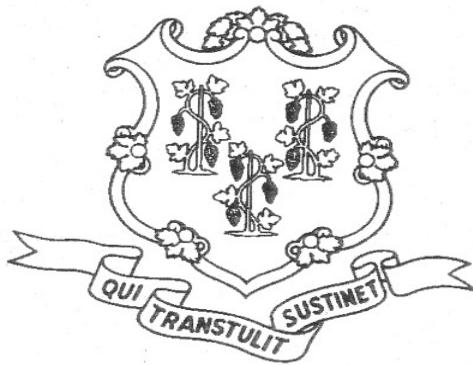


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Complete Care at Glendale, LLC					
Address (No. & Street, City, State, Zip Code) 4 Hazel Ave, Naugatuck CT 06770					
Type of Facility					
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)		Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)			
Report for Year Beginning 10/1/2021		Report for Year Ending 9/30/2022			

License Numbers:	CCNH 2460	RHNS	(Specify)	Medicare Provider 07-5240
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Medicaid Provider Numbers:	CCNH 000010975	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) Complete Care at Glendale, LLC	License No. 2460	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 Complete Care at Glendale, 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) Marian Gaudioso		Printed Name (Owner) Shalom Stein	
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public			

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Complete Care at Glendale, LLC	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 4 Hazel Ave, Naugatuck CT 06770				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 3/9/2023		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
<b>6. Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
<b>8. Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility	Report for Year Ended	Page	of
203-723-1456	9/30/2022	2	37
Name of Facility (as shown on license) Complete Care at Glendale, LLC		Address (No. & Street, City, State, Zip) 4 Hazel Ave, Naugatuck CT 06770	
License Numbers:  CCNH 2460	RHNS	(Specify)	Medicare Provider No. 07-5240
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)			
Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust			
If this facility opened or closed during report year provide:	Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?		<input checked="" type="radio"/> Yes	<input type="radio"/> No
If "Yes," explain fully.  Complete Care Management, LLC purchased this facility from Genesis on 9/1/2021.			
<b>Administrator</b>			
Name of Administrator Marian Gaudioso		Nursing Home Administrator's License No.:	1650
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name N/A		License No.:	

## **General Information and Questionnaire Partners/Members**

**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Complete Care at Glendale, LLC	License No. 2460	Report for Year Ended 9/30/2022		Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:					
Legal Name of Corporation N/A	Business Address	State(s) in Which Incorporated			
Name of Directors, Officers N/A	Business Address	Title	No. Shares Held by Each		
Names of Stockholders Owning at Least 10% of Shares N/A					

State of Connecticut

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

CSP-3B Rev. 10/2005

**General Information and Questionnaire**  
**Individual Proprietorship**

Name of Facility Complete Care at Glendale, LLC	License No. 2460	Report for Year Ended 9/30/2022	Page of 3B   37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

## **General Information and Questionnaire**

### **Related Parties\***

Name of Facility Complete Care at Glendale, LLC	License No. 2460	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 <small>If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</small>				
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 <small>If "Yes," provide the following information:</small>				
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	%**				
Complete Care Management, LLC	1730 NJ-37, Toms River, NJ 08757	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	Page 16 / Line M12	661,352	661,352
Complete Care Management, LLC	1730 NJ-37, Toms River, NJ 08757	<input type="radio"/>	<input checked="" type="radio"/>		Rent	Page 22 / Line 9	494,095	***494095
Intercompany Liabilities	N/A	<input type="radio"/>	<input checked="" type="radio"/>		Due to/from Intercompany	Page 34 / Line B3		
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Complete Care at Glendale, LLC	License No. 2460	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 costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

N/A

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

N/A

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.

N/A

# General Information and Questionnaire Leases (Excluding Real Property)

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

### Is a Mileage Log Book Maintained for All Leased Vehicles?

Yes

⊕ No

Total \*\*\*

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

\*\* Attach copies of newly acquired leases.

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

# **General Information and Questionnaire**

## **Accounting Basis**

Name of Facility Complete Care at Glendale, LLC	License No. 2460	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      If "No," explain.  
 No

N/A

## **Independent Accounting Firm**

Name of Accounting Firm 1 Brand Sonnenshine LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 299 Broadway Suite 600 New York, NY 10007-1993
---	---

**Services Provided by This Firm (*describe fully*)**

1	General Accounting Services	\$ 15,000
2		\$
3		\$
4		\$
		Charge for Services Provided
		\$ 15,000

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

Yes  No | Pg. 15, Line 1d

## Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 CSC	866-636-5400
2 Genova Burns	973-533-0777
3 Cogency Global	800-221-0102
4 Waller Lansden Dortch & Davis, LLP	615-244-6380
5	

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

1 PO Box 7410023, Chicago IL 60674  
2 494 Broad Street Newark, NJ 07102  
3 122 E 42nd St 18th fl, New York, NY 10168  
4 511 Union Street Suite 2700 Nashville, Tennessee 31219  
5

3 Services Provided by This Firm (*describe fully*)

1	Registration and incorporation filings for the LLC's (Disallowed on Pg 28)	\$ 1,008
2	Advice, counsel & representation labor and employment law and related matters	\$ 37
3	Statutory Representation	\$ 33
4	Genesis Portfolio Legal Fees (Disallowed on Pg 28)	\$ 310
5		\$
		Charge for Services Provided
		\$ 1,388

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

Pg. 15, Line 1e

## Schedule of Resident Statistics

Name of Facility Complete Care at Glendale, LLC			License No. 2460			Report for Year Ended 9/30/2022				Page 8 of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					120	120						
A. On last day of PREVIOUS report period	120	120										
B. On last day of THIS report period	120	120							120	120		
2. Number of Residents					106	106						
A. As of midnight of PREVIOUS report period	106	106										
B. As of midnight of THIS report period	110	110							110	110		
3. Total Number of Days Care Provided During Period					2,650	2,650						
A. Medicare	3,403	3,403							753	753		
B. Medicaid (Conn.)	29,922	29,922			22,386	22,386			7,536	7,536		
C. Medicaid (other states)												
D. Private Pay	4,507	4,507			3,147	3,147			1,360	1,360		
E. State SSI for RCH												
F. Other (Specify) Hospice / HMO	2,492	2,492			1,863	1,863			629	629		
G. Total Care Days During Period (3A thru F)	40,324	40,324			30,046	30,046			10,278	10,278		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	339	339			258	258			81	81		
B. Other Bed Reserve Days	11	11			11	11						
<b>5. Total Resident Days (3G + 4A + 4B)</b>	<b>40,674</b>	<b>40,674</b>			<b>30,315</b>	<b>30,315</b>			<b>10,359</b>	<b>10,359</b>		

## Schedule of Resident Statistics (Cont'd)

Name of Facility Complete Care at Glendale, LLC	License No. 2460	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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH (1)	RHNS (2)	(Specify) (3)		
				(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.

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	12	76		22				
Per Diem Rate								
a. One bed rm.	Various	256.33		530.00				
b. Two bed rms.	Various	256.33		476.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	515	515	(Specify)
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	188	188	
2. Restorative Treatments			
C. Other	1,956	1,956	
<b>D. Total Physical Therapy Treatments</b>	<b>2,659</b>	<b>2,659</b>	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	318	318	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	183	183	
2. Restorative Treatments			
C. Other	1,707	1,707	
<b>D. Total Speech Therapy Treatments</b>	<b>2,208</b>	<b>2,208</b>	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	426	426	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	204	204	
2. Restorative Treatments			
C. Other	814	814	
<b>D. Total Occupational Therapy Treatments</b>	<b>1,444</b>	<b>1,444</b>	

## Report of Expenditures - Salaries &amp; 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
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	179,756	2,080			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	221,758	17,776			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	349,586	18,136			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers					
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	93,457	2,340			
b. Other Maintenance Workers	80,947	3,502			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	2,423	313			
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	200,095	3,245			
b. RN					
1. Direct Care	499,136	10,024			
2. Administrative**	627,787	11,916			
c. LPN					
1. Direct Care	1,080,255	31,223			
2. Administrative**					
d. Aides and Attendants	1,834,453	81,863			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	94,118	4,526			
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	121,451	3,746			
n. Marketing	67,132	2,874			
o. Other (Specify) See Attached Schedule	118,935	4,105			
<i>A-13. Total Salary Expenditures</i>	5,571,289	197,669			

\* 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 Complete Care at Glendale, LLC				License No. 2460		Report for Year Ended 9/30/2022			Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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
Complete Care at Glendale, LLC				2460		9/30/2022			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Marian Gaudioso	179,756			Non Discriminatory	Administrator	2,080	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility Complete Care at Glendale, LLC	License No. 2460	Report for Year Ended 9/30/2022		Page 13	of 37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)					
1. Dietitian	47,494	883			
2. Dentist	6,516	112			
3. Pharmacist	25,137	Contracted			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	190,563	2,659			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	57,418	90 / Monthly			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	128,177	1,483			
b. Other					
10. Occupational Therapist					
a. Resident Care	154,396	2,208			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	26,714	269			
2. Administrative***					
b. LPN					
1. Direct Care	323,290	4,652			
2. Administrative***					
c. Aides	145,881	3,472			
d. Other					
12. Other (Specify)					
See Attached Schedule	71,412	401			
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	1,176,998	16,139			

\* 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 Complete Care at Glendale, LLC	License No. 2460	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		
Medical Nutrition Therapy, 1105 East County Line Rd Suite 212 Lakewood NJ 08701	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Omnicare, PO Box 78000 Dept 781668, Dtroit MI 48278	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Integra, 160 Airport Road Lakewood NJ 08701	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	N/A	
Guardian Consulting Services, 3333 New Hyde Park Road New Hyde Park NY 11042	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Healthdrive, PO Box 22010 New York, NY 10087	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Genesis Physician Services, PO Box 62946 ATTN: Gary Segal Baltimore MD 21264	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Naugatuck Valley Cardiovascular 1625 Straits Turnpike, Suite 209 Middlebury CT 06762	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Leonard Koliani, MD, 120 North Farms Middlebury CT 06762	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Reliant Rehab, 6860 Dallas Pkwy Suite 550 Plano TX 75024	Contract PT, OT & ST	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Acute Care Gases, 23 Nutmeg Valley Rd. Wolcott CT 06710	Respiratory Therapist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
MassTex, 3 Electronics Ave Suite #201 Danvers MA 01923	Contract ST	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Swallowing Diagnostics, 21 Waterville Road Avon CT 06001	Contract ST	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
AAA Nursing Care, LLC, 3303 Main Street Stratford CT 06614	Contract Nursing / Nursing Admin	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
All American Healthcare Services, 494 Broad St 4th Floor Newark NJ 07102	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Amidon Nurse Staffing, PO Box 436 Malverne NY 11565	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Solomon Page Group LLC, PO BOX 75015 Chicago IL 60675	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Alois LLC, 548 Market St #47970 San Francisco CA 94104	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
CareerStaff Unlimited, PO Box 301076 Dallas TX 75303	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Medical Edge Recruitment LLC, 8686 New Trails Dr Suite 120 The Woodlands TX 77381	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Mindseeker Professional Services , Inc., 20130 Lakeview Center PLZ Suite 400 Ahburn VA	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Norton and Associates , Inc., 97 Elm Street Cohasset MA 02025	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
See Attached for Continued List	Various	<input type="radio"/>	<input checked="" type="radio"/>	N/A	

\* Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	75,381	75,381		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	77,159	77,159		
4. Social Security (F.I.C.A.)	\$	471,162	471,162		
5. Health Insurance	\$	316,022	316,022		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$	44,251	44,251		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	163,040	163,040		
d. Accounting and Auditing	\$	15,000	15,000		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$	1,388	1,388		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$	16,175	16,175		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	11,190	11,190		
2. Cellular Phones	\$				
i. Appraisal ( <i>Specify purpose and attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$	100	100		
3. Resident Day User Fee	\$	740,011	740,011		
<b><i>Subtotal</i></b>	\$	<b>1,930,879</b>	<b>1,930,879</b>		

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
Employee Relations / Gifts / Flowers (Disallowed on Pg 28a)	\$ 15,951		
Employee Benefits>Food (Disallowed on Pg 28a)	9,058		
Employee Benefits>Training & Education	18,920		
Employee Benefits>Employee Physicals	322		
<b>Total</b>	<b>\$ 44,251</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
Sales & Use Tax	\$ 100		
<b>Total</b>	<b>\$ 100</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Complete Care at Glendale, LLC	License No. 2460	Report for Year Ended 9/30/2022	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
<b><i>Subtotals Brought Forward:</i></b>	1,930,879	1,930,879		
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$	13,000	13,000	
5. Education Expenses Related to Seminars and Conventions	\$	21,062	21,062	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	6,606	6,606	
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	43,648	43,648	
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)***	\$	8,366	8,366	
7. Postage	\$	798	798	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	5,273	5,273	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	353	353	
9. Subscriptions	\$	1,139	1,139	
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$	311,374	311,374	
12. Administrative Management Services**	\$	661,352	661,352	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	203,330	203,330	
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$	3,207,180	3,207,180	

\* Do not include Subscriptions, which should go in item 9.

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
	-		
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Marketing & Advertising (Disallowed on Pg 28)	\$ 43,648		
<b>Total Other Advertising</b>	<b>\$ 43,648</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF Dues	\$ 5,273		
<b>Total Dues</b>	<b>\$ 5,273</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Admin Expense>Financing Costs (Disallowed on Pg 28a)	\$ 2,792		
Admin Expense>resident missing Items (Disallowed on Pg 28a)	108		
Admin Expense>Licenses	1,451		
Admin Expense>Fines & Penalties (Disallowed on Pg 28a)	18		
Admin Expense>Late Fees (Disallowed on Pg 28a)	1,669		
Admin Expense>Bank Fees (\$6,839 Disallowed on Pg 28a)	15,204		
Admin Expense>Background Checks	9,631		
Admin Expense>Startup Costs (Disallowed on Pg 28a)	172,457		
<b>Total Other Administrative and General</b>	<b>\$ 203,330</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Complete Care at Glendale, LLC	License No. 2460	Report for Year Ended 9/30/2022	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Complete Care Management, LLC, 1730 NJ-37, Toms River, NJ 08757	661,352	Management Fees	Page 16 / Line M12

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

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

Name of Facility Complete Care at Glendale, LLC	License No. 2460	Report for Year Ended 9/30/2022		Page 18   37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 290,615	290,615		
2. Non-Food Supplies	\$ 35,508	35,508		
3. Other (Specify) _____	\$			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 124,898	124,898		
c. Other (Specify) _____	\$ 8,924	8,924		
Minor Equipment / Repairs and Maint / Equip Rental				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 459,945</b>	<b>459,945</b>		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify cost.	\$3,720
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 checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify cost.	\$9,057
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

## C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs

(See Note on Page 5)

Name of Facility Complete Care at Glendale, LLC	License No. 2460	Report for Year Ended 9/30/2022	Page 19	of 37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
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)	\$ 244,869	244,869		
c. Other (Specify) Other Laundry Supplies	\$ 15,409	15,409		
<b>3D. Total Laundry Expenditures (3a + b + c )</b>	<b>\$ 260,278</b>	<b>260,278</b>		
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?			(Page/Line Item)	
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?			(Page/Line Item)	

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

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

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

Name of Facility Complete Care at Glendale, LLC	License No. 2460	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 25,553	25,553		
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.	\$ 392,090	392,090		
C. Other ( <i>Specify</i> )	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	417,643	417,643		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Integra Scripts / Omnicare	\$	164,082	164,082		
b. Medicine Cabinet Drugs	\$	1,031	1,031		
c. Medical and Therapeutic Supplies	\$	134,620	134,620		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	5,567	5,567		
f. X-rays and Related Radiological Procedures***	\$	10,517	10,517		
g. Dental ( <i>Not dentists who should be included under             salaries or fees</i> )	\$				
h. Laboratory***	\$	54,454	54,454		
i. Recreation	\$	32,006	32,006		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	113,696	113,696		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	515,973	515,973		

\* 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**

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

Name of Facility Complete Care at Glendale, LLC				License No. 2460	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	(Specify)	Pg	Line
Healthcare Services Group	Suite #300 Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary Services	114,645			18	2b
Healthcare Services Group	Suite #300 Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Housekeeping Services	390,549			20	4b
Healthcare Services Group	Suite #300 Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry Services	244,869			19	3b
Jacovino's Lawn Care	92 Cheshire Rd Suite 2, Prospect CT 06712	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Snow Removal	14,331			22	6f
Jacovino's Lawn Care	92 Cheshire Rd Suite 2, Prospect CT 06712	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping Services	31,158			22	6f
David Herbst	175 White Rd, Jackson NJ 08527	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Contracted Administrative Services	12,000			16	m11
LTC Consulting Services	Americas, Lakewood, NJ 08701	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Consulting Fees	177,000			16	m11
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

\*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility Complete Care at Glendale, LLC	License No. 2460	Report for Year Ended 9/30/2022			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 34,830	34,830				
b. Heat	\$ 45,924	45,924				
c. Light & Power	\$ 141,052	141,052				
d. Water	\$ 79,373	79,373				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 125,341	125,341				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 426,520	426,520				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 1,657	1,657				
b. Building & Building Improvements	\$ 38,783	38,783				
c. Non-Movable Equipment	\$ 5,942	5,942				
d. Movable Equipment	\$ 162,699	162,699				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 209,081	209,081				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 3,232	3,232				
d. Other ( <i>Specify</i> )	\$ 7,408	7,408				
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 10,640	10,640				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 494,095	494,095				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 239,927	239,927				
c. Personal property taxes	\$ 29,482	29,482				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 983,225	983,225				

\* 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**

Description	CCNH	RHNS	(Specify)
Maintenance Expense>Supplies>COVID	\$ 262		
Maintenance Expense>Supplies	10,085		
Maintenance Expense>Minor Equip	6,296		
Maintenance Expense>Sanitation & Incineration	40,293		
Maintenance Expense>Extermination	2,771		
Maintenance Expense>Snow Removal	14,331		
Maintenance Expense>Landscaping	31,158		
Maintenance Expense>Landscaping>supplies	269		
Maintenance Expense>Fire Drill	425		
Maintenance Expense>Data Processing	1,345		
Maintenance Expense>Contracted Service	18,106		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 125,341</b>	<b>\$ -</b>	<b>\$ -</b>

### Depreciation Schedule

Name of Facility Complete Care at Glendale, LLC			License No. 2460			Report for Year Ended 9/30/2022			Page 23	of 37	
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
<b>A. Land Improvements</b>											
1. Acquired prior to this report period			24,856		24,856	8,872	S/L	Various	1,657		
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
<b>A-4. Subtotal</b>										1,657	
<b>B. Building and Building Improvements</b>											
1. Acquired prior to this report period			581,752		581,752	176,184	S/L	Various	38,783		
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
<b>B-4. Subtotal</b>										38,783	
<b>C. Non-Movable Equipment</b>											
1. Acquired prior to this report period			59,418		59,418	43,013	S/L	Various	5,942		
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
<b>C-4. Subtotal</b>										5,942	
	Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year							
<b>D. Movable Equipment</b>											
1. Motor Vehicles (Specify name, model and year of each vehicle)											
a.											
b.											
c.											
d.											
2. Movable Equipment											
a. Acquired prior to this report period	Var	Var	909,153		909,153	764,642	S/L	Various	144,511		
b. Disposals (attach schedule)											
Acquired during this report period (attach schedule):											
c. Administrative	Var	Var	92,688		92,688		S/L	Various	18,188		
d. Standard Resident											
e. Specialized Resident											
Total Acquired during this report period			92,688		92,688				18,188		
<b>D-3. Subtotal</b>										162,699	
<b>E. Total Depreciation</b>										209,081	

**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	Cost	Useful Life		Depreciation
		Movable Category		Cost	Useful Life	
<b>Additions:</b>						
9/30/2021	Ports, computers, laptops, ipads	Administrative	\$ 84,341	5	\$ 16,868	
9/30/2021	Use tax on the computer purchase	Administrative	5,356	5	1,071	
2/28/2022	enclosed tray truck	Administrative	2,991	7	249	
		PICK A CATEGORY				
		PICK A CATEGORY				
		PICK A CATEGORY				
<b>Total additions for Movable Equipment</b>			\$ 92,688		\$ 18,188	*
<b>Deletions:</b>						
<b>Total deletions for Movable Equipment</b>			\$ -		\$ -	**

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Useful Life			Depreciation
		Cost	Life	Depreciation	
<b>Additions:</b>					
9/13/2021	Heat tables and outlets	\$ 4,675	15	\$ 313	
11/12/2021	electrical/remodeling work	3,058	15	187	
11/24/2021	plumbing leak	7,350	15	408	
11/24/2021	plumbing leak adjustment	1,171	15	65	
10/21/2021	bearing assembly replaced	3,331	15	204	
12/3/2021	extended circuits in front lobby	3,184	15	177	
12/8/2021	wall section repair	3,563	15	198	
12/21/2021	handwashing sink (invoices 126533 and 126546)	4,277	15	214	
2/9/2022	lobby split system modernization	4,727	15	210	
4/1/2022	Replace motor on pump	4,682	7	334	
4/1/2022	Replace motor on pump	191	7	14	
4/28/2022	smoke detector/reprogramming	3,256	15	90	
5/6/2022	Nurse Station TRU replacement work	22,195	15	617	
12/3/2021	light pole anchor, reroute, and excavation for PVC	3,228	15	179	
8/12/2022	Floor repairs	2,020	15	22	
<b>Total additions for Leasehold Improvement</b>		\$ 70,908		\$ 3,232	*
<b>Deletions:</b>					
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ -	**

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Complete Care at Glendale, LLC			License No. 2460		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. <b>Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
B. <b>Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
C. <b>Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	Various	70,908		S/L	Variou	3,232	
C-4. Subtotal									3,232
D. <b>Total Amortization</b>									3,232

\* 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 Complete Care at Glendale, LLC	License No. 2460	Report for Year Ended 9/30/2022	Page 25	of 37
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#### 11. Property Questionnaire

##### Part A

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

Yes

No

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

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

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed	05/27/05			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	09/01/21			
5. Total Licensed Bed Capacity	120			
6. Square Footage	46,302			
7. Acquisition Cost				
a. Land	470,115			
b. Building	4,231,034			

##### Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable			
b. Date Mortgage Obtained	12/17/21			
c. Interest Rate for the Cost Year	Variable			
d. Term of Mortgage (number of years)	3 Years			
e. Amount of Principal Borrowed	8,509,709			
f. Principal balance outstanding as of 9/30/2022	8,509,709			

##### Complete if Mortgage was Refinanced

##### During Current Cost Year

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

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

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

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

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

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

(Carry Subtotals forward to next page )

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item						
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$			
12. D. Other Interest Expense (Specify)			\$	55,819	55,819	
LOC Interest Expense						
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)			\$	55,819	55,819	
14. Insurance						
a. Insurance on Property (buildings only)			\$	21,831	21,831	
b. Insurance on Automobiles			\$			
c. Insurance other than Property (as specified above)			\$			
1. Umbrella ( <i>Blanket Coverage</i> )			\$			
2. Fire and Extended Coverage			\$			
3. Other (Specify)			\$	85,629	85,629	
General Liability / EPLI						
14d. <b>Total Insurance Expenditures</b> (14a + b + c)			\$	107,460	107,460	
15. <b>Total All Expenditures</b> (A-13 thru C-14)			\$	13,182,330	13,182,330	

## **D. Adjustments to Statement of Expenditures**

Name of Facility Complete Care at Glendale, LLC			License No. 2460	Report for Year Ended 9/30/2022		Page of 28   37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS (Specify)
<b><i>Page 10 - Salaries and Wages</i></b>						
1.			Outpatient Service Costs	\$		
2.			Salaries not related to Resident Care	\$		
3.			Occupational Therapy	\$		
4.			Other - See attached Schedule	\$ 67,132	67,132	
<b><i>Page 13 - Professional Fees</i></b>						
5.			Resident Care Physicians **	\$		
6.	13	b10a	Occupational Therapy	\$ 154,396	154,396	
7.			Other - See attached Schedule	\$ 1,138	1,138	
<b><i>Pages 15 &amp; 16 - Administrative and General</i></b>						
8.			Discriminatory Benefits	\$		
9.	15	1c	Bad Debts	\$ 163,040	163,040	
10.			Accounting	\$		
10a.			Legal	\$ 1,318	1,318	
11.			Telephone	\$		
12.			Cellular Telephone	\$		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$		
14.			Gifts, flowers and coffee shops	\$		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$		
17.			Automobile Expense (e.g. personal use)	\$		
18.	16	m2/3	Unallowable Advertising *	\$ 43,648	43,648	
19.			Income Tax / Corporate Business Tax	\$		
20.			Fund Raising / Contributions	\$		
21.	16	m12	Unallowable Management Fees	\$ 355,792	355,792	
22.			Barber and Beauty	\$		
23.			Other - See attached Schedule	\$ 219,660	219,660	
<b><i>Page 18 - Dietary Expenditures</i></b>						
24.			Meals to employees, guests and others who are not residents	\$		
<b><i>Page 19 - Laundry Expenditures</i></b>						
25.			Laundry services to employees, guests and others who are not residents	\$		
<b><i>Page 20 - Housekeeping Expenditures</i></b>						
26.			Housekeeping services to employees, guests and others who are not residents	\$		
Subtotal (Items 1 - 26)			\$ 1,006,124	1,006,124		

\* All except "Help Wanted".

*(Carry Subtotal forward to next page)*

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12n	Marketing Salary	\$ 67,132		
<b>Total Other Salaries Adjustment</b>			\$ 67,132	\$ -	\$ -

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**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b12o	Respiratory Therapist	1,138		
<b>Total Other Fees Adjustments</b>			\$ 1,138	\$ -	\$ -

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**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a9	Employee Relations / Gifts / Flowers	\$ 15,951		
15	1a9	Employee Benefits>Food	9,058		
16	m13	Admin Expense>resident missing Items	108		
16	m13	Admin Expense>Fines & Penalties	18		
16	m13	Admin Expense>Late Fees	1,669		
16	m13	Admin Expense>Bank Fees	6,839		
16	m13	Admin Expense>Financing Costs	2,792		
16	m13	Admin Expense>Startup Costs	172,457		
15	Var	Benefits Associated with Marketing Salary	10,415		
16	m8a	Chamber Dues	353		
<b>Total Other A&amp;G Adjustments</b>			\$ 219,660	\$ -	\$ -

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State of Connecticut

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

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

Name of Facility			License No.	Report for Year Ended		Page	of
Item No.	Page No.	Line No.	2460	9/30/2022		29	37
Item Description				Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,006,124	1,006,124		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 164,082	164,082		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 10,517	10,517		
30.			Laboratory	\$ 54,454	54,454		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 5,567	5,567		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 27,860	27,860		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 1,934	1,934		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,270,538	1,270,538		

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

### **Schedule of Other Ancillary Costs**

### **Schedule of Excess Movable Equipment Depreciation**

### **Schedule of Other Property Adjustments**

### Schedule of Other - Indirect Adjustments

Attachment Page 29

### **Schedule of Other - Miscellaneous Administrative Adjustments**

## **Schedule of Other - Direct Adjustments**

## **Schedule of Unallowable Building Interest**

**F. Statement of Revenue**

Name of Facility Complete Care at Glendale, LLC	License No. 2460	Report for Year Ended 9/30/2022			Page 30   37
Item		Total	CCNH	RHNS	(Specify)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$	7,591,312	7,591,312		
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$	2,274,509	2,274,509		
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$	2,875,707	2,875,707		
b. Private-Pay Room and Board Contractual Allowance **	\$				
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$	80,686	80,686		
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(80,686)	(80,686)		
c. Prescription Drugs - Non-Medicare	\$	6,360	6,360		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(6,360)	(6,360)		
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$	240,287	240,287		
b. Physical Therapy - Medicare Contractual Allowance **	\$	(139,220)	(139,220)		
c. Physical Therapy - Non-Medicare	\$	85,567	85,567		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(85,567)	(85,567)		
4. a. Speech Therapy - Medicare	\$	175,892	175,892		
b. Speech Therapy - Medicare Contractual Allowance **	\$	(72,856)	(72,856)		
c. Speech Therapy - Non-Medicare	\$	49,440	49,440		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(49,440)	(49,440)		
5. a. Occupational Therapy - Medicare	\$	198,779	198,779		
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(138,626)	(138,626)		
c. Occupational Therapy - Non-Medicare	\$	23,198	23,198		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(23,266)	(23,266)		
6. a. Other ( <i>Specify</i> ) - Medicare	\$	44,381	44,381		
b. Other ( <i>Specify</i> ) - Non-Medicare	\$	60,008	60,008		
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$	13,110,105	13,110,105		
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$	164	164		
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$	9,518	9,518		
8. Other ( <i>Specify</i> )	\$	1,934	1,934		
<b>V. Total Other Revenue</b> (1 thru 8)	\$	11,616	11,616		
<b>VI. Total All Revenue</b> (III +V)	\$	13,121,721	13,121,721		

\* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

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

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

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6a	Radiology Rev>Medicare A	\$ 4,149		
30 II 6a	Radiology Rev>Medicare A>C/A	(4,149)		
30 II 6a	Lab Rev>Medicare A	11,743		
30 II 6a	Lab Rev>Medicare A>C/A	(1,679)		
30 II 6a	Other Ancillary Rev>Medicare A	7,080		
30 II 6a	Other Ancillary Rev>Part B	11,115		
30 II 6a	Other Ancillary Rev>Part B>Sequester	(706)		
30 II 6a	Vaccine Rev>Part B	12,075		
30 II 6a	Vaccine Rev>Part B>COVID Vaccine	6,200		
30 II 6a	Revenue Adjustments>Medicare A	24		
30 II 6a	Revenue Adjustments>Part B	(1,501)		
30 II 6a	Revenue Adjustments>Part B>COVID	30		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 44,381</b>	<b>\$ -</b>	<b>\$ -</b>

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

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6b	Lab Rev>Private	\$ 68		
30 II 6b	Other Rev>Medicaid	55,761		
30 II 6b	Revenue Adjustments>Medicare HMO	4,179		
<b>Total Other Resident Revenue</b>		<b>\$ 60,008</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest from Late Cash Receipts	N/A	\$ 164		
<b>Total Interest Income</b>		<b>\$ 164</b>	<b>\$ -</b>	<b>\$ -</b>	

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Other Rev>Miscellaneous (Disallowed on Pg 29a)	\$ 10		
30 IV 8	Other Rev>Vending Machines (Disallowed on Pg 29a)	576		
30 IV 8	Other Rev>Medical Records (Disallowed on Pg 29a)	1,348		
<b>Total Other Revenue</b>		<b>\$ 1,934</b>	<b>\$ -</b>	<b>\$ -</b>

**G. Balance Sheet**

Name of Facility Complete Care at Glendale, LLC	License No. 2460	Report for Year Ended 9/30/2022	Page 31	of 37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$ 75,735	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 2,308,024	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$ 133,505	
a. _____				
b. _____				
c. _____				
d. See Schedule		133,505		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$ 2,517,264	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost Accum. Depreciation	24,856 10,529 Net	\$ 14,327	
3. Buildings	*Historical Cost Accum. Depreciation	581,752 214,967 Net	\$ 366,785	
4. Leasehold Improvements	*Historical Cost Accum. Depreciation	70,908 3,232 Net	\$ 67,676	
5. Non-Movable Equipment	*Historical Cost Accum. Depreciation	59,418 48,955 Net	\$ 10,463	
6. Movable Equipment	*Historical Cost Accum. Depreciation	1,001,841 927,341 Net	\$ 74,500	
7. Motor Vehicles	*Historical Cost Accum. Depreciation	_____ Net	\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$ (360,148)	
F/S vs C/R NBV		(391,602)		
See Schedule		31,454		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$ 173,603	

\* 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 Expenses	\$ 32,042
31	A5	Prepaid Expenses>Insurance	3,886
31	A5	Prepaid Expenses>Financing Costs	1,723
31	A5	Prepaid Expenses>RE Taxes	60,127
31	A5	Prepaid Expenses>Insurance - General Liability & Other	61,040
31	A5	Prepaid Expenses>Insurance - General Liability & Other>Contra	(50,526)
31	A5	Prepaid Expenses>Insurance - EPLI	12,366
31	A5	Prepaid Expenses>Insurance - Property	12,847
<b>Total Prepaid Expenses</b>			<b>\$ 133,505</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
31	B9	Fixed Assets>CIP	31,454
<b>Total Other Other Fixed Assets (Itemize)</b>			<b>\$ 31,454</b>

## Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			<b>\$ -</b>

## Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
33	A12	Other Current Payables>401K	\$ 2,526
33	A12	Other Current Payables>Misc. PR Deduction	(105)
33	A12	Other Current Payables>Union Dues W/H	(51,040)
33	A12	Other Current Payables>Resident Funds	38,168
33	A12	Accrued Expenses	87,388
33	A12	Accrued Expense>Medicaid>Bed Tax	(2)
33	A12	Accrued Expenses>Utilities	1,302
33	A12	Accrued Expenses>Management Fee	142,078
33	A12	Due To/(From)>Amex CT Glendale	8,127
33	A12	Due To/(From)>Passaic	(3,917)
33	A12	Due To/(From)>Lakeview (formerly Green Acres Operation and Realty)	(3,917)
33	A12	Due To/(From)>Vendor	(5,001)
33	A12	Due To/(From)>Barber (formerly DTF NJ5)	(1,080)
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 214,527</b>

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

Page Ref	Line Ref	Description	
34	B4	Due To/(From)>Medicare A>Sequester	\$ 3,982
34	B4	Due To/(From)>Commercial HMO	26,505
34	B4	Due To/(From)>Hospice	60
34	B4	Due To/(From)>Employee	(20)
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 30,527</b>

## G. Balance Sheet (cont'd)

Name of Facility Complete Care at Glendale, LLC	License No. 2460	Report for Year Ended 9/30/2022	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	2,690,867
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements	*Historical Cost	Accum. Depreciation	Net	\$
3. Buildings	*Historical Cost	Accum. Depreciation	Net	\$
4. Non-Movable Equipment	*Historical Cost	Accum. Depreciation	Net	\$
5. Movable Equipment	*Historical Cost	Accum. Depreciation	Net	\$
6. Motor Vehicles	*Historical Cost	Accum. Depreciation	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense	*Historical Cost	22,223		
	Accum. Depreciation	8,025	Net	\$ 14,198
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	144,634
Name and Address	Amount	Loan Date		
Due From> Old Owner	144,634			
7. Other Assets ( <i>itemize</i> )			\$	(129,154)
Other Assets>Escrow>Property Tax		(129,154)		
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	29,678
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	2,720,545

\* 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	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 850,248
2. Notes Payable ( <i>itemize</i> )				\$
See Schedule				
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$ 366,570
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$
6. Accrued Payroll Taxes Payable				\$ 13,738
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> )				\$ 214,527
See Schedule				214,527
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				\$ 1,445,083

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

(Carry Total forward to next page)

**G. Balance Sheet (cont'd)**

Name of Facility Complete Care at Glendale, LLC	License No. 2460	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				1,445,083
<b>Liabilities (cont'd)</b>				
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> )				\$ 1,148,513
Name and Address of Lender	Amount	Loan Date		
Due to Interfacility	1,148,513			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 30,527
See Schedule	30,527			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 1,179,040
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,624,123

## G. Balance Sheet (cont'd)

### Reserves and Net Worth

Name of Facility Complete Care at Glendale, LLC	License No. 2460	Report for Year Ended 9/30/2022	Page 35	of 37
		Account	Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
<b>B. Net Worth</b>				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ <span style="color: red;">(33,862)</span>
6. Gain or Loss for Period		10/1/2021	thru	9/30/2022
				\$ 130,284
7. Total Net Worth				\$ 96,422
<b>C. Total Reserves and Net Worth</b>				\$ 96,422
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 2,720,545

## H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Complete Care at Glendale, LLC	2460	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ (9,844)		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$ 13,121,721		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$ 12,991,437		
D. Net Income or Deficit				\$ 130,284		
E. Balance				\$ 120,440		
F. Additions						
1. Additional Capital Contributed ( <i>itemize</i> )						
Total Expenses per Page 27      \$13,182,330						
F/S vs C/R Depreciation      (190,893)						
Total Expenses per FS      \$12,991,437						
2. Other ( <i>itemize</i> )						
F-3. Total Additions				\$		
G. Deductions						
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )				\$ 24,018		
Name and Address (No., City, State, Zip)		Title	Amount			
		equity>Robert Ho	24,018			
2. Other Withdrawings ( <i>Specify</i> )				\$		
Purpose		Amount				
3. Total Deductions				\$ 24,018		
H. <b>Balance at End of Period</b>				\$ 96,422		

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

Name of Facility Complete Care at Glendale, LLC	License No. 2460	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		

### Preparer/Reviewer Certification

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

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
Matthew S. Bavolack		
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600
Contacted Person Regarding Additional Information Needed Regarding This Report Peri Neumann		Phone Number 732-951-7099
Contact Email Address PeriN@ltcally.com		