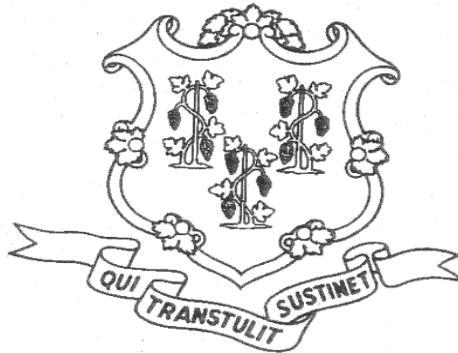


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Greenwich Woods Rehabilitation, LLC	
Address (No. & Street, City, State, Zip Code) 1165 King Street, Greenwich, CT 06831	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2403	RHNS	(Specify)	Medicare Provider 07-5309
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 000010934	RHNS	ICF-IID
----------------------------	-------------------	------	---------

For Department Use Only

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

General Information

Name of Facility (as licensed) Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2022	Page 1	of 37
---	---------------------	------------------------------------	-----------	----------

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Greenwich Woods Rehabilitation, 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.

**Subject to Desk Review audit

Signed (Administrator)	Date	Signed (Owner)	Date
Printed Name (Administrator) Mary Tobin		Printed Name (Owner) Moshe Bernstein	
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public			

(Notary Seal)

Table of Contents

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-1A Rev. 6/95

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 Greenwich Woods Rehabilitation, LLC	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 1165 King Street, Greenwich, CT 06831				
Report Prepared By Zella Healthcare Consulting, LLC	Phone Number 203-808-8197	Date 1/19/2023		
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	\$			
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 860-561-4000	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Greenwich Woods Rehabilitation, LLC	Address (No. & Street, City, State, Zip) 1165 King Street, Greenwich, CT 06831			
License Numbers: 2403	CCNH	RHNS	(Specify)	Medicare Provider No. 07-5309
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:	Date Opened		Date Closed	
Has there been any change in ownership or operation during this report year?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.	
Administrator				
Name of Administrator Mary Tobin	Nursing Home Administrator's License No.: 1877			
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name	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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2022	Page of 3 37
Legal Name of Partnership/LLC	Business Address		State(s) and/or Town(s) in Which Registered
Greenwich Woods Rehabilitation, LLC	1165 King Street, Greenwich, CT 06831		Connecticut
Name of Partners/Members	Business Address	Title	% Owned
GW Holdings, LLC	1165 King Street, Greenwich, CT 06831	Owner	68%
SJJJ, LLC	1165 King Street, Greenwich, CT 06831	Owner	16%
LYM GW, LLC	1165 King Street, Greenwich, CT 06831	Owner	9.25%
IK Greenwich, LLC	1165 King Street, Greenwich, CT 06831	Owner	6.75%

General Information and Questionnaire
Corporate Owners

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2022	Page of 3A 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			

**General Information and Questionnaire
Individual Proprietorship**

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2022	Page of 3B 37
---	---------------------	------------------------------------	------------------

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 Greenwich Woods Rehabilitation, LLC	License No. 2403	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	%**				
Greenwich Woods Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Rental Expense	Page 22 Line 9	1,557,935	1,350,000
Greenwich Woods Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Property Insurance	Page 27 Line 14a	69,774	69,774
Greenwich Woods Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Taxes	Page 22 Line 10b	122,065	122,065
Sparkle	1165 King Street, Greenwich, CT 06831	<input checked="" type="radio"/>	<input type="radio"/>	7%	Housekeeping Services	Page 20 Line 4b	341,998	355,678
Skilled Marketing Solutions	1165 King Street, Greenwich, CT 06831	<input checked="" type="radio"/>	<input type="radio"/>	4%	Website Services - Disallowed	Page 16 Line m11	1,188	1,188
Farmington Rehab Center, LLC	416 Colt Highway, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Administrative Oversight	Page 16 Line m13	67,435	67,435
		<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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2022	Page 5	of 37
---	---------------------	------------------------------------	-----------	----------

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

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total ***

8,279

* 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 Greenwich Woods Rehabilitation, Inc.	License No. 2403	Report for Year Ended 9/30/2022	Page 7	of 37
--	---------------------	------------------------------------	-----------	----------

The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 SY Consultant 2 Pease & Associates 3 Bonadio & Co. LLP 4 Clifton, Larson, Allen LLP	Address (No. & Street, City, State, Zip Code) 1138 E. 12th Street, Brooklyn, NY 11230 1111 Superior Avenue, Cleveland, OH 44114 1040 Avenue of the Americas, 3rd Floor, New York, NY 10018 29 South Main Street, 4th Floor, West Hartford, CT 06107
---	---

Services Provided by This Firm (*describe fully*)

1 Consulting	\$ 18,000
2 Accounting & HHS	\$ 9,200
3 401K	\$ 5,266
4 Medicare & Medicaid Cost Report Preparation	\$ 25,505
	Charge for Services Provided \$ 57,971

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

Yes No |Page 15 Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Please see attached Page 7a 2 3 4 5	Telephone Number
---	------------------

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

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

Services Provided by This Firm (*describe fully*)

1 Please see attached Page 7a	\$ 23,248
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 23,248

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

Yes No |Page 15 Line 1e

Name of Facility	
Greenwich Woods Rehabilitation, LLC	Page 7a

Name of Legal Firm or Independent Attorney	Address	Telephone Number
Robinson and Cole		
Goldman, Gruder & Woods LLC		
Cuddy & Feder, LLP		
Don Romeo		
Heagney, Lennon & Slane		
Murtha Cullina LLP		
Town of Greenwich		
State of CT Treasurer		
Wilson Elser		
US Treasury		
Joseph Vitale		

Services Provided by This Firm	Charge for Service Provided
General labor & unemployment	9,904.00
Collection/Recoupment of Resident Funds (Disallowed)	(4,139.00)
Estate Planning, Probate/Conservatorship (Disallowed)	8,247.00
Conservatorship (Disallowed)	227.00
Zoning matters	3,850.00
General legal matters	2,933.00
Probate (Disallowed)	260.00
Probate (Disallowed)	327.00
Legal matters	175.00
Probate (Disallowed)	414.00
CON Services	1,050.00

Schedule of Resident Statistics

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403			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					217	217						
A. On last day of PREVIOUS report period	217	217				217	217					
B. On last day of THIS report period	217	217							217	217		
2. Number of Residents					79	79						
A. As of midnight of PREVIOUS report period	79	79				79	79					
B. As of midnight of THIS report period	81	81							81	81		
3. Total Number of Days Care Provided During Period					1,893	1,893			605	605		
A. Medicare	2,498	2,498				1,893						
B. Medicaid (Conn.)	20,959	20,959			15,683	15,683			5,276	5,276		
C. Medicaid (other states)												
D. Private Pay	2,705	2,705			2,139	2,139			566	566		
E. State SSI for RCH												
F. Other (Specify) Managed Care	1,163	1,163			825	825			338	338		
G. Total Care Days During Period (3A thru F)	27,325	27,325			20,540	20,540			6,785	6,785		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	27,325	27,325			20,540	20,540			6,785	6,785		

Schedule of Resident Statistics (Cont'd)

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2022	Page 9	of 37
---	---------------------	------------------------------------	-----------	----------

4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

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	10	53		18				
Per Diem Rate								
a. One bed rm.	PDPM	260.33		610.00				
b. Two bed rms.	PDPM	260.33		590.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		2,456	2,456		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		100	100		
2. Restorative Treatments					
C. Other		8,465	8,465		
D. Total Physical Therapy Treatments		11,021	11,021		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		214	214	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments		35	35	
2. Restorative Treatments		138	138	
C. Other		1,338	1,338	
D. Total Speech Therapy Treatments		1,725	1,725	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		2,478	2,478	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments		219	219	
2. Restorative Treatments				
C. Other		8,104	8,104	
D. Total Occupational Therapy Treatments		10,801	10,801	

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	(Specify)
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	135,621	2,080			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	343,978	11,511			
5. Dietary Service					
a. Head Dietitian	1,915	43			
b. Food Service Supervisor	120,857	3,401			
c. Dietary Workers	517,535	26,636			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers					
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	94,963	2,080			
b. Other Maintenance Workers	71,266	3,688			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	136,711	5,415			
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	190,958	2,776			
b. RN					
1. Direct Care	702,314	14,335			
2. Administrative**	211,563	5,565			
c. LPN					
1. Direct Care	1,018,610	28,474			
2. Administrative**					
d. Aides and Attendants	1,860,270	79,395			
e. Physical Therapists	36,580	985			
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	205,676	8,472			
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	242,623	6,724			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
A-13. Total Salary Expenditures	5,891,440	201,580			

* 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 Greenwich Woods Rehabilitation, LLC				License No. 2403		Report for Year Ended 9/30/2022			Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Greenwich Woods Rehabilitation, LLC				2403		9/30/2022			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Natalie Brown	135,621			Non Discriminatory	Administrator	2,080	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.

B. Report of Expenditures - Professional Fees

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2022		Page 13	of 37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	9,000	N/A			
3. Pharmacist	15,701	N/A			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	288,888	2,979			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	44,250	361			
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	72,668	1,211			
b. Other					
10. Occupational Therapist					
a. Resident Care	230,945	2,771			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	184,616	2,251			
2. Administrative***	63,005	791			
b. LPN					
1. Direct Care	46,898	722			
2. Administrative***					
c. Aides	42,225	898			
d. Other					
12. Other (Specify)					
See Attached Schedule	15,000				
B-13 Total Fees Paid in Lieu of Salaries	1,013,196	11,984			

* 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 Greenwich Woods Rehabilitation, LLC	License No. 2403	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		
Connecticut Dental Partners, 300 Church Street, Wallingford, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Onmicare of Connecticut	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Guardian Consulting Services	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Preferred Therapy, 850 Silas Dean Highway, Wethersfield, CT	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>		
Ryan Dadasovich, 3 Strawberry Ridge, Ridgefield, CT 06877	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Rajasekhar Buddhavapu, 10 Dunham Rd., Hartsdale, NY 10530	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Bruno DiCosmo, MD	Pulmonary Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Teresa Skinner, 305 Silver Creek Lane, Norwalk, CT	Clinical Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Genie Nursing Agency, 50 Milestone Road, East Windsor, NJ	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>		
Clipboard Health	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>		
Towne Staffing	Nursing Agency	<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"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2022	Page 15	of 37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 141,589	141,589		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 97,590	97,590		
4. Social Security (F.I.C.A.)	\$ 439,858	439,858		
5. Health Insurance	\$ 1,151,151	1,151,151		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 59,705	59,705		
8. Uniform Allowance	\$ 99	99		
9. Other (Specify) See Attached Schedule	\$ 21,280	21,280		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 57,971	57,971		
e. Legal (Services should be fully described on Page 7)	\$ 23,248	23,248		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 17,742	17,742		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 22,630	22,630		
2. Cellular Phones	\$ 1,848	1,848		
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	\$ 487,012	487,012		
Subtotal	\$ 2,521,723	2,521,723		

* 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	\$ -		
	\$ 21,280		
Total	\$ 21,280	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2022		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		2,521,723	2,521,723		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	54,719	54,719		
5. Education Expenses Related to Seminars and Conventions	\$	5,259	5,259		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	4,642	4,642		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	8,597	8,597		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	4,035	4,035		
4. Fund-Raising***	\$				
5. Medical Records	\$	163	163		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	8,795	8,795		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	949	949		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	300	300		
9. Subscriptions	\$	11,740	11,740		
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>)	\$	22,850	22,850		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	180,412	180,412		
<i>C-14 Total Administrative & General Expenditures</i>	\$	2,824,184	2,824,184		

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	\$ -		
Promotional Advertising	\$ 4,035		
Total Other Advertising	\$ 4,035	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	\$ -		
CAHCF	\$ 350		
CMS	\$ 599		
Total Dues	\$ 949	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	\$ (0)		
Employee Background Checks	\$ 2,340		
Administrative Oversight	\$ 67,435		
Data Processing Fees	\$ 22,061		
Software Maintenance	\$ 57,603		
Facility Licenses	\$ 5,296		
Bank Charges (Disallow \$7,376 non routine)	\$ 23,090		
Late Charges (Disallowed)	\$ 87		
PRF Reporting	\$ 2,500		
Total Other Administrative and General	\$ 180,412	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	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 #
N/A			

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

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

Name of Facility	License No.	Report for Year Ended		Page of
	2403	9/30/2022		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 287,829	287,829		
2. Non-Food Supplies	\$ 38,172	38,172		
3. Other (Specify) _____ Dietary Cleaning Supplies	\$ 10,819	10,819		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,520	1,520		
c. Other (Specify) _____ Nutritional Supplements Dietary Small Equipment	\$ 29,202	29,202		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 367,542	367,542		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	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. \$	3,533	3,533		
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)	\$				
c. Other (Specify) Cleaning Supplies / Small Equipment Rental	\$	16,232	16,232		
3D. Total Laundry Expenditures (3a + b + c)	\$	19,765	19,765		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2022	20	37
Item		Total	CCNH	RHNS
4. Housekeeping	Sq. Ft. Serviced by Personnel			
a. In-House Care	Amt.	\$ 83	83	
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.	\$ 341,998	341,998	
C. Other (<i>Specify</i>) Housekeeping Paper/Plastic		\$ 30,077	30,077	
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 372,158	372,158	
5. Resident Care (Supplies)**				
a. Prescription Drugs***				
1. Own Pharmacy		\$		
2. Purchased from OmniCare of CT / Pharmscript		\$ 175,744	175,744	
b. Medicine Cabinet Drugs		\$		
c. Medical and Therapeutic Supplies		\$ 100,663	100,663	
d. Ambulance/Limousine***		\$ 11,452	11,452	
e. Oxygen				
1. For Emergency Use		\$		
2. Other***		\$ 11,552	11,552	
f. X-rays and Related Radiological Procedures***		\$ 6,421	6,421	
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)				
h. Laboratory***		\$ 34,772	34,772	
i. Recreation		\$ 36,177	36,177	
j. Direct Management Services*				
k. Indirect Management Services*				
l. Other (<i>Specify</i>)****		\$ 130,073	130,073	
See Attached Schedule				
5M. Total Resident Care Expenditures (5a - 5j)		\$ 506,854	506,854	

* 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 Greenwich Woods Rehabilitation, LLC				License No. 2403	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
Finnochio Brothers Sanitation	49 Liberty Place, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	28,609			22	6f
Asantino Consulting	42 Robin Hill Lane, Hamden, CT 06518	<input type="radio"/>	<input checked="" type="radio"/>		IT Consultant	22,849			16	m11
MatrixCare	Bin #32, PO Box 1414, Minneapolis, MN 55480	<input type="radio"/>	<input checked="" type="radio"/>		Software	43,102			16	m13
Shamrock Landscaping	Road, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	38,717			22	6f
Sparkle	North, Suire Q, Howell, NJ 06514	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	Housekeeping P/S	341,998			20	4b
Saucier	148 North Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	22,724			22	6f
Viventium	1000, Berkley Heights, NJ 07922	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Service	22,061			16	m13
Smartlinx Solutions	PO Box 22598 New York, NY 10087	<input type="radio"/>	<input checked="" type="radio"/>		Computer Software	12,808			16	m13
		<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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2022			Page 22 of 37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 91,670	91,670			
b. Heat	\$ 129,363	129,363			
c. Light & Power	\$ 149,389	149,389			
d. Water	\$ 149,125	149,125			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 8,279	8,279			
f. Other (<i>itemize</i>)	\$ 129,605	129,605			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 657,431	657,431			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 1,454	1,454			
b. Building & Building Improvements	\$ 34,697	34,697			
c. Non-Movable Equipment	\$ 13,432	13,432			
d. Movable Equipment	\$ 44,875	44,875			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 94,458	94,458			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,557,935	1,557,935			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 122,065	122,065			
c. Personal property taxes	\$ 4,171	4,171			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,778,629	1,778,629			

* 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)
Trash Removal	\$ (0)		
Service Contracts	\$ 32,198		
Grounds Maintenance	\$ 56,218		
Grounds Landscaping	\$ 39,873		
Minor Decorating	\$ 107		
	\$ 1,210		
Total Other Repairs and Maintenance	\$ 129,605	\$ -	\$ -

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	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
2/28/2022	Toaster	Administrative	\$ 1,804	5	\$ 210
3/31/2022	Doors	Administrative	\$ 3,408	15	\$ 114
7/31/2022	Doors	Administrative	\$ 4,120	15	\$ -
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 9,332		\$ 324
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	Depreciation
			Life	
Additions:				
Total additions for Leasehold Improvement		\$ -		\$ -
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403		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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2022	Page 25	of 37
---	---------------------	------------------------------------	------------	----------

11. Property Questionnaire

Part A

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

Yes

No

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

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

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	02/01/15			
4. Date of Initial Licensure	02/01/15			
5. Total Licensed Bed Capacity	217			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 9/30/22				
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. Total Building Interest Expense (A1 - A4 + B5)		\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			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	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$	83,601	83,601		
Other Interest Expense						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	83,601	83,601		
14. Insurance						
a. Insurance on Property (buildings only)		\$	69,774	69,774		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$	17,854	17,854		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$	289,110	289,110		
Liability Insurance						
14d. Total Insurance Expenditures (14a + b + c)		\$	376,738	376,738		
15. Total All Expenditures (A-13 thru C-14)		\$	13,891,538	13,891,538		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Greenwich Woods Rehabilitation, LLC			2403	9/30/2022		28 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	13	b10	Occupational Therapy	\$ 230,945	230,945		
4.			Other - See attached Schedule	\$ 2,435	2,435		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 39,701	39,701		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 5,336	5,336		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,128	1,128		
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.	16	L6	Automobile Expense (e.g. personal use)	\$ 4,642	4,642		
18.	16	m3	Unallowable Advertising *	\$ 4,035	4,035		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 30,721	30,721		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 318,943	318,943			

* 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	A12m	Marketing Disallowance (%5 of Admissions Salary)	\$ 2,435		
Total Other Salaries Adjustment			\$ 2,435	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b2	Dentist	\$ 9,000		
13	b3	Pharmacy Consultant	\$ 15,701		
13	b12	Pulmonary Consultant	\$ 15,000		
Total Other Fees Adjustments			\$ 39,701	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a9	Employee Relations	\$ 21,280		
15	Various	Benefits on Marketing Salary	\$ 790		
16	m11	Marketing - Related Party	\$ 1,188		
16	m13	Late Charges (Disallowed)	\$ 87		
16	m13	Non Routine Bank Charges	\$ 7,376		
Total Other A&G Adjustments			\$ 30,721	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility			License No.	Report for Year Ended		Page of	
Greenwich Woods Rehabilitation, LLC			2403	9/30/2022		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 318,943	318,943		
			Page 20 - Resident Care Supplies***				
27.	20	5a2	Prescription Drugs	\$ 175,744	175,744		
28.	20	5d	Ambulance/Limousine	\$ 11,452	11,452		
29.	20	5f	X-rays, etc	\$ 6,421	6,421		
30.	20	5h	Laboratory	\$ 34,772	34,772		
31.	20	5c	Medical Supplies	\$ 30,575	30,575		
32.	20	5e2	Oxygen (non emergency)	\$ 11,552	11,552		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 61,477	61,477		
			Page 22 - Maintenance and Property				
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (732)	(732)		
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	\$ 83,601	83,601		
			Page 27 - Insurance				
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
			Other - Miscellaneous				
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
			Not For Profit Providers Only				
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49.			Total Amount of Decrease (Items 1 - 48)	\$ 733,805	733,805		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5L	Specialty Mattresses - Disallowed	\$ 18,677		
20	5L	Medical Reimbursement - Disallowed	\$ 8,934		
20	5L	Wound Care Supplies - Disallowed	\$ 1,833		
20	5L	Resident Personal Items - Disallowed	\$ 7,806		
20	5i	Cable TV in excess of \$3,600	\$ 24,226		
Total Other Ancillary Costs			\$ 61,477	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	7d	To include movable depreciation expense at prior owner basis	\$ (732)		
		which were purchased by the new owner			
Total Excess Movable Equipment Depreciation			\$ (732)	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Interest Expense	\$ 83,601		
Total Other Property Adjustments			\$ 83,601	\$ -	\$ -

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$	10,126,287	10,126,287			
b. Medicaid Room and Board Contractual Allowance **	\$	(4,893,861)	(4,893,861)			
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$	2,344,538	2,344,538			
b. Medicare Room and Board Contractual Allowance **	\$	570,391	570,391			
4. a. Private-Pay Residents and Other	\$	2,715,801	2,715,801			
b. Private-Pay Room and Board Contractual Allowance **	\$	(441,900)	(441,900)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$	163,737	163,737			
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$	42,509	42,509			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$	351	351			
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	241,462	241,462			
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$	159,349	159,349			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$	106,974	106,974			
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$	44,367	44,367			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$	249,171	249,171			
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$	159,347	159,347			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$	(648,522)	(648,522)			
b. Other (<i>Specify</i>) - Non-Medicare	\$	(373,786)	(373,786)			
III. Total Resident Revenue (Section I. thru Section II.)		\$ 10,566,215	10,566,215			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$	11,598	11,598			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$	79,359	79,359			
V. Total Other Revenue (1 thru 8)		\$ 90,957	90,957			
VI. Total All Revenue (III +V)		\$ 10,657,172	10,657,172			

* 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 II6a	Oxygen	0		
30 II6a	IV Therapy	\$ 4,802		
30 II6a	X-Ray	\$ 4,029		
30 II6a	Lab	\$ 2,749		
30 II6a	Contractual Allowance	\$ 12,779		
Total Other Resident Revenue - Medicare		\$ (672,881)	\$ -	\$ -
Total Other Resident Revenue		\$ (648,522)	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
30 II6b	Oxygen	0		
30 II6b	IV Therapy	\$ 3,949		
30 II6b	X-Ray	\$ -		
30 II6b	Lab	\$ 2,156		
30 II6b	Contractual Allowance	\$ 5,277		
Total Other Resident Revenue		\$ (385,168)	\$ -	\$ -
Total Other Resident Revenue		\$ (373,786)	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	0			
		\$ 11,598			
Total Interest Income		\$ 11,598	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV8	Government Stimulus	0		
30 IV8	Misc. Minor Adj.	\$ 56,621		
		\$ 22,738		
Total Other Revenue		\$ 79,359	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	31	37
Account				Amount
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)				\$ 89,256
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				\$ 2,873,739
3. Other Accounts Receivable (Excluding Owners or Related Parties)				\$
4. Inventories				\$
5. Prepaid Expenses				\$ 139,358
a. Prepaid Expenses - Other				4,182
b. Prepaid Insurance				133,245
c. Prepaid Taxes				1,931
d. See Schedule				
6. Interest Receivable				\$
7. Medicare Final Settlement Receivable				\$
8. Other Current Assets (<i>itemize</i>)				\$
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)				\$ 3,102,353
B. Fixed Assets				\$
1. Land				\$
2. Land Improvements				\$ 21,814
Accum. Depreciation				8,492 Net
3. Buildings				\$ 492,348
Accum. Depreciation				201,672 Net
4. Leasehold Improvements				\$
Accum. Depreciation				Net
5. Non-Movable Equipment				\$ 241,646
Accum. Depreciation				67,272 Net
6. Movable Equipment				\$ 451,253
Accum. Depreciation				332,313 Net
7. Motor Vehicles				\$
Accum. Depreciation				Net
8. Minor Equipment-Not Depreciable				\$
9. Other Fixed Assets (<i>itemize</i>)				\$ 55,338
See Schedule				55,338
B-10. Total Fixed Assets (Lines B1 thru 9)				\$ 652,650

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	\$	-
Total Prepaid Expenses			\$	-

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

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

Page Ref	Line Ref	Description	
			\$ -
31	B9	Construction In Process	\$ 55,338
Total Other Other Fixed Assets (Itemize)			\$ 55,338

Schedule of Other Assets Page 32 Line D7

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	32	37
Account			Amount	
			Total Brought Forward:	\$ 3,755,003
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				\$
2. Land Improvements	*Historical Cost	Accum. Depreciation	Net	\$
3. Buildings	*Historical Cost	Accum. Depreciation	Net	\$
4. Non-Movable Equipment	*Historical Cost	Accum. Depreciation	Net	\$
5. Movable Equipment	*Historical Cost	Accum. Depreciation	Net	\$
6. Motor Vehicles	*Historical Cost	Accum. Depreciation	Net	\$
7. Minor Equipment-Not Depreciable				\$
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost	Accum. Depreciation	Net	\$
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care (itemize)				\$
6. Loans to Owners or Related Parties (itemize)				\$
Name and Address	Amount	Loan Date		
7. Other Assets (itemize)				\$ 7,671
See Schedule	7,671			
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$ 7,671
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 3,762,674

* 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								
Greenwich Woods Rehabilitation, LLC	2403	9/30/2022	33 37								
Account			Amount								
Liabilities											
A. Current Liabilities											
1. Trade Accounts Payable			\$ 2,302,751								
2. Notes Payable (<i>itemize</i>)			\$								
See Schedule											
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name of Lender</th> <th style="text-align: left;">Purpose</th> <th style="text-align: left;">Amount</th> <th style="text-align: left;">Date Due</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name of Lender	Purpose	Amount	Date Due				
Name of Lender	Purpose	Amount	Date Due								
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$ 416,270								
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>)			\$ 275,448								
			Accrued Provider User F 151,921								
Unearned Revenue 12,614											
Resident Trust 68,465											
Accrued Operating Expenses 42,448 See Schedule											
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 2,994,469								

* 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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				2,994,469
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$ 3,368
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 6,831,190
Name and Address of Lender	Amount	Loan Date		
Various	6,831,190	Various		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 6,834,558
C. Total All Liabilities (Lines A-13 + B-5)				\$ 9,829,027

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
		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			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	(2,831,987)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ (3,234,366)
7. Total Net Worth			\$	(6,066,353)
C. Total Reserves and Net Worth				\$ (6,066,353)
D. Total Liabilities, Reserves, and Net Worth				\$ 3,762,674

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Greenwich Woods Rehabilitation, LLC	2403	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ (4,906,101)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 10,657,172		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 13,891,538		
D. Net Income or Deficit				\$ (3,234,366)		
E. Balance				\$ (8,140,467)		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
2. Other (<i>itemize</i>)						
Prior Period Adjustment			2,074,114			
F-3. Total Additions				\$ 2,074,114		
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$		
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawals (<i>Specify</i>)				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. Balance at End of Period				\$ (6,066,353)		
Report for Year Ended 09/30/2022						

I. Preparer's/Reviewer's Certification

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2022	Page <u>37</u> of <u>37</u>
<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 President	Date Signed 02/13/2023
Printed Name of Preparer Stephen Bernier		
Address 7 Eastview Drive, Simsbury, CT 06070		Phone Number 203-808-8197
Contacted Person Regarding Additional Information Needed Regarding This Report Simon Yisroel		Phone Number 347-254-5765
Contact Email Address simonyisroel@yahoo.com		