care Associates-Aetna	850 Silas Deane Hwy, Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	0%	Banking Transactions	16	m13	26,485	26,485
Bethel Realty	13 Parklawn Dr., Bethel, CT 06801	<input type="radio"/>	<input checked="" type="radio"/>	0%	Lease of Facility***	22	9	2,195,149	2,195,149
Preferred Professional Services	850 Silas Deane Hwy, Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	0%	Nursing Agency	13	Var	1,851,689	1,851,689
Regency House of Wallingford, Inc.	181 East Main Street, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	0%	Shared Employees	13	b12o	38,718	38,718
MAPLE VIEW MANOR	856 Maple St, Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>	0%	Shared Employees / Goods	Var	Var	1,415	1,415

* Use additional sheets if necessary.

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

*** Actual Cost deemed N/A as reimbursement is based upon fair rental system and rent is replaced during rate setting.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Bethel Health and Rehabilitation Center, LLC	License No. 2138-C	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Costs were allocated between all cost centers on a consistent basis as in the prior cost years which have been reviewed and accepted by the Department of Social Services through the field audit process. Additionally, please note Bethel operates a CCNH, RCH and Assisted Living. The operations of the Assisted Living are shown in the Annual Report for long-Term Care Facility in the RHNS column and should not be considered for reimbursement.

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.

Bethel Health Care							
ALLOCATION SCHEDULE							
9/30/2022		INPUT	TOTAL ALLOCATED AMOUNTS				
ACCOUNT	ACCOUNT NAME	Total AMOUNT	ALLOCATION BASIS	Nursing Home	RHNS	RCH	
NUMBER						TOTAL	
30 I1A.10	Medicaid RB - SNF Only	(8,529,787)	Nursing home	(8,529,787)	-	-	(8,529,787)
30 I1A.11	Medicaid RB -ICF- (Ramage 2 ICF/ SNF Split)	-	Nursing home	-	-	-	-
30 I1A.12	Medicaid RB - CDH	-	CDH	-	-	-	-
30 I1A.13	Medicaid RB - RCH- Only (HFA)	(342,076)	RCH	-	-	(342,076)	(342,076)
30 I2	Rental of rooms to non-residents	-		-	-	-	-
30 I3	Medicare RB - Telephone and Telegraph	-		-	-	-	-
30 I3A.10	Medicare RB - SNF Only	(831,483)	Nursing home	(831,483)	-	-	(831,483)
30 I3A.11	Medicare RB -ICF- (Ramage 2 ICF/ SNF Split)	-	Nursing home	-	-	-	-
30 I3A.12	Medicare RB - CDH- Only (AHU & GMPP)	-	CDH	-	-	-	-
30 I4	Private RB - Rental of Televisions and Cable Services	-		-	-	-	-
30 I4A.10	Private RB - SNF Only	(4,546,842)	Nursing home	(4,546,842)	-	-	(4,546,842)
30 I4A.11	Private RB - ICF- (Ramage 2 ICF / SNF Split)	-	Nursing home	-	-	-	-
30 I4A.12	Private RB - CDH- Only (AHU & GMPP)	(1,699,655)	RHNS	-	(1,699,655)	-	(1,699,655)
30 I4A.13	Private RB - RCH- Only (HFA)	(301,768)	RCH	-	-	(301,768)	(301,768)
30 II1A.10	Prescription Drugs Medicare - SNF Only	75,111	Nursing home	75,111	-	-	75,111
30 II1A.11	Prescription Drugs Medicare - ICF- (Ramage 2 ICF/ SNF Split)	-	Nursing home	-	-	-	-
30 II1A.12	Prescription Drugs Medicare - CDH- Only (AHU & GMPP)	-	CDH	-	-	-	-
30 II1A.22	Prescription Drugs Medicare - Non- Reimbursable	-	Other	-	-	-	-
30 II1C.10	Prescription drugs - SNF- Only (CCH)	74,883	Nursing home	74,883	-	-	74,883
30 II1C.11	Prescription drugs - ICF- (Ramage 2 ICF/ SNF Split)	-	Nursing home	-	-	-	-
30 II1C.12	Prescription drugs - CDH- Only (AHU & GMPP)	-	CDH	-	-	-	-
30 II1C.22	Prescription drugs - Non-Reimbursable	-	Other	-	-	-	-
30 II2A.10	Medical Supplies Medicare - SNF Only	(179,978)	Nursing home	(179,978)	-	-	(179,978)
30 II2A.11	Medical Supplies Medicare - ICF- (Ramage 2 ICF / SNF Split)	-	Nursing home	-	-	-	-
30 II2A.12	Medical Supplies Medicare - CDH- Only (AHU & GMPP)	-	CDH	-	-	-	-
30 II2A.22	Medical Supplies Medicare - Non Reimbursable	-	Other	-	-	-	-
30 II2C.10	Medical Supplies Non Medicare - SNF Only	(15,868)	Nursing home	(15,868)	-	-	(15,868)
30 II2C.12	Medical Supplies Non Medicare - CDH- Only (AHU & GMPP)	-	CDH	-	-	-	-
30 II2C.22	Medical Supplies Non Medicare - Non-Reimbursable	-	Other	-	-	-	-
30 II3A.07	PT Medicare - PT Treatments	(1,295,076)	PT Treat	(1,294,905)	(171)	-	(1,295,076)
30 II3C.07	PT Other - PT Treatments	(34,854)	PT Treat	(34,849)	(5)	-	(34,854)
30 II4A.08	ST Medicare - ST Treatments	(466,899)	ST Treat	(466,899)	-	-	(466,899)
30 II4C.08	ST Other - ST Treatments	(51,105)	ST Treat	(51,105)	-	-	(51,105)
30 II5A.09	OT Medicare - OT Treatments	(1,066,345)	OT Treat	(1,066,345)	-	-	(1,066,345)
30 II5A.22	OT Medicare - Non Reimbursable	-	OT Treat	-	-	-	-
30 II5C.09	OT Other - OT Treatments	(131,577)	OT Treat	(131,577)	-	-	(131,577)
30 II5C.22	OT Other - Non Reimbursable	-	OT Treat	-	-	-	-
30 II6A.10	Other Medicare - SNF Only	(4,466,591)	Nursing home	(4,466,591)	-	-	(4,466,591)
30 II6A.11	Other Medicare - ICF- (Ramage 2 ICF / SNF Split)	-	Nursing home	-	-	-	-
30 II6A.12	Other Medicare - CDH- Only (AHU & GMPP)	-	CDH	-	-	-	-
30 II6A.13	Other Medicare - RCH only	-	RCH	-	-	-	-
30 II6A.22	Other Medicare - Non-Reimbursable	-	Other	-	-	-	-
30 II6B.07	Other Non Medicare - PT Treatments	-	PT Treat	-	-	-	-
30 II6B.08	Other Non Medicare - ST Treatments	-	ST Treat	-	-	-	-
30 II6B.10	Other Non Medicare - SNF Only	(355,277)	Nursing home	(355,277)	-	-	(355,277)
30 II6B.11	Other Non Medicare - ICF- (Ramage 2 ICF/ SNF Split)	-	Nursing home	-	-	-	-
30 II6B.12	Other Non Medicare - CDH-Only (AHU & GMPP)	-	CDH	-	-	-	-
30 II6B.13	Other Non Medicare - RCH- Only (HFA)	-	RCH	-	-	-	-

Bethel Health Care							
ALLOCATION SCHEDULE							
9/30/2022							
ACCOUNT	INPUT	TOTAL ALLOCATED AMOUNTS					
NUMBER	ACCOUNT NAME	Total	ALLOCATION	Nursing	RHNS	RCH	TOTAL
30 II6B.22	Other Non Medicare - Non Reimbursable	-	Other	-	-	-	-
30 II6B.38	Other Non Medicare - Equivalent Patient Days	-	Patient Days	-	-	-	-
30 IV1.10	Meals - SNF Only	(1,208)	Nursing home	(1,208)	-	-	(1,208)
30 IV1.15	Meals - Salaries and Wages	-	Nursing home	-	-	-	-
30 IV1.22	Meals - Non Reimbursable	-	Other	-	-	-	-
30 IV2.22	Room Rental Non Reimbursable	-	Other	-	-	-	-
30 IV3.31	Telephone - Number of Computers	-	Nursing home	-	-	-	-
30 IV5.22	Interest income - Non Reimbursable	(4,870)	Nursing home	(4,870)	-	-	(4,870)
30 IV7.22	Barber, coffee, etc.. - Non Reimbursable	-	Other	-	-	-	-
30 IV8.02	Other - Square Footage	-	SQFT	-	-	-	-
30 IV8.03	Other - Meals Per Day	-	Meals	-	-	-	-
30 IV8.07	Other - PT Treatments	-	PT Treat	-	-	-	-
30 IV8.10	Other - SNF Only	(260,979)	Nursing home	(260,979)	-	-	(260,979)
30 IV8.11	Other - ICF	-	Nursing home	-	-	-	-
30 IV8.12	Other - RNHS Only	(72,830)	RHNS	-	(72,830)	-	(72,830)
30 IV8.13	Other - RCH- Only (HFA)	-	RCH	-	-	-	-
30 IV8.14	Other - Nursing Salary- CCH, RHNS, AHU, GMP	-	Salary - nursing no RCH	-	-	-	-
30 IV8.22	Other - Non Reimbursable	-	Other	-	-	-	-
30 IV8.25	Other - Transportation Services	-		-	-	-	-
30 IV8.26	Other - Nursing Salary all	-	Salary - nursing	-	-	-	-
30 IV8.27	Other - Volunteer Time Spent	-	Volunteer	-	-	-	-
30 IV8.33	Other - Resident Capacity	-		-	-	-	-
30 IV8.38	Other - Equivalent Patient Days	(27,764)	patient days	(21,920)	(3,892)	(1,952)	(27,764)
30 IV8.39	Other - Patient Days- SNF & ICF Only	-	Nursing home	-	-	-	-
30 IV8.41	Other - Non Salary Expenses	-	Nursing home	-	-	-	-
30 IV8.42	Other - Spiritual Services	-	Spiritual	-	-	-	-
30 IV8.43	Other - Equiv Days w/ Independent Living	-	Days w IL	-	-	-	-
30 18.22	Other Revenue - Non Reimb	-	Other	-	-	-	-
30 18.2	Other Revenue - SQFT	-	SQFT	-	-	-	-
30 18.10	Other Revenue - SNF Only	-	Nursing home	-	-	-	-
Total Revenue		(24,532,838)		(22,110,489)	(1,776,553)	(645,796)	(24,532,838)

Bethel Health Care						
ALLOCATION SCHEDULE						
9/30/2022						
		INPUT		TOTAL ALLOCATED AMOUNTS		
ACCOUNT	NUMBER	Total	ALLOCATION	Nursing	RHNS	RCH
ACCOUNT NAME	AMOUNT	BASIS	Home	RHNS	RCH	TOTAL
Owner - SNF Only	31,200	Nursing Home	31,200	-	-	31,200
Administrator Salary - SNF Only	186,429	Nursing Home	186,429	-	-	186,429
Administrator Salary - Cascade Days	210,872	Cascade Days	-	140,426	70,446	210,872
Other Admin - Salary %	200,403	Cascade Days	-	133,454	66,949	200,403
Other Admin - SNF Only	54,814	Nursing Home	54,814	-	-	54,814
Other Admin - Volunteer	-	-	-	-	-	-
Other Administrative Salaries - Number of Communication Driver	-	Nursing Home	-	-	-	-
Other Administrative Salaries - Admissions	-	Nursing Home	-	-	-	-
Other Admin - Patient days	422,009	Patient Days	333,181	59,153	29,675	422,009
Other Admin - Patient days	-	Accum Costs	-	-	-	-
Head Dietitian	76,015	Meals	60,015	10,655	5,345	76,015
Food Service Supervisor	106,552	Meals	84,124	14,936	7,492	106,552
Dietary - Non reimb	-	-	-	-	-	-
Dietary Workers - Meals	1,021,665	Meals	806,616	143,208	71,841	1,021,665
Head Housekeeper	63,063	Patient Days	49,789	8,840	4,434	63,063
Other Housekeeping Workers - Soft	624,684	Patient Days	493,195	87,563	43,926	624,684
Other Housekeeping Workers - Housekeeping hours	-	Patient Days	-	-	-	-
Engineer or Chief of Maintenance	95,569	SQFT	63,225	22,279	10,065	95,569
Other Maintenance Workers - Square Footage-MHC Campus	127,261	SQFT	84,192	29,668	13,401	127,261
Other Maintenance Workers - CDH Only	-	CDH	-	-	-	-
Other Maintenance Workers - SNF Only	-	Nursing Home	-	-	-	-
Other Laundry Workers	149,648	Patient Days	118,149	20,976	10,523	149,648
Other Laundry Workers	26,694	Cascade Days	-	17,776	8,918	26,694
Barber and Beautician Services	-	-	-	-	-	-
Barber and Beautician Services Non-Reimbursable	-	Other	-	-	-	-
Protective Services	-	-	-	-	-	-
Protective Services Security Coverage	-	SQFT	-	-	-	-
Head Accountant	-	-	-	-	-	-
Other Accountants	-	-	-	-	-	-
Director of Nurses/Assistant Director	358,108	Nursing Home	358,108	-	-	358,108
RNs - Direct Care - Nursing Salary- CCH, RHNS, AHU, GMP	-	Salary - nursing no RCH	-	-	-	-
RNs - Direct Care	1,027,323	Nursing Home	1,027,323	-	-	1,027,323
RNs - Direct Care	34,862	Cascade Days	-	23,216	11,646	34,862
RNs - Administrative - Nursing Salary	-	Salary - nursing	-	-	-	-
RNs - Administrative - Direct	326,349	Nursing Home	326,349	-	-	326,349
LPNs - Direct Care	1,086,121	Nursing Home	1,086,121	-	-	1,086,121
LPNs - Direct Care	133,138	Cascade Days	-	88,660	44,478	133,138
LPNs - Direct Care - RCH Only	-	RCH	-	-	-	-
LPNs - Administrative - Direct	93,479	Nursing Home	93,479	-	-	93,479
Aides and Attendants - SNF Only	2,434,046	Nursing Home	2,434,046	-	-	2,434,046
Aides and Attendants - Nursing Salary	-	Salary - nursing	-	-	-	-
Aides and Attendants	344,386	Cascade Days	-	229,336	115,050	344,386
Aides and Attendants - RCH Only	-	RCH	-	-	-	-
Physical Therapists	-	Nursing Home	-	-	-	-
Physical Therapists - PT Treatments	-	Nursing Home	-	-	-	-
Physical Therapists - CDH Only	-	Nursing Home	-	-	-	-
Speech Therapists	-	Nursing Home	-	-	-	-
ST - ST Treatments	-	Nursing Home	-	-	-	-
Occupational Therapists	-	Nursing Home	-	-	-	-

Bethel Health Care							
ALLOCATION SCHEDULE							
9/30/2022		INPUT	TOTAL ALLOCATED AMOUNTS				
ACCOUNT NUMBER	ACCOUNT NAME	Total AMOUNT	ALLOCATION BASIS	Nursing Home	RHNS	RCH	TOTAL
10-A 12G.22	Occupational Therapists - Non- Reimbursable	-	Nursing Home	-	-	-	-
10-A 12G.12	Occupational Therapists - CDH Only	-	Nursing Home	-	-	-	-
10-A 12H.10	Recreation Workers - SNF	189,180	Patient Days	149,360	26,518	13,302	189,180
10-A 12H.22	Recreation Worker - Non reimb	-	-	-	-	-	-
10-A 12H.39	Recreation Worker - Cascade Days	116,201	Cascade Days	-	77,381	38,820	116,201
10-A 12I.38	Recreation Worker - Equivalent Patient Days	-	Patient Days	-	-	-	-
10-A 12I.38	Medical Director - Patient Days	-	Patient Days	-	-	-	-
10-A 12I2	Utilization Review	-	-	-	-	-	-
10-A 12I3	Resident Care	-	-	-	-	-	-
10-A 12I4	Other	-	-	-	-	-	-
10-A 12J	Dentists	-	-	-	-	-	-
10-A 12K.22	Pharmacists - Non reimb	-	-	-	-	-	-
10-A 12K.40	Pharmacists - Pharmacy Cost of Requirements	-	Other	-	-	-	-
10-A 12L	Podiatrists	-	-	-	-	-	-
10-A 12M.33	Social Workers/Case Management - Capacity	-	Capacity	-	-	-	-
10-A 12M.28	Social Workers/Case Management - Social Services Time Spent	185,706	Nursing Home	185,706	-	-	185,706
10-A 12M.12	Social Workers/Case Management - CDH Only	-	Cascade Days	-	-	-	-
10-A 12N.22	Marketing - Non reimb	-	Other	-	-	-	-
10-A 12O.10	Other - SNF	399,429	Nursing Home	399,429	-	-	399,429
10-A 12O.11	Other - ICF- (Ramage 2 ICF/ SNF Split)	-	Nursing Home	-	-	-	-
10-A 12O.12	Other - CDH Only	-	CDH	-	-	-	-
10-A 12O.15	Other - Salaries %	-	Nursing Home	-	-	-	-
10-A 12O.16	Other - GMPP Only Days	-	Nursing Home	-	-	-	-
10-A 12O.14	Other - Nursing Salary-CCH,RHNS,AHU,GMP	-	Nursing Home	-	-	-	-
10-A 12O.22	Other - Non reimb	-	Nursing Home	-	-	-	-
10-A 12O.23	Other - RCH & I/L	-	Nursing Home	-	-	-	-
10-A 12O.21	Other - Patient Days- Less RCH	-	Nursing Home	-	-	-	-
10-A 12O.25	Other - Transportation	-	Nursing Home	-	-	-	-
10-A 12O.27	Other - Volunteer Time Spent	-	Nursing Home	-	-	-	-
10-A 12O.13	Other - RCH-Only (HFA)	-	Nursing Home	-	-	-	-
10-A 12O.37	Other - Equivalent Discharges	-	Nursing Home	-	-	-	-
10-A 12O.26	Other - Nursing Salary- All	-	Nursing Home	-	-	-	-
10-A 12O.34	Other - Admissions	-	Nursing Home	-	-	-	-
10-A 12O.42	Other - Spiritual	-	Spiritual	-	-	-	-
10-A 4-19	Other Administration	-	-	-	-	-	-
Total Expense Page 10		10,125,206		8,424,850	1,134,045	566,311	10,125,206
				83.2067%	11.2002%	5.5931%	100.0000%
13-B 1	Dietitian	-	Patient Days	-	-	-	-
13-B 2.22	Dentist - non reimb	13,745	Nursing Home	13,745	-	-	13,745
13-B 3.10	Pharmacist - SNF	20,812	Nursing Home	20,812	-	-	20,812
13-B 4	Podiatrist	-	Nursing Home	-	-	-	-
13-B 5A.07	PT - Resident Care - PT	589,594	Nursing Home	589,594	-	-	589,594
13-B 5B	PT - Other	-	Nursing Home	-	-	-	-
13-B 6.33	Social Worker - Patient Days	335	Patient Days	264	47	24	335
13-B 7.22	Recreation Worker - Non reimb	-	Patient Days	-	-	-	-
13-B 8A.38	Medical Director - Days	60,000	Patient Days	47,371	8,410	4,219	60,000
13-B 8A.22	Medical Director - Non Reimb	-	Other	-	-	-	-
13-B 8A.12	Medical Director - CDH Only	-	CDH	-	-	-	-
13-B 8C	Resident Care	13,026	Nursing Home	13,026	-	-	13,026

Bethel Health Care						
ALLOCATION SCHEDULE						
9/30/2022		INPUT	ALLOCATION	TOTAL ALLOCATED AMOUNTS		
ACCOUNT	ACCOUNT NAME	Total	AMOUNT	BASIS	Nursing	RCH
NUMBER					Home	RHNS
13-B 8C.22	Resident Care - Non-Reimbursable	-	-	Other	-	-
13-B 8D1	Infection Control Committee	-	-	-	-	-
13-B 8D2	Pharmaceutical Committee	-	-	-	-	-
13-B 8D3	Staff Development Committee	-	-	-	-	-
13-B 8E	Other	-	-	-	-	-
13-B 8E.22	Other - Non-Reimbursable	-	-	Nursing Home	-	-
13-B 9A.08	ST - Resident Care - ST	141,838	141,838	Nursing Home	141,838	-
13-B 9B	ST - Other	-	-	Nursing Home	-	-
13-B 10A.22	OT - Resident Care - Non reimb	542,716	542,716	Nursing Home	542,716	-
13-B 10B	OT - Other	-	-	Nursing Home	-	-
13-B 11A1	RN's - Direct Care	111,113	111,113	Nursing Home	111,113	-
13-B 11A2	RN's - Administrative	-	-	-	-	-
13-B 11A.10	RN's - SNF-Only (CCH)	-	-	-	-	-
13-B 11A.12	RN's - CDH- Only (AHU & GMPP)	-	-	-	-	-
13-B 11B1	LPN's - Direct Care	-	-	-	-	-
13-B 11B.10	LPN's - SNF Only	1,523,724	1,523,724	Nursing Home	1,523,724	-
13-B 11B.12	LPN's - CDH Only	-	-	CDH	-	-
13-B 11B2	LPN's - Administrative	-	-	-	-	-
13-B 11C	Aides	276,942	276,942	Nursing Home	276,942	-
13-B 11D	Other	-	-	-	-	-
13-B 12.22	Other - Non reimb	-	-	other	-	-
13-B 12.5	Other - Pounds of Laundry Processed	-	-	Nursing Home	-	-
13-B 12.34	Other - Admissions	-	-	Nursing Home	-	-
13-B 12.43	Other - Equiv Days w/ Independent Living	-	-	Patient Days	-	-
13-B 12.14	Other - SNF	48,451	48,451	Nursing Home	48,451	-
Total Expense Page 13		3,342,296	3,329,596		8,457	4,243
15 1A1.15	Workmen's Compensation - Salary%	521,781	521,781	Payroll	434,157	58,441
15 1A2.15	Disability Insurance - Salary %	-	-	Payroll	-	-
15 1A3.15	Unemployment Insurance - Salary %	158,495	158,495	Payroll	131,878	17,752
15 1A4.15	Social Security (FICA) - Salary %	755,016	755,016	Payroll	628,224	84,563
15 1A5.15	Health Insurance - Salary %	1,009,644	1,009,644	Payroll	840,091	113,082
15 1A6.15	Life Insurance - Salary %	-	-	Payroll	-	-
15 1A7.15	Pensions - Salary %	240,679	240,679	Payroll	200,261	26,957
15 1A8.10	Uniform Allowance - SNF- Only (CCH)	-	-	Nursing Home	-	-
15 1A8.12	Uniform Allowance - CDH- Only (AHU & GMPP)	-	-	CDH	-	-
15 1A8.15	Uniform Allowance - Salary %	-	-	Payroll	-	-
15 1A8.2	Uniform Allowance - Square Footage- MHC Campus	-	-	SQFT	-	-
15 1A8.3	Uniform Allowance - Meals	-	-	Meals	-	-
15 1A8.22	Uniform Allowance - Non Reim	-	-	Other	-	-
15 1A8.24	Uniform Allowance - Security Coverage	-	-	SQFT	-	-
15 1A8.33	Uniform Allowance - Capacity	-	-	Capacity	-	-
15 1A8.4	Uniform Allowance - Housekeeping Hours	-	-	Housekeeping	-	-
15 1A8.5	Uniform Allowance - Pounds of Laundry Processed	-	-	Laundry	-	-
15 1A9.15	Other - Salary %	26,291	26,291	Payroll	21,876	2,945
15 1A9.22	Other Salary	-	-	Other	-	-
15 1B	Personal Retirement Plans, Pensions	-	-	-	-	-
15 1C.22	Bad Debts - Non reimb	(2,963)	(2,963)	Patient Days	(2,339)	(415)
15 1D.38	Accounting and Auditing - Equivalent Patient Days	58,835	58,835	Patient Days	46,451	8,247
					4,137	58,835

Bethel Health Care						
ALLOCATION SCHEDULE						
9/30/2022		INPUT	TOTAL ALLOCATED AMOUNTS			
ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT	ALLOCATION BASIS	Nursing Home	RHNS	RCH
15 1D.43	Accounting and Auditing - Equivalent Patient Days w/ Independent Li	-	Days w IL	-	-	-
15 1E.15	Legal - Salary %	-	Payroll	-	-	-
15 1E.22	Legal - Non Reimbursable	-	Other	-	-	-
15 1E.38	Legal - Equivalent Patient Days	52,961	Patient Days	41,813	7,424	3,724
15 1E.43	Legal - Expenses	-	Days w IL	-	-	-
15 1F	Insurance of Lives of Owners/Oper.	-	-	-	-	-
15 1G.02	Office Supplies Soft	-	SQFT	-	-	-
15 1G.03	Office Supplies - Meals	-	Meals	-	-	-
15 1G.04	Office Supplies - Housekeeping Hours	-	Patient Days	-	-	-
15 1G.05	Office Supplies - Pounds of Laundry Processed	-	Patient Days	-	-	-
15 1G.7	Office Supplies - PT Treatments	-	Patient Days	-	-	-
15 1G.10	Office Supplies - SNF	-	Nursing Home	-	-	-
15 1G.11	Office Supplies - ICF- (Ramage 2 ICF/ SNF Split)	-	Nursing Home	-	-	-
15 1G.12	Office Supplies - CDH- Only (AHU & GMPP)	-	CDH	-	-	-
15 1G.13	Office Supplies - RCH- Only (HFA)	-	RCH	-	-	-
15 1G.14	Office Supplies - Nursing Salary- CCH, RHNS, AHU, GMP	-	Patient Days	-	-	-
15 1G.15	Office supplies - Salary %	-	Patient Days	-	-	-
15 1G.21	Office Supplies - Patient Days- Less RCH	-	Patient Days	-	-	-
15 1G.22	Office Supplies - Office Supplies - Non reimb	-	Patient Days	-	-	-
15 1G.24	Office Supplies - Security Coverage	-	SQFT	-	-	-
15 1G.26	Office Supplies - Nursing Salary- ALL	-	Salary - nursing	-	-	-
15 1G.27	Office Supplies - Volunteer	-	Patient Days	-	-	-
15 1G.28	Office Supplies - Social Services Time Spent	-	Patient Days	-	-	-
15 1G.30	Office Supplies - Number of Communication Devices	-	Patient Days	-	-	-
15 1G.31	Office Supplies - Computers	-	Patient Days	-	-	-
15 1G.33	Office Supplies - Capacity	-	Patient Days	-	-	-
15 1G.34	Office Supplies - Admissions	-	Patient Days	-	-	-
15 1G.37	Office Supplies - Equivalent Discharges	-	Patient Days	-	-	-
15 1G.38	Office Supplies - Equivalent Patient Days	28,846	Patient Days	22,774	4,043	2,029
15 1G.39	Office Supplies - Patient Days- SNF & ICF Only	-	Nursing Home	-	-	-
15 1G.40	Office Supplies - Pharmacy Cost of Requisitions	-	Other	-	-	-
15 1G.42	Office Supplies - Spiritual	-	Spiritual	-	-	-
15 1G.43	Office Supplies - Equiv Days w/ Independent Living	-	Days w IL	-	-	-
15 1G.45	Office Supplies - Expenses	-	Patient Days	-	-	-
15 1H.45	Telephone and Telegraph - Cellular Phones - Expenses	7,110	Patient Days	5,613	997	500
15 1H.30	Telephone and Telegraph - Telephone	-	Patient Days	-	-	-
15 1H1.43	Telephone and Telegraph - Equiv Days w/ Independent Living	59,823	Patient Days	47,231	8,385	4,207
15 1H1.37	Telephone and Telegraph - Equivalent Discharges	-	Patient Days	-	-	-
15 1H2.30	Telephone and Telegraph - Cellular Phones and Beepers - Telephone	-	Patient Days	-	-	-
15 1H2.31	Telephone and Telegraph - Number of Computers	-	Patient Days	-	-	-
15 1H2.34	Telephone and Telegraph - Admissions	-	Patient Days	-	-	-
15 1H2.37	Telephone and Telegraph - Equivalent Discharges	-	Patient Days	-	-	-
15 1H2.38	Telephone and Telegraph - Equivalent Patient Days	-	Patient Days	-	-	-
15 1H2.40	Telephone and Telegraph - Pharmacy Cost Requisitions	-	Pharmacy	-	-	-
15 1I	Appraisal	-	-	-	-	-
15 1J	Corporation Business Taxes	-	Patient Days	-	-	-
15 1K1.45	Other Taxes - Income - Expenses	-	Patient Days	-	-	-
15 1K2	Other	-	Patient Days	-	-	-
15 1K2.22	Other - Non Reim	-	Other	-	-	-

Bethel Health Care						
ALLOCATION SCHEDULE						
9/30/2022		INPUT	TOTAL ALLOCATED AMOUNTS			
ACCOUNT	ACCOUNT NAME	Total	ALLOCATION	Nursing	RHNS	RCH
NUMBER		AMOUNT	BASIS	Home	RHNS	TOTAL
15 1K3.10	Other taxes - Resident Day User Fee - SNF	695,068	Nursing Home	695,068	-	-
Total Expense Page 15		3,611,586		3,113,098	332,421	166,068
16 1.10	Resident Travel and Entertainment - SNF	-	Nursing Home	-	-	-
16 1.22	Resident Travel and Entertainment - non reimb	-	Other	-	-	-
16 2	Holiday Parties for Staff	-	Patient Days	-	-	-
16 3	Gifts to Staff and Residents	-		-	-	-
16 4.15	Employee Travel - Salaries	-	Patient Days	-	-	-
16 4.42	Employee Travel - Expense	-	Patient Days	-	-	-
16 5.10	Education Expense - SNF	-	Nursing Home	-	-	-
16 5.14	Education Expense - Nursing Salaries	-	Patient Days	-	-	-
16 5.15	Education Expense - Salary %	-	Patient Days	-	-	-
16 5.22	Education Expense - Non reimb	-	Patient Days	-	-	-
16 5.31	Education Expense - Computers	-	Patient Days	-	-	-
16 5.33	Education Expense - Capacity	-	Patient Days	-	-	-
16 5.34	Education Expense - Admission	-	Patient Days	-	-	-
16 6.22	Automobile Expense - Non Reimb	-	Patient Days	-	-	-
16 6.25	Automobile Expense - Transportation	14,342	Patient Days	11,323	2,010	1,009
16 7	Other	-		-	-	-
16 L1.43	Resident travel - Contract services - Equiv Days with Independent Liv	-	Days w IL	-	-	-
16 L4.08	Employee travel - ST Treatments	-	ST Treat	-	-	-
16 L4.10	Employee Travel - SNF	2,042	Nursing Home	2,042	-	-
16 L4.27	Employee Travel - Volunteer Time	-	Volunteer	-	-	-
16 L4.43	Employee Travel - Days With Independent Living	-	Days w IL	-	-	-
16 L5.02	Education - Square Footage- MHC Campus	-	sqft	-	-	-
16 L5.03	Education - Meals Per Day	-	Meals	-	-	-
16 L5.10	Education - SNF- Only (CCH)	64,162	Nursing Home	64,162	-	-
16 L5.12	Education - CDH- Only (AHU & GMPP)	-	CDH	-	-	-
16 L5.14	Education - Nursing Slary- CCH, RHNS, AHU, GMP	-	Salary - nursing no RCH	-	-	-
16 L5.19	Education - Total Salary- less admin	-	Patient Days	-	-	-
16 L5.22	Education - Non- Reimbursable	-	Patient Days	-	-	-
16 L5.26	Education - Nursing Salary- All	-	Patient Days	-	-	-
16 L5.27	Education - Volunteer Time Spent	-	Patient Days	-	-	-
16 L5.28	Education - Social Services Time Spent	-	Patient Days	-	-	-
16 L5.34	Education - Admissions	-	Patient Days	-	-	-
16 L5.37	Education - Equivalent Discharge	-	Patient Days	-	-	-
16 L5.38	Education - Equivalent Patient Days	-	Patient Days	-	-	-
16 L5.42	Education - Spiritual Services	-	Patient Days	-	-	-
16 M01.15	Advertising Help Wanted - Salaries %	1,206	Nursing Home	1,206	-	-
16 M01.19	Advertising Help Wanted - Total Salary- Less Admin	-	Patient Days	-	-	-
16 M03	Advertising Telephone Directory - Non Reim	30,622	Nursing Home	30,622	-	-
16 M05.34	Medical Records - Admissions	-	Nursing Home	-	-	-
16 M05.37	Medical Records - Equivalent Admissions	-	Patient Days	-	-	-
16 M06	Barber and Beauty Supplies	-	Patient Days	-	-	-
16 M06.22	Barber and Beauty Supplies - Non- Reimbursable	-	Patient Days	-	-	-
16 M07.02	Postage - Square Footage- MHC Campus	-	Patient Days	-	-	-
16 M07.03	Postage - Meals Per Day	-	Patient Days	-	-	-
16 M07.04	Postage - Housekeeping Hours	-	Patient Days	-	-	-
16 M07.05	Postage - Pounds of Laundry Processed	-	Patient Days	-	-	-

Bethel Health Care							
ALLOCATION SCHEDULE							
9/30/2022		INPUT	TOTAL ALLOCATED AMOUNTS				
ACCOUNT NUMBER	ACCOUNT NAME	Total AMOUNT	ALLOCATION BASIS	Nursing Home	RHNS	RCH	TOTAL
16 M07.10	Postage - SNF	-	Patient Days	-	-	-	-
16 M07.11	Postage - ICF- (Ramage 2 ICF / SNF Split)	-	Patient Days	-	-	-	-
16 M07.12	Postage - CDH- Only (AHU & GMPP)	-	Patient Days	-	-	-	-
16 M07.13	Postage - RCH-Only (HFA)	-	Patient Days	-	-	-	-
16 M07.14	Postage - Nursing Salary- CCH, RHNS, AHU, GMP	-	Patient Days	-	-	-	-
16 M07.15	Postage - Salary %	-	Patient Days	-	-	-	-
16 M7.21	Postage - Days Less RCH	-	Patient Days	-	-	-	-
16 M07.22	Postage - Non Reim	-	Patient Days	-	-	-	-
16 M07.24	Postage - Security Coverage	-	Patient Days	-	-	-	-
16 M07.26	Postage - Nursing Salary- ALL	-	Patient Days	-	-	-	-
16 M07.27	Postage - Volunteer Time Spent	-	Patient Days	-	-	-	-
16 M07.28	Postage - Social Services Time Spent	-	Patient Days	-	-	-	-
16 M07.30	Postage - Number of Communication Devices	-	Patient Days	-	-	-	-
16 M07.33	Postage - Capacity	-	Patient Days	-	-	-	-
16 M07.34	Postage - Admissions	-	Patient Days	-	-	-	-
16 M07.37	Postage - Equivalent Discharges	-	Patient Days	-	-	-	-
16 M07.38	Postage - Equivalent Patient Days	9,524	Patient Days	7,519	1,335	670	9,524
16 M07.39	Postage - Patient Days- SNF & ICF Only	-	Nursing Home	-	-	-	-
16 M07.40	Postage - Pharmacy Cost of Requisitions	-	Other	-	-	-	-
16 M07.42	Postage - Spiritual Services	-	Spiritual	-	-	-	-
16 M07.43	Postage - Equiv Days w/ Independent Living	-	Days w IL	-	-	-	-
16 M07.45	Postage - Expenses	-	Accum Costs	-	-	-	-
16 M08.10	Dues and Membership Fees to Professional Associations - SNF	15,906	Nursing Home	15,906	-	-	15,906
16 M08.12	Dues and Membership Fees to Professional Associations - CDH	-	CDH	-	-	-	-
16 M08.13	Dues and Membership Fees - RCH-Only (HFA)	-	-	-	-	-	-
16 M08.14	Dues and Membership Fees - Nursing Salary- CCH, RHNS, AHU, GMP	-	Salary - nursing no RCH	-	-	-	-
16 M08.15	Dues and Membership Fees to Professional Associations - Salary %	-	-	-	-	-	-
16 M08.22	Dues and Membership Fees to Professional Associations - Non Reim	-	Patient Days	-	-	-	-
16 M08.26	Dues and Membership Fees - Nursing Salary- All	-	Patient Days	-	-	-	-
16 M08.33	Dues and Membership Fees to Professional Associations - Capacity	-	Patient Days	-	-	-	-
16 M08.37	Dues and Membership Fees - Equivalent Discharges	-	Patient Days	-	-	-	-
16 M08.38	Dues and Membership Fees - Equivalent Patient Days	-	Patient Days	-	-	-	-
16 M08.40	Dues and Membership Fees - Pharmacy Cost of Requisitions	-	Patient Days	-	-	-	-
16 M08.43	Dues and Membership Fees - Equiv Days w/ Independent Living	-	Patient Days	-	-	-	-
16 M08.45	Dues and Membership Fees to Professional Associations - Expenses	-	Patient Days	-	-	-	-
16 M08A	Dues to Chamber of Commerce	400	Nursing Home	400	-	-	400
16 M09.10	Subscriptions - SNF	-	Nursing Home	-	-	-	-
16 M09.12	Subscriptions - CDH- Only (AHU & GMPP)	-	CDH	-	-	-	-
16 M09.13	Subscriptions - RCH- Only (HFA)	-	RCH	-	-	-	-
16 M09.14	Subscriptions - Nursing Salary- CCH, RHNS, SHU, GMP	20,441	Patient Days	16,138	2,865	1,438	20,441
16 M09.15	Subscriptions - Salary %	-	Patient Days	-	-	-	-
16 M09.02	Subscriptions - Square Footage- MHC Campus	-	sqft	-	-	-	-
16 M09.22	Subscriptions - Non Reim	-	Other	-	-	-	-
16 M09.26	Subscriptions - Nursing Salary- All	-	Salary - nursing	-	-	-	-
16 M09.39	Subscriptions - Patient Days- SNF & ICF Only	-	Nursing Home	-	-	-	-
16 M09.42	Subscriptions - Spiritual Services	-	Spiritual	-	-	-	-
16 M09.43	Subscriptions - Equiv Days w/ Independent Living	-	Days w IL	-	-	-	-
16 M10.22	Contributions - Non reimb	1,250	Patient Days	987	175	88	1,250
16 M11.02	Services Provided by Contract - Sqft	-	sqft	-	-	-	-

Bethel Health Care						
ALLOCATION SCHEDULE						
9/30/2022		INPUT	TOTAL ALLOCATED AMOUNTS			
ACCOUNT NUMBER	ACCOUNT NAME	Total AMOUNT	ALLOCATION BASIS	Nursing Home	RHNS	RCH
16 M11.07	Services Provided by Contract - PT Treatments	225,195	Patient Days	177,794	31,566	15,835
16 M11.10	Services Provided by Contract - SNF	-	Nursing Home	-	-	-
16 M11.12	Services Provided by Contract - CDH Only	-	Patient Days	-	-	-
16 M11.13	Services Provided by Contract - RCH- Only (HFA)	-	Patient Days	-	-	-
16 M11.14	Services Provided by Contract - Nursing Salary- CCH, RHNS, AHU, GM	-	Patient Days	-	-	-
16 M11.15	Services Provided by Contract - Salary %	-	Patient Days	-	-	-
16 M11.19	Services Provided by Contract - Salary %	-	Patient Days	-	-	-
16 M11.22	Services Provided by Contract- Non reimb	-	Patient Days	-	-	-
16 M11.25	Services Provided by Contract - Transportation Services	-	Patient Days	-	-	-
16 M11.30	Services Provided by Contract - Number of Communication Devices	-	Patient Days	-	-	-
16 M11.31	Services Provided by Contract - Computers	-	Patient Days	-	-	-
16 M11.33	Services Provided by Contract - Capacity	-	Patient Days	-	-	-
16 M11.34	Services Provided by Contract - Admissions	-	Patient Days	-	-	-
16 M11.37	Services Provided by Contract - Equivalent Discharges	-	Patient Days	-	-	-
16 M11.40	Services Provided by Contract - Pharmacy Cost of Requisition	-	Patient Days	-	-	-
16 M11.42	Services Provided by Contract - Spiritual Services	-	Patient Days	-	-	-
16 M11.43	Services Provided by Contract - Equiv Days w/ Independent Living	-	Patient Days	-	-	-
16 M11.45	Services Provided by Contract - Expenses	-	Accum Costs	-	-	-
16 M12.10	Administrative Management Services - SNF	-		-	-	-
16 M12.22	Administrative Management Services- Non reimb	-		-	-	-
16 M12.31	Administrative Management Services -Computers	1,014,825	Patient Days	801,216	142,249	71,360
16 M12.43	Administrative Management Services - Equiv Days w/ Independent L	-	Days w IL	-	-	-
16 M13.02	Other - Sqft	-	Patient Days	-	-	-
16 M13.03	Other - Meals	-	Patient Days	-	-	-
16 M13.05	Other - Pounds of Laundry Processed	-	Patient Days	-	-	-
16 M13.07	Other - PT Treatments	-	Patient Days	-	-	-
16 M13.10	Other -SNF	-	Patient Days	-	-	-
16 M13.12	Other - CDH- Only (AHU & GMPP)	-	Patient Days	-	-	-
16 M13.13	Other - RCH-Only (HFA)	-	Patient Days	-	-	-
16 M13.14	Other - Nursing Salary- CCH, RHNS, AHU, GMP	-	Patient Days	-	-	-
16 M13.19	Other - Salary %	-	Patient Days	-	-	-
16 M13.21	Other - Patient Days- Less RCH	-	Patient Days	-	-	-
16 M13.22	Other - Non Reimb	-	Patient Days	-	-	-
16 M13.24	Other - Security Coverage	-	Patient Days	-	-	-
16 M13.25	Other - Transportatio Services	-	Patient Days	-	-	-
16 M13.26	Other - Nursing Salary- All	-	Patient Days	-	-	-
16 M13.27	Other - Volunteer Time Spent	-	Patient Days	-	-	-
16 M13.28	Other - Social Services Time Spent	-	Patient Days	-	-	-
16 M13.30	Other - Number of Communication Devices	-	Patient Days	-	-	-
16 M13.33	Other - Capacity	-	Patient Days	-	-	-
16 M13.34	Other - Other - Admissions	-	Patient Days	-	-	-
16 M13.37	Other - Equivalent Discharges	-	Patient Days	-	-	-
16 M13.38	Other - Equivalent Patient Days	-	Patient Days	-	-	-
16 M13.39	Other - Patient Days- SNF & ICF Only	55,479	Patient Days	43,801	7,777	3,901
16 M13.42	Other - Spiritual Services	-	Spiritual	-	-	-
16 M13.43	Other - Equiv Days w/ Independent Living	-	Days w IL	-	-	-
16 M13.45	Other - Expenses	-	Accum Costs	-	-	-
Total Expense Page 16		1,455,394		1,173,116	187,977	94,301
						1,455,394

Bethel Health Care						
ALLOCATION SCHEDULE						
9/30/2022		INPUT				
ACCOUNT	ACCOUNT NAME	Total	ALLOCATION	Nursing		TOTAL ALLOCATED AMOUNTS
NUMBER		AMOUNT	BASIS	Home	RHNS	RCH
18 2A1.02	Raw Food - Square Footage- MHC Campus	-	Meals	-	-	-
18 2A1.03	Raw Food - Meals	636,598	Meals	502,601	89,233	44,764
18 2A1.04	Raw Food - Housekeeping Hours	-	Meals	-	-	-
18 2A1.05	Raw Food - Pounds of Laundry Processed	-	Meals	-	-	-
18 2A1.10	Raw Food - SNF	-	Meals	-	-	-
18 2A1.11	Raw Food - ICF- (Ramage 2 ICF/ SNF Split)	-	Meals	-	-	-
18 2A1.12	Raw Food - CDH- Only (AHU & GMPP)	-	Meals	-	-	-
18 2A1.13	Raw Food - RCH- Only (HFA)	-	Meals	-	-	-
18 2A1.14	Raw Food - Nursing Salary- CCH, RHNS, AHU, GMP	-	Meals	-	-	-
18 2A1.15	Raw Food - Salary %	-	Meals	-	-	-
18 2A1.19	Raw Food - Salary %	-	Meals	-	-	-
18 2A1.22	Raw Food - Non Reim	-	Meals	-	-	-
18 2A1.24	Raw Food - Security Coverage	-	Meals	-	-	-
18 2A1.26	Raw Food - Nusing Salary- All	-	Meals	-	-	-
18 2A1.27	Raw Food - Volunteer Time Spent	-	Meals	-	-	-
18 2A1.28	Raw Food - Social Services Time Spent	-	Meals	-	-	-
18 2A1.33	Raw Food - Capacity	-	Meals	-	-	-
18 2A1.34	Raw Food - Admissions	-	Meals	-	-	-
18 2A1.38	Raw Food - Equivalent Patient Days	-	Meals	-	-	-
18 2A1.39	Raw Food - Patient Days- SNF & ICF Only	-	Meals	-	-	-
18 2A1.42	Raw Food - Spiritual Services	-	Meals	-	-	-
18 2A1.43	Raw Food - Equiv Days w/ Independent Living	-	Meals	-	-	-
18 2A1.45	Raw Food - Expenses	-	Meals	-	-	-
18 2A2.03	Non-Food Supplies - Meals	58,854	Meals	46,466	8,250	4,138
18 2A2.22	Non-Food Supplies - Non Reim	-		-	-	-
18 2A3	Other	-		-	-	-
18 2B.03	Purchased Services - Meals	24,415	Meals	19,276	3,422	1,717
18 2B.10	Purchased Services - SNF	-		-	-	-
18 2B.22	Purchased Services - Non Reim	-		-	-	-
18 2C	Management Services	-		-	-	-
18 2D	Other	-		-	-	-
18 2D.03	Other - Meals Per Day	-	Meals	-	-	-
Total Expense Page 18		719,867		568,343	100,905	50,619
						719,867
19 3A1.10 - SNF	Bed Linens, etc...washed, ironed..	-		-	-	-
19 3A1.5	Laundry In house - Pounds of Laundry Prosessed	14,096	Patient Days	11,129	1,976	991
19 3A2	Employee Items	-	Patient Days	-	-	-
19 3A3	Personal clothing - residents washed	-	Patient Days	-	-	-
19 3A4.10	Repair and/or purchased linens - SNF	-	Patient Days	-	-	-
19 3A4.22	Repair and/or purchased linens - Non Reim	-	Patient Days	-	-	-
19 3A4.5	Laundry Repar/purchases - Pounds of Laundry Prosessed	-	Patient Days	-	-	-
19 3B.05	Purchased Services - Pounds of Laundry	25,429	Patient Days	20,076	3,564	1,789
19 3B.10	Purchased Services - SNF	-	Patient Days	-	-	-
19 3B.22	Purchased Services - Non Reim	-	Patient Days	-	-	-
19 3C	Management Services	-	Patient Days	-	-	-
19 3D.10	Other - SNF	-	Patient Days	-	-	-
19 3D.4	Other - Housekeeping Hours	10,709	Patient Days	8,455	1,501	753
19 3D.5	Other - Pounds of Laundry Prosessed	-	Patient Days	-	-	-
Total Expense Page 19		50,234		39,660	7,041	3,533
						50,234

Bethel Health Care							
ALLOCATION SCHEDULE							
9/30/2022		INPUT	TOTAL ALLOCATED AMOUNTS				
ACCOUNT	NUMBER	Total AMOUNT	ALLOCATION BASIS	Nursing Home	RHNS	RCH	TOTAL
20 4A1.02	In-House Care Supplies - Sqft	-	Patient Days	-	-	-	-
20 4A1.04	In-House Care Supplies - Housekeeping Hours	-	Patient Days	-	-	-	-
20 4A1.05	In-House Care Supplies - Pounds of Laundry Prosessed	-	Patient Days	-	-	-	-
20 4A1.10	In-House Care Supplies - SNF	-	Patient Days	-	-	-	-
20 4A1.11	In-House Care Supplies - ICF- (Ramage 2 ICF/ SNF Split)	-	Patient Days	-	-	-	-
20 4A1.12	In-House Care Supplies - CDH- Only (AHU & GMPP)	-	Patient Days	-	-	-	-
20 4A1.13	In-House Care Supplies - RCH-Only (HFA)	-	Patient Days	-	-	-	-
20 4A1.21	In-House Care Supplies - Patient Days-Less RCH	49,720	Patient Days	39,254	6,969	3,497	49,720
20 4A1.22	In-House Care Supplies - Non Reim	-	Other	-	-	-	-
20 4A1.27	In-House Care Supplies - Volunteer Time Spent	-	Volunteer	-	-	-	-
20 4A1.30	In-House Care Supplies - Number of Communication Devices	-	Patient Days	-	-	-	-
20 4A1.33	In-House Care Supplies - Capacity	-	Patient Days	-	-	-	-
20 4A1.34	In-House Care Supplies - Admissions	-	Patient Days	-	-	-	-
20 4A1.37	In-House Care Supplies - Equivalent Discharges	-	Patient Days	-	-	-	-
20 4A1.39	In-House Care Supplies - Patient Days-SNF & ICF Only	-	Patient Days	-	-	-	-
20 4A1.40	In-House Care Supplies - Pharmacy Cost of Requisitions	-	Patient Days	-	-	-	-
20 4A1.43	In-House Care Supplies - Equiv Days w/ Independent Living	-	Patient Days	-	-	-	-
20 4B.02	Purchased Services - Sqft	-	Patient Days	-	-	-	-
20 4B.04	Purchased services - Housekeeping Hours	-	Patient Days	-	-	-	-
20 4C	Management Services	-	Patient Days	-	-	-	-
20 4D	Other	-	Patient Days	-	-	-	-
20 4D.04	Other - Housekeeping Hours	-	Patient Days	-	-	-	-
20 5A1	Own Pharmacy	748,355	Nursing Home	748,355	-	-	748,355
20 5A1.40	Own Pharmacy - Pharmacy Cost of Requirements	-	Nursing Home	-	-	-	-
20 5A2.22	Purchased from - Non Reim	-	Nursing Home	-	-	-	-
20 5B.10	Medicine Cabinet Drugs - SNF	22,331	Nursing Home	22,331	-	-	22,331
20 5B.12	Medicine Cabinet Drugs	-	Nursing Home	-	-	-	-
20 5B.22	Medicine Cabinet Drugs - Non Reim	-	Nursing Home	-	-	-	-
20 5B40	Medicine Cabinet drugs - Other	-	Nursing Home	-	-	-	-
20 5C.3	Medical and therapy Supplies - Meals	-	Nursing Home	-	-	-	-
20 5C.2	Medical and Therapeutic Supplies - Sq Ft	-	Nursing Home	-	-	-	-
20 5C.10	Medical and Therapeutic Supplies - SNF	517,175	Nursing Home	517,175	-	-	517,175
20 5C.11	Medical and Therapeutic Supplies - ICF- (Ramage 2 ICF/ SNF Split)	-	Nursing Home	-	-	-	-
20 5C.12	Medical and Therapeutic Supplies - CDH- Only (AHU & GMPP)	-	Nursing Home	-	-	-	-
20 5C.13	Medical and Therapeutic Supplies - RCH- Only (HFA)	-	Nursing Home	-	-	-	-
20 5C.14	Medical and Therapeutic Supplies - Nursing Salary- CCH, RHNS, AHU,	-	Nursing Home	-	-	-	-
20 5C.15	Medical and Therapeutic Supplies - Salasires and Wages	-	Nursing Home	-	-	-	-
20 5C.21	Medical and Therapeutic Supplies - Patient Days-Less RCH	-	Nursing Home	-	-	-	-
20 5C.22	Medical and Therapeutic Supplies - Non Reim	-	Nursing Home	-	-	-	-
20 5C.24	Medical and Therapeutic Supplies - Security Coverage	-	Nursing Home	-	-	-	-
20 5C.26	Medical and Therapeutic Supplies - Nursing Salary- All	-	Nursing Home	-	-	-	-
20 5C.27	Medical and Therapeutic Supplies -Volunteer	-	Nursing Home	-	-	-	-
20 5C.37	Medical and Therapeutic Supplies - Equivalent Discharges	-	Nursing Home	-	-	-	-
20 5C.38	Medical and Therapeutic Supplies - Equivalent Patient Days	-	Nursing Home	-	-	-	-
20 5C.39	Medical and Therapeutic Supplies - Patient Days SNF & ICF Only	-	Nursing Home	-	-	-	-
20 5C.40	Medical and Therapeutic Supplies - Pharmacy Cost of Requisition	-	Nursing Home	-	-	-	-
20 5D.10	Ambulance/Limousine - SNF	3,069	Nursing Home	3,069	-	-	3,069
20 5D.12	Ambulance/Limousine - CDH- Only (AHU & GMPP)	-	Nursing Home	-	-	-	-

Bethel Health Care						
ALLOCATION SCHEDULE						
9/30/2022		INPUT				
ACCOUNT	ACCOUNT NAME	Total	ALLOCATION	Nursing		
NUMBER		AMOUNT	BASIS	Home	RHNS	RCH
20 5D.22	Ambulance/Limousine - Non Reim	-	Nursing Home	-	-	-
20 5E1	Oxygen - Emergency Use	-	Nursing Home	-	-	-
20 5E2.22	Oxygen - Other - Non Reim	20,412	Nursing Home	20,412	-	-
20 5F.22	X-Rays and related radiological - Non Reimb	79,114	Nursing Home	79,114	-	-
20 5G	Dental	-	Nursing Home	-	-	-
20 5H.22	Laboratory - Non Reimb	141,962	Nursing Home	141,962	-	-
20 5I.10	Recreation - SNF	70,568	Nursing Home	70,568	-	-
20 5I.12	Recreation - CDH- Only (AHU & GMPP)	-	Cascade Days	-	-	-
20 5I.13	Recreation - RCH- Only (HFA)	-	RCH	-	-	-
20 5I.22	Recreation - Non Reim	-	Other	-	-	-
20 5I.27	Recreation - Volunteer Time Spent	-	Volunteer	-	-	-
20 5I.28	Recreation - Social Services Time Spent	-	Social Services	-	-	-
20 5I.39	Recreation - Patient Days- SNF & ICF Only	-	Nursing Home	-	-	-
20 5I.42	Recreation - Spiritual Services	-	Spiritual	-	-	-
20 5J.02	Other - MHC Campus	-	Nursing Home	-	-	-
20 5J.04	Other - Housekeeping Hours	-	Nursing Home	-	-	-
20 5J.07	Other - PT Treatments	-	Nursing Home	-	-	-
20 5J.08	Other - ST Treatments	-	Nursing Home	-	-	-
20 5J.09	Other - OT Treatments	-	Nursing Home	-	-	-
20 5J.10	Other - SNF	39,828	Nursing Home	39,828	-	-
20 5J.11	Other - ICF-(Ramage 2 ICF / SNF Split)	-	Nursing Home	-	-	-
20 5J.12	Other - CDH- Only (AHU & GMPP)	-	Nursing Home	-	-	-
20 5J.13	Other - RCH-Only (HFA)	-	Nursing Home	-	-	-
20 5J.14	Other - Nursing Salary less RCH	-	Nursing Home	-	-	-
20 5J.21	Other - Patient Days- Less RCH	-	Nursing Home	-	-	-
20 5J.22	Other - Non Reim	-	Nursing Home	-	-	-
20 5J.30	Other - Number of Devices	-	Nursing Home	-	-	-
20 5J.37	Other - Equivalent Discharges	-	Nursing Home	-	-	-
20 5J.39	Other - Patient Days- SNF & ICF Only	-	Nursing Home	-	-	-
20 5J.40	Other - Pharmacy Cost of Requisition	-	Other	-	-	-
20 5J.41	Other - Spiritual Services	-	Spiritual	-	-	-
Total Expense Page 20		1,692,534		1,682,068	6,969	3,497
						1,692,534
22 06A.02	Repairs and Maintenance - Sqft	54,545	sqft	36,085	12,716	5,744
22 06A.03	Repairs and Maintenance - Meals Per Day	-	Meals	-	-	-
22 06A.04	Repairs and Maintenance - Housekeeping Hours	-	sqft	-	-	-
22 06A.05	Repairs and Maintenance - pounds of Laundry Processed	-	sqft	-	-	-
22 06A.10	Repairs and Maintenance - SNF	-	sqft	-	-	-
22 06A.11	Repairs and Maintenance - ICF- Only (Ramage 2 ICF/ SNF Split)	-	sqft	-	-	-
22 06A.12	Repairs and Maintenance - CDH- Only (AHU & GMPP)	-	sqft	-	-	-
22 06A.13	Repairs and Maintenance - RCH- Only (HFA)	-	sqft	-	-	-
22 06A.14	Repairs and Maintenance - Nursing Salary- CCH, RHNS, AHU, GMP	-	Salary - nursing no RCH	-	-	-
22 06A.15	Repairs and Maintenance - Salary %	-		-	-	-
22 06A.19	Repairs and Maintenance - Salary %	-		-	-	-
22 06A.21	Repairs and Maintenance - Patient Days- Less RCH	-	Days - less rch	-	-	-
22 06A.22	Repairs and Maintenance - Non Reim	-	Other	-	-	-
22 06A.24	Repairs and Maintenance - Security Coverage	-	sqft	-	-	-
22 06A.27	Repair and Maintenance - Volunteer Services	-	sqft	-	-	-
22 06A.30	Repairs and Maintenance - Communication Devices	-	sqft	-	-	-

Bethel Health Care							
ALLOCATION SCHEDULE							
9/30/2022							
ACCOUNT	INPUT	TOTAL ALLOCATED AMOUNTS					
NUMBER	ACCOUNT NAME	Total	ALLOCATION	Nursing	RHNS	RCH	TOTAL
22 06A.31	Repairs and Maintenance -Computers	-	sqft	-	-	-	-
22 06A.33	Repairs and Maintenance - Capacity	-	sqft	-	-	-	-
22 06A.34	Repairs and Maintenance - Admissions	-	sqft	-	-	-	-
22 06A.37	Repairs and Maintenance - Equivalent Discharges	-	sqft	-	-	-	-
22 06A.38	Repairs and Maintenance - Equivalent Patient Days	-	sqft	-	-	-	-
22 06A.39	Repairs and Maintenance - Patient Days- SNF & ICF Only	-	sqft	-	-	-	-
22 06A.40	Repairs and Maintenance - Pharmacy Cost of Requisition	-	sqft	-	-	-	-
22 06A.43	Repairs and Maintenance - Spiritual Services	-	sqft	-	-	-	-
22 06A.45	Repairs and Maintenance - Expenses	-	sqft	-	-	-	-
22 06B.02	Heat - Square Footage-MHC Campus	106,997	sqft	70,786	24,943	11,268	106,997
22 06B.33	Heat - Capacity	-	-	-	-	-	-
22 06C.02	Light & Power - Square Footage- MHC Campus	306,732	sqft	202,924	71,506	32,302	306,732
22 06C.33	Light & Power - Capacity	-	Capacity	-	-	-	-
22 06D.02	Water - Square Footage- MHC Campus	74,367	sqft	49,199	17,337	7,831	74,367
22 06D.10	Water -SNF	-	Nursing Home	-	-	-	-
22 06D.22	Water - Non reimb	-	Other	-	-	-	-
22 06E	Equipment Lease	128,444	Patient Days	101,408	18,004	9,032	128,444
22 06F.02	Other - Square Footage- MHC Campus	376,106	sqft	248,819	87,679	39,608	376,106
22 06F.03	Other - Meals Per Day	-	Meals	-	-	-	-
22 06F.04	Other - Housekeeping Hours	-	sqft	-	-	-	-
22 06F.05	Other - Pounds of Laundry Processed	-	sqft	-	-	-	-
22 06F.10	Other - SNF	-	Nursing Home	-	-	-	-
22 06F.11	Other - ICF- (Ramage 2 ICF/ SNF Split)	-	Nursing Home	-	-	-	-
22 06F.12	Other - CDH- Only (AHU & GMPP)	-	CDH	-	-	-	-
22 06F.13	Other - RCH- Only (HFA)	-	RCH	-	-	-	-
22 06F.14	Other - Nursing Salary- CCH, RHNS, AHU, GMP	-	Salary - nursing no RCH	-	-	-	-
22 06F.15	Other - Salary %	-	sqft	-	-	-	-
22 06F.21	Other - patient Days- Less RCH	-	Days - less rch	-	-	-	-
22 06F.22	Other - Non Reim	-	Other	-	-	-	-
22 06F.24	Other - Security Coverage	-	SQFT	-	-	-	-
22 06F.25	Other - Transportation	-	-	-	-	-	-
22 06F.27	Other - Volunteer Time Spent	-	Volunteer	-	-	-	-
22 06F.28	Other - Social Serv	-	Social Services	-	-	-	-
22 06F.31	Other - Computers	-	Patient Days	-	-	-	-
22 06F.30	Other - Number of Communication Devices	-	Patient Days	-	-	-	-
22 06F.34	Other - Admissions	-	Patient Days	-	-	-	-
22 06F.37	Other - Equivalent Discharges	-	Patient Days	-	-	-	-
22 06F.38	Other - Equivalent Patient Days	-	Patient Days	-	-	-	-
22 06F.39	Other - Patient Days- SNF & ICF Only	-	Nursing Home	-	-	-	-
22 06F.40	Other - Pharmacy Cost of Requisitions	-	Other	-	-	-	-
22 06F.43	Other - Equiv Days w/ Independent Living	-	Days w IL	-	-	-	-
22 06F.42	Other - Spiritual Services	-	Spiritual	-	-	-	-
22 7A.10	Land Improvements - SNF Only	-	Nursing Home	-	-	-	-
22 7A.10	Land Improvements - Other Only	-	Other	-	-	-	-
22 7B.10	Building & Building Improvements - SNF Only	-	Nursing Home	-	-	-	-
22 7B.12	Building & Building Improvements - CDH Only	-	CDH	-	-	-	-
22 7B.13	Building & Building Improvements - RCH Only	-	RCH	-	-	-	-
22 7B.22	Building & Building Improvements - Non Reim	-	Other	-	-	-	-
22 07C.10	Non-movable Equipment - SNF Only	-	Nursing Home	-	-	-	-

Bethel Health Care							
ALLOCATION SCHEDULE							
9/30/2022		INPUT		TOTAL ALLOCATED AMOUNTS			
ACCOUNT NUMBER	ACCOUNT NAME	Total AMOUNT	ALLOCATION BASIS	Nursing Home	RHNS	RCH	TOTAL
22 07C.12	Non-movable Equipment - CDH Only	-	CDH	-	-	-	-
22 07C.13	Non-movable Equipment - RCH Only	-	RCH	-	-	-	-
22 07C.22	Non-movable Equipment - Non Reimb	-	Other	-	-	-	-
22 07D.10	Movable Equipment - SNF Only	90,984	Patient Days	71,833	12,753	6,398	90,984
22 07D.12	Movable Equipment - CDH Only	-	CDH	-	-	-	-
22 07D.13	Movable Equipment - RCH Only	-	RCH	-	-	-	-
22 07D.22	Movable Equipment - Non Reimb	-	Other	-	-	-	-
22 08A	Organization Expense	-		-	-	-	-
22 08B.10	Mortgage Expense - SNF	-	Patient Days	-	-	-	-
22 08B.13	Mortgage Expense - RCH- Only (HFA)	-	RCH	-	-	-	-
22 08B.22	Mortgage Expense - Non Reim	-	Other	-	-	-	-
22 08C	Leasehold Improvements	-		-	-	-	-
22 08D	Other	-		-	-	-	-

Bethel Health Care							
ALLOCATION SCHEDULE							
9/30/2022		INPUT	TOTAL ALLOCATED AMOUNTS				
ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT	ALLOCATION BASIS	Nursing Home	RHNS	RCH	TOTAL
22 09.07	Rental Payments - PT Treatments	-	PT Treat	-	-	-	-
22 09.22	Rental Payments Non-Reimbursable	-	Other	-	-	-	-
22 09.43	Rental Payments Equiv Days e/ Independent Living	2,195,149	Days w IL	1,733,094	307,696	154,359	2,195,149
22 10A	Real estate taxes paid by owner	-	-	-	-	-	-
22 10A.13	Real estate taxes paid by owner RCH- Only (HFA)	5,535	Patient Days	4,370	776	389	5,535
22 10A.22	Real estate taxes paid by owner Non-Reimbursable	-	Other	-	-	-	-
22 10B	Real estate taxes paid by lessor	-	-	-	-	-	-
22 10C	Personal property taxes	31,623	Patient Days	24,967	4,433	2,223	31,623
22 10C.13	Personal property taxes RCH-Only (HFA)	-	RCH	-	-	-	-
22 10C.22	Personal property taxes Non- Reimbursable	-	Other	-	-	-	-
Total Expense Page 22		3,370,482		2,543,485	557,843	269,154	3,370,482
26 12A1	First Mortgage	-	Patient Days	-	-	-	-
26 12A2	Second Mortgage	-	RHNS	-	-	-	-
26 12A3	Third Mortgage	-	-	-	-	-	-
26 12A4	Fourth Mortgage	-	-	-	-	-	-
26 12B1	Original Loan Amount	-	-	-	-	-	-
26 12B2	Loan Origination Date	-	-	-	-	-	-
26 12B3	Interest Rate %	-	-	-	-	-	-
26 12B4	Term	-	-	-	-	-	-
26 12B5	CHEFA Interest Expense	-	-	-	-	-	-
26 12B5.10	Other- SNF	-	-	-	-	-	-
26 12B5.13	CHEFA Interest Expense RCH-Only (HFA)	-	RCH	-	-	-	-
26 12B5.22	CHEFA Interest Expense Non Reimbursable	-	Other	-	-	-	-
26 12D.10	SNF Only	-	-	-	-	-	-
26 12D.13	RCH- Only (HFA)	-	-	-	-	-	-
26 12D.22	Non Reimbursable	-	Other	-	-	-	-
26 12D.45	Total Expenses- Page 27 Totals	-	Accum Costs	-	-	-	-
Total Expense Page 26		-	-	-	-	-	-
27 12C1	Automotive Equipment	-	-	-	-	-	-
27 12C2	Other	22,584	Patient Days	17,830	3,166	1,588	22,584
27 12D	Other Interest Expense	-	-	-	-	-	-
27 12D.13	Other Interest Expense RCH- Only (HFA)	-	RCH	-	-	-	-
27 12D.22	Other Interest Expense Non-Reimbursable	-	Other	-	-	-	-
27 12D.43	Other Interest Expense	-	Days w IL	-	-	-	-
27 14A	Insurance on Property	-	-	-	-	-	-
27 14A.43	Insurance on Property Equiv Days w/ Independant Living	5,697	Patient Days	4,498	799	400	5,697
27 14A.45	Insurance on Property Total Expenses- Page 27 Totals	-	Accum Costs	-	-	-	-
27 14B.25	Transportation Services	-	Days w IL	-	-	-	-
27 14C.43	Other - Equiv Days w/ Independant Living	-	Days w IL	-	-	-	-
27 14C1	Umbrella	-	Patient Days	-	-	-	-
27 14C2	Fire and Extended Coverage	-	-	-	-	-	-
27 14C3	Other	137,957	Patient Days	108,919	19,338	9,700	137,957
27 414B	Insurance of Automobiles	3,547	Patient Days	2,800	497	250	3,547
Total Expense Page 27		169,785		134,047	23,800	11,938	169,785
		24,537,384		21,008,262	2,359,458	1,169,664	24,537,384

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

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

Name of Facility		License No.		Report for Year Ended 9/30/2022			Page of 6 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers	Description of Items Leased			Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
		Yes	No					
Wescom Solutions, PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software		04/15/16	Ongoing	57,827	57,827
Wells Fargo PO Box 10306 Des Moines, IA 50306	<input type="radio"/>	<input checked="" type="radio"/>	Copiers		08/17/17	60 Months	64,410	64,410
Wells Fargo PO Box 10306 Des Moines, IA 50306	<input type="radio"/>	<input checked="" type="radio"/>	Copiers		04/18/18	60 Months	5,041	5,041
PITNEY BOWES GLOBAL 2225 American Drive Neenah, WI 54956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Mail Machine		09/20/11	Ongoing	1,166	1,166
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes			<input checked="" type="radio"/> No		Total ***	128,444

* 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 Bethel Health and Rehabilitation C	License No. 2138-C	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

⊕ Accrual ○ Cash ○ Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 MARTIN FRIEDMAN CPA 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 2600 NOSTRAND AVE. BROOKLYN, NY 11210
--	---

Services Provided by This Firm (*describe fully*)

1	Compilation, preparation of Medicare and Medicaid cost reports and YE tax services	\$ 52,835
2	EE RETENTION CREDIT	\$ 6,000
3		\$
4		\$
	Charge for Services Provided	
		\$ 58,835

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

Yes No Page 15 Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 ROGIN NASSAU, LLC	860-256-6300
2 SCHULTE ROTH & ZABEL	929-341-1306
3 CONA ELDER LAW PLLC	631-390-5000
4 BERCHEM MOSES PC	203-783-1200
5 Various Collection Agencies / Conservators	Various

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

1 185 ASYLYM STREET -22ND FLOOR HARTFORD CT 06103-3460
2 919 3rd Ave, New York, NY 10022
3 225 Broadhollow Rd, Suite 200 Melville, NY 11747
4 75 Broad St, Milford, CT 06460
5 Various

Services Provided by This Firm (*describe fully*)

1	Acquisition of assets	\$ 544
2	Bethel purchase (Disallowed on Pg 28)	\$ 1,187
3	Bank Search	\$ 420
4	Case Settlement (\$4,208 Disallowed on Pg 28)	\$ 8,417
5	Various Collections / Conservatorship (Disallowed on Pg 28)	\$ 42,393
		Charge for Services Provided
		\$ 52,961

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

Page 15 Line 1e

Schedule of Resident Statistics

Name of Facility Bethel Health and Rehabilitation Center, LLC			License No. 2138-C			Report for Year Ended 9/30/2022				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	203	161	28	14	203	161	28	14				
B. On last day of THIS report period	203	161	28	14					203	161	28	14
2. Number of Residents												
A. As of midnight of PREVIOUS report period	153	117	29	7	153	117	29	7				
B. As of midnight of THIS report period	175	144	20	11					175	144	20	11
3. Total Number of Days Care Provided During Period												
A. Medicare	10,096	10,096			7,160	7,160			2,936	2,936		
B. Medicaid (Conn.)	27,052	27,052			19,369	19,369			7,683	7,683		
C. Medicaid (other states)												
D. Private Pay	15,033	4,645	8,416	1,972	11,314	3,354	6,585	1,375	3,719	1,291	1,831	597
E. State SSI for RCH	2,250			2,250	1,739			1,739	511			511
F. Other (Specify) Managed Care / Hospice	5,516	5,516			4,271	4,271			1,245	1,245		
G. Total Care Days During Period (3A thru F)	59,947	47,309	8,416	4,222	43,853	34,154	6,585	3,114	16,094	13,155	1,831	1,108
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	1	1							1	1		
B. Other Bed Reserve Days	93	93			81	81			12	12		
5. Total Resident Days (3G + 4A + 4B)	60,041	47,403	8,416	4,222	43,934	34,235	6,585	3,114	16,107	13,168	1,831	1,108

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facility Bethel Health and Rehabilitation Center, LLC	License No. 2138-C	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home		
				(1)	(2)	(3)	(1)	(2)	(3)					
N/A														

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days				CCNH	RHNS	Residential Care Home
1st change						
2nd change						
3rd change						
4th change						

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	26	91		27	20	5	6	
Per Diem Rate								
a. One bed rm.	Various	355.55		660.00	176.67	159.88	163.11	
b. Two bed rms.	Various	355.55		620.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	Residential Care Home
		3,950	3,947	3	
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments		5	5		
C. Other		18,748	18,748		
D. Total Physical Therapy Treatments		22,703	22,700	3	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		391	391		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other		3,168	3,168		
D. Total Speech Therapy Treatments		3,559	3,559		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		2,469	2,469		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments		1	1		
C. Other		17,847	17,847		
D. Total Occupational Therapy Treatments		20,317	20,317		

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Annual Report of Long-Term Care Facility

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)	31,200	49			
2. Administrator(s) (Complete also Sec. III of Schedule A1)	186,429	2,080	140,426	2,383	70,446 1,196
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	387,995	17,179	192,607	8,528	96,624 4,278
5. Dietary Service					
a. Head Dietitian	60,015	1,486	10,655	264	5,345 132
b. Food Service Supervisor	84,124	2,009	14,936	357	7,492 179
c. Dietary Workers	806,616	45,366	143,208	8,054	71,841 4,041
6. Housekeeping Service					
a. Head Housekeeper	49,789	1,701	8,840	302	4,434 151
b. Other Housekeeping Workers	493,195	28,753	87,563	5,105	43,926 2,561
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	63,225	1,413	22,279	498	10,065 225
b. Other Maintenance Workers	84,192	3,993	29,668	1,407	13,401 636
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	118,149	6,871	38,752	2,254	19,441 1,131
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	358,108	5,416			
b. RN					
1. Direct Care	1,027,323	22,586	23,216	575	11,646 288
2. Administrative**	326,349	7,073			
c. LPN					
1. Direct Care	1,086,121	32,002	88,660	2,461	44,478 1,234
2. Administrative**	93,479	2,528			
d. Aides and Attendants	2,434,046	109,250	229,336	10,377	115,050 5,206
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	149,360	6,957	103,899	4,749	52,122 2,382
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	185,706	6,324			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	399,429	11,233			
<i>A-13. Total Salary Expenditures</i>	8,424,850	314,269	1,134,045	47,314	566,311 23,640

* 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 Bethel Health and Rehabilitation Center, LLC				License No. 2138-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	Residential Care Home							
Section I - Operators/Owners										
Marvin J. Ostreicher, 184 Wildacre Ave., Lawrence, NY 11559	31,200			Same as Employees	Supervises operations, deals with DNS & Financial	49	A1	See attached		
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.

	TOTAL	BEDS	Allocated Benefits	Total w/ Bnft
Augusta	38.75	72	5.41	44.16
Belair	45.50	102	7.67	53.17
Bethel	37.25	161	12.10	49.35
Bloomfield	54.75	120	9.02	63.77
Brattleboro	38.75	80	6.01	44.76
Brentwood	40.75	78	5.86	46.61
Brewer	39.75	111	8.34	48.09
Bristol	37.75	132	9.92	47.67
Cambridge	42.75	160	12.03	54.78
Catskill	37.75	136	10.22	47.97
Colony	47.75	92	6.92	54.67
Country	51.75	111	8.34	60.09
Dover	47.50	112	8.42	55.92
Eastside	44.50	69	5.19	49.69
Eliot	47.00	114	8.57	55.57
Glen Falls	38.00	120	9.02	47.02
Hebrew Home	63.75	257	19.32	83.07
Huntington	40.50	320	24.05	64.55
Kennebunk	46.25	78	5.86	52.11
Ludlowe	37.00	144	10.82	47.82
Maple View	56.75	120	9.02	65.77
Marlborough	40.25	120	9.02	49.27
Maywood	42.00	120	9.02	51.02
Milford	42.50	120	9.02	51.52
Newton Wellseley	49.75	110	8.27	58.02
Norway	41.75	70	5.26	47.01
Poughkeepsie	42.00	200	15.03	57.03
Regency	43.50	130	9.77	53.27
Reservoir	45.75	144	10.82	56.57
Riverside	61.75	345	25.93	87.68
Rutland	41.50	125	9.40	50.90
Sachem	50.00	111	8.34	58.34
Sands Point	48.50	180	13.53	62.03
Utica	45.75	117	8.79	54.54
Village Crest	42.00	95	7.14	49.14
Water's Edge	42.50	150	11.28	53.78
Westgate	44.50	104	7.82	52.32
Winship	45.75	72	5.41	51.16
 Vacation	328.00			
Sick	0.00			
Personal	0.00			
Holiday	48.00			
 Total	2080.25	5,002	376	2,080.25

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
Bethel Health and Rehabilitation Center, LLC				2138-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	Residential Care Home							
Section III - Administrators***										
Erin Healy (10/1/21-9/30/22)	186,429			Same as Employees	Administrator	2,080	A2			
Laura Shortt (10/1/21-6/27/22)		114,547	57,464	Same as Employees	Director of ALU & RCH	2,919	A2			
JaKeith Jackson (8/1/22-9/30/22)		25,879	12,982	Same as Employees	Director of ALU & RCH	660	A2			
Section IV - Assistant Administrators										

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

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility Bethel Health and Rehabilitation Center, LLC	License No. 2138-C	Report for Year Ended 9/30/2022		Page 13	of 37	
Item	Total Cost and Hours					
	CCNH	Hours	RHNS	Hours	Residential Care Home	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	13,745	137				
3. Pharmacist	20,812	208				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	589,594	9,238				
b. Other						
6. Social Worker	264	16	47	3	24	1
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	47,371	540	8,410	96	4,219	48
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	13,026	N/A				
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	141,838	3,251				
b. Other						
10. Occupational Therapist						
a. Resident Care	542,716	10,810				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	111,113	1,547				
2. Administrative***						
b. LPN						
1. Direct Care	1,523,724	21,225				
2. Administrative***						
c. Aides	276,942	7,422				
d. Other						
12. Other (Specify)						
See Attached Schedule	48,451	627				
B-13 Total Fees Paid in Lieu of Salaries	3,329,596	55,021	8,457	99	4,243	50

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

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

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

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

Name of Facility Bethel Health and Rehabilitation Center, LLC		License No. 2138-C	Report for Year Ended 9/30/2022		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
HealthDrive Dental Group 888 Worcester Street Ste 130 Wellesley, MA 02482-3744	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Procare LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist / Nurse Consulting	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Preferred Therapy-850 Silas Deane HWY Wethersfield CT	PT, OT, ST	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Maple View Manor	Social Services / Contract Nursing	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
WESTERN CT MEDICAL GROUP, 24 Hospital Ave, Danbury, CT 06810	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Various Physicians	Physician Fees / Consol Billing (Disallowed)	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Preferred Professional Service - 850 Silas Deane Highway, Wethersfield, CT 06109	Contract RNs / LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
NORTON & ASSOCS, INC. 34 ELM ST COHASSET MA 02025	Contract LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
WORLDWIDE STAFFING 2222 Sedwick Road Durham, NC 27713	Contract CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
MAS MEDICAL STAFFING PO BOX 4473 HOUSTON TX 77210	Contract CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
RIGHT HOME GREATER FAIRFIELD COUNTY 518 MONROE TPKE 2ND FLOOR	Contract CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Regency House of Wallingford, Inc. 181 East Main Street, Wallingford, CT 06492	Shared DNS	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

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Annual Report of Long-Term Care Facility

CSP-15 Rev. 9/2018

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	Residential Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	521,782	434,157	58,441	29,184
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	158,495	131,878	17,752	8,865
4. Social Security (F.I.C.A.)	\$	755,016	628,224	84,563	42,229
5. Health Insurance	\$	1,009,644	840,091	113,082	56,471
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	240,679	200,261	26,957	13,461
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$	26,291	21,876	2,945	1,470
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	(2,963)	(2,339)	(415)	(209)
d. Accounting and Auditing	\$	58,835	46,451	8,247	4,137
e. Legal (Services should be fully described on Page 7)	\$	52,961	41,813	7,424	3,724
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	28,846	22,774	4,043	2,029
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	59,823	47,231	8,385	4,207
2. Cellular Phones	\$	7,110	5,613	997	500
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$	695,068	695,068		
Subtotal	\$	3,611,587	3,113,098	332,421	166,068

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
	-	-	-
	-	-	-
	-	-	-
	-	-	-
Total	\$ -	\$ -	\$ -

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CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		16	37
Item		Total	CCNH	RHNS	Residential Care Home
	<i>Subtotals Brought Forward:</i>	3,611,587	3,113,098	332,421	166,068
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	2,042	2,042		
5. Education Expenses Related to Seminars and Conventions	\$	64,162	64,162		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	14,342	11,323	2,010	1,009
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	1,206	1,206		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	30,622	30,622		
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	\$	9,524	7,519	1,335	670
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	15,906	15,906		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	400	400		
9. Subscriptions	\$	20,441	16,138	2,865	1,438
10. Contributions*** See Attached Schedule	\$	1,250	987	175	88
11. Services Provided by Contract <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>	\$	225,195	177,794	31,566	15,835
12. Administrative Management Services**	\$	1,014,825	801,216	142,249	71,360
13. Other (<i>Specify</i>) See Attached Schedule	\$	55,479	43,801	7,777	3,901
C-14 Total Administrative & General Expenditures	\$	5,066,981	4,286,214	520,398	260,369

* 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	Residential Care Home
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Marketing Supplies / Purchased Services (Disallowed on Pg 28)	\$ 14,788		
Promotional Advertising (Disallowed on Pg 28)	15,834		
Total Other Advertising	\$ 30,622	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
CAHCF Dues	\$ 12,780		
CALA Dues	3,126		
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
Total Dues	\$ 15,906	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Political Contributions (Disallowed on Pg 28)	\$ 987	\$ 175	\$ 88
Total Contributions	\$ 987	\$ 175	\$ 88

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Supplies COVID-Bethel-Administration	\$ 29	\$ 5	\$ 3
Licenses and Permits-Bethel-Administration	3,404	604	303
Penalties-Bethel-Administration (Disallowed on Pg 28a)	203	36	18
Bank Charges-Bethel-Administration (\$2,201 Disallowed on Pg 28a)	29,949	5,318	2,667
Background Check-Bethel-Administration	10,215	1,814	910
Hotel Expense-Bethel-Administration (Disallowed on Pg 28a)	2	0	0
	-	-	-
	-	-	-
	-	-	-
Total Other Administrative and General	\$ 43,801	\$ 7,777	\$ 3,901

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Bethel Health and Rehabilitation Center, Inc.	2138-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 #
National Health Care Associates, Inc.	1,014,825	Management Fees	Page 16 M12

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

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

Name of Facility Bethel Health and Rehabilitation Center, LLC	License No. 2138-C	Report for Year Ended 9/30/2022		Page of 18 37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 636,598	502,601	89,233	44,764
2. Non-Food Supplies	\$ 58,854	46,466	8,250	4,138
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 24,415	19,276	3,422	1,717
c. Other (Specify) _____	\$ _____			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 719,867	568,343	100,905	50,619
2E. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No				
H. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$1,208
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Page 30 Line IV1
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.

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Annual Report of Long-Term Care Facility

CSP-19 Rev. 9/2018

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

Name of Facility Bethel Health and Rehabilitation Center, LLC	License No. 2138-C	Report for Year Ended 9/30/2022			Page 19 37
Item	Total	CCNH	RHNS	Residential Care Home	
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. \$	14,096	11,129	1,976	991
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	25,429	20,076	3,564	1,789
c. Other (Specify) Other Laundry Supplies	\$	10,709	8,455	1,501	753
3D. Total Laundry Expenditures (3a + b + c)	\$	50,234	39,660	7,041	3,533
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.

State of Connecticut

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CSP-20 Rev. 9/2018

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		20	37
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 49,720	39,254	6,969	3,497
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
Amt.	\$				
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	49,720	39,254	6,969	3,497
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$	748,355	748,355		
2. Purchased from	\$				
b. Medicine Cabinet Drugs	\$	22,331	22,331		
c. Medical and Therapeutic Supplies	\$	517,175	517,175		
d. Ambulance/Limousine***	\$	3,069	3,069		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	20,412	20,412		
f. X-rays and Related Radiological Procedures***	\$	79,114	79,114		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	141,962	141,962		
i. Recreation	\$	70,568	70,568		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)****	\$	39,828	39,828		
See Attached Schedule					
5M. Total Resident Care Expenditures (5a - 5j)	\$	1,642,814	1,642,814		

* 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

State of Connecticut

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CSP-21 Rev. 10/2001

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

Name of Facility Bethel Health and Rehabilitation Center, LLC			License No. 2138-C		Report for Year Ended 9/30/2022				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
ADP INC	P.O. Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Service	22,019			16	m11
ATLANTIC TOMORROWS OFFICE - FACSIMILE	PO BOX 5149 WHITE PLAINS NY 10602	<input type="radio"/>	<input checked="" type="radio"/>	N/A	COPIER MAINT CHARGES	35,674			16	m11
SMARTLINX SOLUTIONS	333 Thornall St. 4th Floor Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Time & Attendance	12,065			16	m11
ARAMARK UNIFORM SERVICE	280 Greenwood St Worcester, MA 01607	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry/Linen	25,429			19	3b
EMCORE SERVICES	30 Lindeman Drive Trumbull, CT 06611	<input type="radio"/>	<input checked="" type="radio"/>	N/A	HVAC	87,891			22	6f
THYSSENKRUPP ELEVATOR	3100 Interstate North Atlanta, GA 30339	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Elevator Repair	14,208			22	6f
CUTTING EDGE LAWN SERVICE	P.O.Box 270 West Redding, CT 06896	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping/ Snow Removal	41,083			22	6f
TOWN & COUNTRY MAINTENANCE, LLC	8906 Telegraph Road Lorton, VA 22079	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping/ Snow Removal	40,712			22	6f
ADM ENVIRONMENTAL GROUP LLC	Avenue, Brooklyn, Ny 11230	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Trash Removal/Recycling	36,543			22	6f
SMART CARE EQUIPMENT	P.O. Box 74008980 Chicago, IL 60674-8980	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary Equipment Repair	24,415			18	2b
JOHNSON CONTROLS DEPT CH	10320, PALATINE, IL 60055	<input type="radio"/>	<input checked="" type="radio"/>	N/A	HVAC	39,917			22	6f
MEYER WILLIAM B.	BLVD STRATFORD CT 06615	<input type="radio"/>	<input checked="" type="radio"/>	N/A	STORAGE	16,703			16	m11
MANHATTAN TECH SUPPORT	55 W 39TH ST, NEW YORK, NY 10018	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Maintenance System	69,599			16	m11
Various - See attached for continued list	Various	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Various	56,768			22	6f

* 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).

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

Name of Facility Bethel Health and Rehabilitation Center, LLC			License No. 2138-C		Report for Year Ended 9/30/2022			Page of 21a 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			
		Yes	No			CCNH	RHNS	Residential Care Home	Pg
DOOR CONTROL INC	67 S TURNPIKE RD WALLINGFORD CT 06492	<input type="radio"/>	<input type="radio"/>	N/A	MAINT DOOR ALARMS	11,481			22 6f
MCBRIDE WAYSIDE CARPET CO	3153 BERLIN TPK NEWINGTON CT 06111	<input type="radio"/>	<input type="radio"/>	N/A	CARPET CLEANING	10,840			22 6f
SCHINDLER ELEVATOR CORP	830 BROOK ST ROCKY HILL CT 06067	<input type="radio"/>	<input type="radio"/>	N/A	ELEVATOR MAINT	18,124			22 6f
TRANE COMPANY	PO BOX 406469 ATLANTA GA 30384	<input type="radio"/>	<input type="radio"/>	N/A	MAINT	16,323			22 6f

* 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).

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Annual Report of Long-Term Care Facility

CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 22	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 54,545	36,085	12,716			5,744
b. Heat	\$ 106,997	70,786	24,943			11,268
c. Light & Power	\$ 306,732	202,924	71,506			32,302
d. Water	\$ 74,367	49,199	17,337			7,831
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$ 128,444	101,408	18,004			9,032
f. Other <i>(itemize)</i>	\$ 376,106	248,819	87,679			39,608
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 1,047,191	709,221	232,185			105,785
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 90,984	71,833	12,753			6,398
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 90,984	71,833	12,753			6,398
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 2,195,149	1,733,094	307,696			154,359
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 5,535	4,370	776			389
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 31,623	24,967	4,433			2,223
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 2,323,291	1,834,264	325,658			163,369

* 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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2006

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report period

*Ties to Page 23, Line B3

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

Schedule of Non-Movable Equipment Acquired during this report period

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One Movable Category	Useful Life		
			Cost	5	Depreciation
Additions:					
11/30/2021	Stacking chairs	Administrative	\$ 1,579	5	\$ 290
11/30/2021	Stacking chairs	Administrative	1,579	5	290
12/31/2021	Meal tray cart	Administrative	4,026	10	335
12/31/2021	Desktop	Administrative	1,324	5	221
12/31/2021	Face recog kiosk/printer	Administrative	1,533	5	255
1/31/2022	LG 32 TV"	Administrative	1,034	5	155
1/31/2022	Network monitor UCMIP PBX	Administrative	17,846	10	1,338
1/31/2022	Delivery Cart	Administrative	4,026	10	302
2/28/2022	Qty4- LG 32 HDTV"	Administrative	2,067	5	276
3/31/2022	Qty9-Pedestal & Desk	Administrative	1,684	10	98
3/31/2022	Dell Desktop	Administrative	1,313	3	255
4/30/2022	Defibrillator	Standard Resident	3,225	5	323
4/30/2022	Dell Desktop	Administrative	1,069	3	178
4/30/2022	Qty5-HP Chromebook	Administrative	2,054	3	342
5/31/2022	Qty2-Lift_Sit to Stand	Standard Resident	5,202	10	217
5/31/2022	Dell Desktop/HP Printer/Webcam	Administrative	2,549	3	354
5/31/2022	Dell Desktop	Administrative	1,326	3	184
6/30/2022	Water Heater-Hatco Booster	Administrative	4,034	10	134
6/30/2022	Dell Desktop	Administrative	1,330	3	148
6/30/2022	Qty5-HP Chromebook	Administrative	2,046	3	227
6/30/2022	Dell Desktop	Administrative	1,355	3	151
7/31/2022	Meal Tray Delivery Cart/Add On	Administrative	4,233	10	106
7/31/2022	Dell Laptop	Administrative	1,748	3	146
8/31/2022	Qty3-LED Overbed Light	Standard Resident	1,117	10	19
8/31/2022	Dell Desktop	Administrative	1,311	3	73
8/31/2022	Dell Desktop	Administrative	1,329	3	74
8/31/2022	Dell Laptop	Administrative	1,615	3	90
8/31/2022	Dell Desktop	Administrative	1,329	3	74
8/31/2022	Dell Desktop	Administrative	1,329	3	74
9/30/2022	Qty3-Wheelchairs-Reclining	Standard Resident	1,367	5	23
9/30/2022	Qty52-Resndt Room Slot/Braille	Standard Resident	3,042	5	51
9/30/2022	Meal Tray Delivery Cart	Administrative	5,179	10	43
9/30/2022	Dell Laptop	Administrative	1,201	3	33
Total additions for Movable Equipment			\$ 87,002		\$ 6,878
Deletions:					
Total deletions for Movable Equipment					

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

Amortization Schedule*

Name of Facility Bethel Health and Rehabilitation Center, LLC			License No. 2138-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 Bethel Health and Rehabilitation Center	License No. 2138-C	Report for Year Ended 9/30/2022	Page 25 of 37																																																																																																																										
<p>11. Property Questionnaire</p> <p>Part A</p> <p>Is the property either owned by the Facility <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," complete Part B. or leased from a Related Party?* If "No," complete Part C.</p> <p>*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.</p> <table border="1"> <thead> <tr> <th>Description</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1. Date Land Purchased</td> <td></td> </tr> <tr> <td>2. Date Structure Completed</td> <td>02/18/94</td> </tr> <tr> <td>3. If NOT Original Owner, Date of Purchase</td> <td>12/31/16</td> </tr> <tr> <td>4. Date of Initial Licensure</td> <td>02/18/94</td> </tr> <tr> <td>5. Total Licensed Bed Capacity</td> <td>161 CCNH, 14 RCH, 28 ALU</td> </tr> <tr> <td>6. Square Footage</td> <td>125,225</td> </tr> <tr> <td>7. Acquisition Cost</td> <td></td> </tr> <tr> <td> a. Land</td> <td></td> </tr> <tr> <td> b. Building</td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Part B - Owner and Related Parties</th> <th>1st Mortgage</th> <th>2nd Mortgage</th> <th>3rd Mortgage</th> <th>4th Mortgage</th> </tr> </thead> <tbody> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> a. Type of Financing (e.g., fixed, variable)</td> <td>Fixed</td> <td></td> <td></td> <td></td> </tr> <tr> <td> b. Date Mortgage Obtained</td> <td>03/20/12</td> <td></td> <td></td> <td></td> </tr> <tr> <td> c. Interest Rate for the Cost Year</td> <td>4.00%</td> <td></td> <td></td> <td></td> </tr> <tr> <td> d. Term of Mortgage (number of years)</td> <td>35</td> <td></td> <td></td> <td></td> </tr> <tr> <td> e. Amount of Principal Borrowed</td> <td>26,268,700</td> <td></td> <td></td> <td></td> </tr> <tr> <td> f. Principal balance outstanding as of 09/30/2022</td> <td>25,438,012</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Complete if Mortgage was Refinanced During Current Cost Year</td> </tr> <tr> <td> g. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> h. Date of Refinancing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> i. New Interest Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> j. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> k. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> l. Principal Outstanding on Note Paid-Off</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Part C - Arms-Length Leases for Real Property Improvements Only</th> <th>Term of Lease</th> <th>Annual Amount of Lease</th> </tr> </thead> <tbody> <tr> <td>Name and Address of Lessor</td> <td>Property Leased</td> <td>Date of Lease</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Description	Total	1. Date Land Purchased		2. Date Structure Completed	02/18/94	3. If NOT Original Owner, Date of Purchase	12/31/16	4. Date of Initial Licensure	02/18/94	5. Total Licensed Bed Capacity	161 CCNH, 14 RCH, 28 ALU	6. Square Footage	125,225	7. Acquisition Cost		a. Land		b. Building		Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	1. Financing					a. Type of Financing (e.g., fixed, variable)	Fixed				b. Date Mortgage Obtained	03/20/12				c. Interest Rate for the Cost Year	4.00%				d. Term of Mortgage (number of years)	35				e. Amount of Principal Borrowed	26,268,700				f. Principal balance outstanding as of 09/30/2022	25,438,012				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	Term of Lease	Annual Amount of Lease	Name and Address of Lessor	Property Leased	Date of Lease																					
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Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

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

Name of Facility	License No.	Report for Year Ended			Page of
		9/30/2022			26 37
Item		Total	CCNH	RHNS	Residential Care Home
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. <i>Total Building Interest Expense (A1 - A4 + B5)</i>	\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page of 27 37	
Item			Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (<i>Specify</i>)	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$					
12. D. Other Interest Expense (<i>Specify</i>) Interest on Computer Note / Admin	\$	22,584	17,830	3,166	1,588	
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	22,584	17,830	3,166	1,588	
14. Insurance						
a. Insurance on Property (buildings only)	\$	5,697	4,498	799	400	
b. Insurance on Automobiles	\$	3,547	2,800	497	250	
c. Insurance other than Property (as specified above)	\$					
1. Umbrella (<i>Blanket Coverage</i>)	\$					
2. Fire and Extended Coverage	\$					
3. Other (<i>Specify</i>) Liability Insurance	\$	137,956	108,918	19,338	9,700	
14d. Total Insurance Expenditures (14a + b + c)	\$	147,200	116,216	20,634	10,350	
15. Total All Expenditures (A-13 thru C-14)	\$	24,537,384	21,008,262	2,359,458	1,169,664	

State of Connecticut
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D. Adjustments to Statement of Expenditures

Name of Facility Bethel Health and Rehabilitation Center, LLC			License No. 2138-C	Report for Year Ended 9/30/2022		Page 28 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<i>Page 10 - Salaries and Wages</i>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 148,990	126,502		22,488
<i>Page 13 - Professional Fees</i>							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 542,716	542,716		
7.			Other - See attached Schedule	\$ 13,026	13,026		
<i>Pages 15 & 16 - Administrative and General</i>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ (2,963)	(2,339)	(415)	(209)
10.			Accounting	\$			
10a.	15	1c	Legal	\$ 47,790	37,730	6,699	3,360
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 4,310	3,403	604	303
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	m2/3	Unallowable Advertising *	\$ 30,622	30,622		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 1,250	987	175	88
21.	16	m12	Unallowable Management Fees	\$ 628,660	496,334	88,120	44,206
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 54,059	49,126	3,290	1,643
<i>Page 18 - Dietary Expenditures</i>							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 1,208	1,208		
<i>Page 19 - Laundry Expenditures</i>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<i>Page 20 - Housekeeping Expenditures</i>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 1,469,668	1,299,316	98,473	71,879	

* 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	Residential Care Home
10	I2o	Admissions Salary Relating to Marketing	\$ 45,344		
10	I2o	Respiratory Therapy	81,158		
10	A12b1	RN Reduction to Aide Salary			5,281
10	A12c1	LPN Reduction to Aide Salary			17,207
Total Other Salaries Adjustment			\$ 126,502	\$ -	\$ 22,488

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	b8c	Physician Fees	\$ 13,026		
Total Other Fees Adjustments			\$ 13,026	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Penalties-Bethel-Administration	203	36	18
16	m13	Bank Charges-Bethel-Administration	1,738	309	155
16	m13	Hotel Expense-Bethel-Administration	2		
16	m8a	Chamber Dues	400		
15	1a9	Other Employee Benefits	21,876	2,945	1,470
15	Var	Benefits Associated with Marketing Salary	9,493		
15	Var	Benefits Associated with Respiratory Therapy Salary	15,415		
Total Other A&G Adjustments			\$ 49,126	\$ 3,290	\$ 1,643

Bethel Health Care
September 30, 2022
Benefits Disallowance

Pg. 28a

Resp Therapist Benefits Disallowance

Resp Therapy Salaries	81,158	Page 10
Total Salaries	8,424,850	TB Linked
Percent to Total Salaries	0.96%	

Total Benefits (Pg 15, Line 1a3 - 1a6) 1,600,193 TB Linked

Total Benefits Disallowed **15,415** Page 28 attachment

**Bethel Health Care
RN & LPN Salary Disallowance
September 30, 2022**

Pg. 28b

Total Aides Salaries	115,050
Total Aides Hours	5,206
Aides Dollars per Hour	<u>\$ 22.10</u>

RN Stats

Total RN Salaries	11,646
Total RN Hours	288
RN Dollars per Hour	<u>\$ 40.44</u>

Difference between RN and Aides
hourly wage \$ 18.34

Total RN Hours	288
Disallowed Hourly Wage	\$ 18.34
RN Disallowed Salary Expense	<u>\$ 5,281</u> Disallowed on Pg 28a

LPN Stats

Total LPN Salaries	44,478
Total LPN Hours	1,234
LPN Dollars per Hour	<u>\$ 36.04</u>

Difference between LPN and Aides
hourly wage \$ 13.94

Total LPN Hours	1,234
Disallowed Hourly Wage	\$ 13.94
LPN Disallowed Salary Expense	<u>\$ 17,207</u> Disallowed on Pg 28a

**Bethel Health Care
Disallowance Schedule for Cell Phones
September 30, 2022**

Pg. 28b

	<u>Amount</u>
Total Cell Phone Expense	7,110 TB Linked
Total Allowable Cost	\$ 2,800
Days in Cost Report (365 out of 365 Days)	365
Days in Cost Report Year	365
Partial Year Allowable %	<hr/> 100%
Revised Allowable Cost	\$ 2,800
Disallowed Cell Phone (Page 28, Line 12)	<hr/> <hr/> \$ 4,310
	CCNH RHNS RCH \$ 3,403 \$ 604 \$ 303

Bethel Health Care
Calculation of Allowable Management Fee
September 30, 2022

Pg. 28c

<u>Description</u>	<u>Amount</u>
Management fees Charged	1,014,825 <small>Page 16, Line m12</small>
Accounting Charges	58,835 <small>Page 15, Line 1d</small>
Total Management Fees Per Agreement	1,073,660
Patient Days	47,403 <small>Page 8 of C/R</small>
Imputed Days - 90% Occupancy (365/365 Days)	52,889 <small>Calculation</small>
Amount Per Patient Day (Greater of 90% or Actual Days)	\$ 20.30
PPD Allowance Per Client 2021	7.84
2022 CPI Increase %	1.07 <small>J.01b</small>
PPD Allowance 9/30/2022	<u>8.41</u>
Amount over (Under)	\$ 11.8865
Total Days	52,889 <small>Page 8 of C/R</small>
Disallow Management Fee	<u>\$ 628,660</u>

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

Name of Facility Bethel Health and Rehabilitation Center, LLC				License No. 2138-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	Residential Care Home	
Subtotals Brought Forward				\$ 1,469,668	1,299,316	98,473	71,879	
<i>Page 20 - Resident Care Supplies***</i>								
27.	20	5a1	Prescription Drugs	\$ 748,355	748,355			
28.	20	5d	Ambulance/Limousine	\$ 3,069	3,069			
29.	20	5f	X-rays, etc	\$ 79,114	79,114			
30.	20	5h	Laboratory	\$ 141,962	141,962			
31.			Medical Supplies	\$				
32.	20	5e2	Oxygen (non emergency)	\$ 20,412	20,412			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 187,731	187,731			
<i>Page 22 - Maintenance and Property</i>								
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 12,818	9,976	1,937	905	
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	\$				
<i>Page 27 - Insurance</i>								
40.			Mortgage Insurance	\$				
41.			Property Insurance	\$				
<i>Other - Miscellaneous</i>								
42.			Other - Indirect	\$				
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$ 24,226	24,226			
45.			Management Fees Direct	\$				
46.			Management Fees Indirect	\$				
47.			Other - Direct	\$				
<i>Not For Profit Providers Only</i>								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$				
49.			Total Amount of Decrease (Items 1 - 48)	\$ 2,687,355	2,514,161	100,410	72,784	

*** 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	Residential Care Home
20	51	Equip Rental-Bethel-Rehab Tpy and Anclry	\$ 10,155		
20	51	Equip Rental-Bethel-Respiratory	29,673		
20	5c	Minor Equipment	725		
20	5c	Nursing Equipment Rental	68,209		
20	5c	Med B Nursing Supplies	50,807		
20	5i	Cable Television Disallowance (See Attached)	28,162		
Total Other Ancillary Costs			\$ 187,731	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7d	Non Allowable Depreciation on Movable Equipment	\$ 9,976	\$ 1,937	\$ 905
Total Excess Movable Equipment Depreciation			\$ 9,976	\$ 1,937	\$ 905

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Property Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

Total Unallowable Building Interest	\$ -	\$ -	\$ -
-------------------------------------	------	------	------

National Health Care Associates, Inc. (CT)
Cable TV Disallowance
September 30, 2022

Pg. 29b

Total Cable TV Expense	35,362	TB Linked
Total Monthly Fee Allowed	\$ 600	
Total Months	12	
Total Allowable Expense	\$ 7,200	
Partial Year Cost Report (365 out of 365 Days)	\$ 365	
Days in Cost Report Year	365	
Partial Year Allowable %	100.00%	
Revised Allowable Cost	\$ 7,200	
Disallowed Expense	<u>\$ 28,162</u>	{a}

Tickmark
{a} Ties to page 29a

Rehab Portion of Facility

Facility Square Feet	128,773	[b]	W/P D.01
Rehab Square Feet	2,932	[b]	W/P D.01
Rehab % to Total			2.28%

Outpatient Portion of Therapies

Total Inpatient Therapy Treatments (Page 9)	46,576	[C]	W/P D.01
Total Outpatient Therapy Treatments	3	[C]	W/P D.01
Total Therapies	46,579	[C]	Calculated
Outpatient % to Total Therapies			0.01%

Outpatient Portion of Rehab Facility

Outpatient % of Rehab	0.00%
-----------------------	-------

Disallowance

	TB Linked <u>Total</u>	[a] <u>Outpatient</u>	
Maint & Op Expenses (Pg 22 line 6g)	1,047,191	2	29a
Depreciation - Building (Pg 22 line 7b)	-	-	N/A
Rent (Pg 22 line 9)	2,195,149	3	N/A
Real Estate Taxes (Pg 22 line 10b)	5,535	-	29a
Property Insurance (Pg 27 line 14a)	5,697	-	29a
		<hr/> 5	

[a] Amount ties to page 29 without exception.

[b] Amounts provided by Client.

[c] Amounts provided by Client

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$	8,871,863	8,529,787			342,076
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	831,483	831,483			
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$	6,548,265	4,546,842	1,699,655		301,768
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$	(75,111)	(75,111)			
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$	(74,883)	(74,883)			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$	179,978	179,978			
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$	15,868	15,868			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	1,295,076	1,294,905		171	
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$	34,854	34,849		5	
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$	466,899	466,899			
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$	51,105	51,105			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$	1,066,345	1,066,345			
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$	131,577	131,577			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$	4,466,591	4,466,591			
b. Other (Specify) - Non-Medicare	\$	355,277	355,277			
III. Total Resident Revenue (Section I. thru Section II.)	\$	24,165,187	21,821,512	1,699,831		643,844
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$	1,208	1,208			
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$	4,870	4,870			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$	361,573	282,899	76,722		1,952
V. Total Other Revenue (1 thru 8)	\$	367,651	288,977	76,722		1,952
VI. Total All Revenue (III +V)	\$	24,532,838	22,110,489	1,776,553		645,796

* Facility should offset the appropriate expense on Page 28 or Page 29 of the Cost Report.

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 II 6a	Medicare A NTA Contra-Bethel	\$ 1,522,551		
30 II 6a	Medicare A Nsng Comp Contra-Bethel	2,341,412		
30 II 6a	Medicare Pt A Ambulance-Bethel	2,597		
30 II 6a	Medicare Pt A Lab-Bethel	151,022		
30 II 6a	Medicare Pt A X-Bethel	95,916		
30 II 6a	Medicare Pt A Sequestration-Bethel	(56,676)		
30 II 6a	Medicare Pt A Settlement-Bethel	8,943		
30 II 6a	Medicare Part B Telehealthfield-Bethel	100		
30 II 6a	Medicare Pt B Prior Period-Bethel	(779)		
30 II 6a	Mgd Medicare NTA Contra-Bethel	170,897		
30 II 6a	Mgd Medicare Nsng Comp Contra-Bethel	230,608		
Total Other Resident Revenue - Medicare		\$ 4,466,591	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 II 6b	Medicaid Lab-Bethel	\$ 264		
30 II 6b	Comm Ins Lab-Bethel	22,046		
30 II 6b	Comm Ins X-Bethel	12,302		
30 II 6b	Mgd Medicare Lab-Bethel	76,599		
30 II 6b	Mgd Medicare X-Bethel	39,004		
30 II 6b	Mgd Medicare Prior Period-Bethel	(4,905)		
30 II 6b	Patient Revenue Capitation -Bethel	157,500		
30 II 6b	Misc. Expense-Bethel Health-Administration	(13,101)		
30 II 6b	Prior Period Expense-Bethel-Administration	65,568		
Total Other Resident Revenue		\$ 355,277	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30 IV 5	Interest on Money Market Account	267,021	\$ 4,870		
Total Interest Income		\$ 4,870	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 IV 8	Medical Records Rev (Disallowed on Pg 29a)	\$ 1,290	\$ -	\$ -
30 IV 8	Refunds / Rebates (\$22,935 Disallowed on Pg 29a)	31,808		
30 IV 8	Stimulus Rev	144,940		
30 IV 8	Reversal of PY Tax Expense (No CY Expense)	82,941		
30 IV 8	Removal of Interest on Loan that was extinguished at purchase of Bethel (No CY Expense)	-	72,830	
30 IV 8	Reversal of PY Corporate Taxes (No CY Expense)	993	176	88
30 IV 8	Reversal of PY CT PFT Taxes (No CY Expense)	20,927	3,716	1,864
Total Other Revenue		\$ 282,899	\$ 76,722	\$ 1,952

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bethel Health and Rehabilitation Center	2138-C	9/30/2022	31	37
Account				Amount
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)				\$ 731,751
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				\$ 2,526,160
3. Other Accounts Receivable (Excluding Owners or Related Parties)				\$
4. Inventories				\$ 88,377
5. Prepaid Expenses				\$ 161,070
a. _____				
b. _____				
c. _____				
d. See Schedule				161,070
6. Interest Receivable				\$
7. Medicare Final Settlement Receivable				\$
8. Other Current Assets (<i>itemize</i>)				\$ 372,348

See Schedule				372,348
A-9. Total Current Assets (Lines A1 thru 8)				\$ 3,879,706
B. Fixed Assets				
1. Land				\$
2. Land Improvements				\$
*Historical Cost _____				
Accum. Depreciation _____				Net
3. Buildings				\$
*Historical Cost _____				
Accum. Depreciation _____				Net
4. Leasehold Improvements				\$
*Historical Cost _____				
Accum. Depreciation _____				Net
5. Non-Movable Equipment				\$
*Historical Cost _____				
Accum. Depreciation _____				Net
6. Movable Equipment				\$ 2,164,837
*Historical Cost _____				
Accum. Depreciation _____				Net
7. Motor Vehicles				\$ 121,062
*Historical Cost _____				
Accum. Depreciation _____				Net
8. Minor Equipment-Not Depreciable				\$
9. Other Fixed Assets (<i>itemize</i>)				\$ 10,201
F/S vs C/R NBV _____				7,572
See Schedule				2,629
B-10. Total Fixed Assets (Lines B1 thru 9)				\$ 406,372

* 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	\$
31	A5	Prepaid Workers Comp-Bethel	38,946
31	A5	Prepaid Gcn Ins-Bethel	11,703
31	A5	Prepaid Expense Other-Bethel	32,649
31	A5	Prepaid Real Estate Taxes-Bethel	4,720
31	A5	Prepaid Personal Property Taxes-Bethel	26,914
31	A5	Prepaid Mgmt Assets-Bethel	16,138
Total Prepaid Expenses			\$ 161,070

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

Page Ref	Line Ref	Description	\$
31	A8	CT PET Deferred Tax-Bethel	264,038
31	A8	Due from Related-Bethel	42,039
31	A8	CT PET Tax Receivable-Bethel	40,377
31	A8	Security Deposits-Bethel	25,894
Total Other Current Assets (itemize)			\$ 372,348

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

Page Ref	Line Ref	Description	\$
31	B9	CIP	2,629
Total Other Other Fixed Assets (itemize)			\$ 2,629

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	\$
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	\$
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	\$
Total Other Current Liabilities (Itemize)			\$ -

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	\$
Total Other Current Liabilities (Itemize)			\$ -

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bethel Health and Rehabilitation Center	2138-C	9/30/2022	32	37
Account				Amount
Total Brought Forward:				\$ 4,286,078
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				\$
2. Land Improvements	*Historical Cost	13,306		
	Accum. Depreciation	13,306	Net	\$
3. Buildings	*Historical Cost	22,939,427		
	Accum. Depreciation	16,694,557	Net	\$ 6,244,870
4. Non-Movable Equipment	*Historical Cost	1,058,914		
	Accum. Depreciation	565,184	Net	\$ 493,730
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)				\$ 6,738,600
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	\$
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care (itemize)				\$
6. Loans to Owners or Related Parties (itemize)				\$
Name and Address	Amount	Loan Date		
7. Other Assets (itemize)				\$
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 11,024,678

* 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			\$ 810,320
2. Notes Payable (<i>itemize</i>) Equipment Obligation ST-Bethel			\$ 435
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>)			\$ 1,002,866
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$
6. Accrued Payroll Taxes Payable			\$
7. Medicare Final Settlement Payable			\$
8. Medicare Current Financing Payable			\$
9. Mortgage Payable (<i>Current Portion</i>)			\$
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$
11. Accrued Income Taxes*			\$
12. Other Current Liabilities (<i>itemize</i>)			\$ 631,890
Loans and Exchange-Bethel			20,182 Sec Deposit Private Patie
Unclaimed ADP checks-Bethel			9,375 Accrued Expenses-Bethe
Deferred Revenue Alu-Bethel			134,177
Patients Fund-Bethel			2,661 See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 2,445,511

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	34	37
Account			Amount	
Total Brought Forward:			\$ 2,445,511	
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>)			\$ 14,863,103	
Name and Address of Lender	Amount	Loan Date		
Due to Realty / HMS / Related / Loans Payable	14,863,103			
4. Other Long-Term Liabilities (<i>itemize</i>)			\$ 724,719	
Notes Payable LT1-Bethel			\$ 724,000	
Equipment Obligation LT 1-Bethel			719	
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$ 15,587,822	
C. Total All Liabilities (Lines A-13 + B-5)			\$ 18,033,333	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bethel Health and Rehabilitation Center	2138-C	9/30/2022	35	37
Account				Amount
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	6,738,600
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			\$	6,738,600
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(13,742,709)
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ (4,546)
7. Total Net Worth			\$	(13,747,255)
C. Total Reserves and Net Worth				\$ (7,008,655)
D. Total Liabilities, Reserves, and Net Worth				\$ 11,024,678

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H. Changes in Total Net Worth

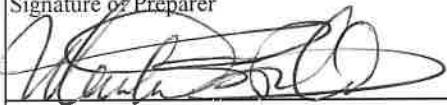
Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ (16,802,301)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 24,532,838
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 24,537,384
D. Net Income or Deficit				\$ (4,546)
E. Balance				\$ (16,806,847)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Prior Period Adjustments				3,059,592
2. Other (<i>itemize</i>)				
F-3. Total Additions				\$ 3,059,592
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$
Name and Address (<i>No., City, State, Zip</i>)				
2. Other Withdrawals (<i>Specify</i>)				\$
Purpose				Amount
3. Total Deductions				\$
H. Balance at End of Period				\$ (13,747,255)
09/30/22				

I. Preparer's/Reviewer's Certification

Name of Facility Bethel Health and Rehabilitation Center,	License No. 2138-C	Report for Year Ended 9/30/2022	Page of 37 37
<i>Check appropriate category</i>			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home	

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 PrincPAC	Date Signed 2/9/23
Printed Name of Preparer Matthew S. Bavolack		
Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600
Contacted Person Regarding Additional Information Needed Regarding This Report John Phelps		Phone Number 516-705-4813
Contact Email Address iphelps@nathealthcare.com		