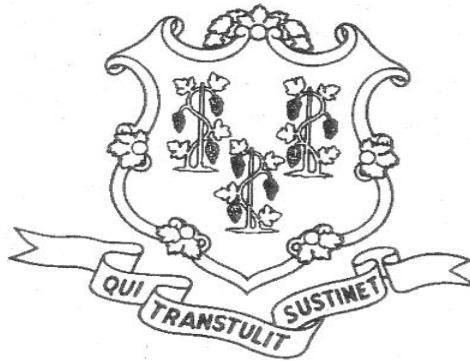


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Harborside CT Limited Partnership - d/b/a: Madison House					
Address (No. & Street, City, State, Zip Code) 34 Wildwood Avenue, Madison, CT 06443					
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 2201-C	RHNS	(Specify)	Medicare Provider 07-5405
------------------	--	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 21444	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) Harborside CT Limited Partnership - d/b/a: Madison H	License No. 2201-C	Report for Year Ended 9/30/2022	Page 1	of 37
----------------------------------------------------------------------------------------	-----------------------	------------------------------------	-----------	----------

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Harborside CT Limited Partnership - d/b/a: Madison House [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)	Date	Signed (Owner)	Date
Printed Name (Administrator) Wildman, Andrew Grayson		Printed Name (Owner) Diane Morris - VP Reimbursement	
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
Department of Social Services
55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Harborside CT Limited Partnership - d/b/a: Madison House	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 34 Wildwood Avenue, Madison, CT 06443				
Report Prepared By Rick Fink	Phone Number 410-494-7657	Date 12/28/2022		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	3,220,999	3,220,999	
5. All other wages paid	\$	587,051	587,051	
6. Total Wages Paid	\$	3,808,050	3,808,050	
7. Total salaries paid	\$	339,552	339,552	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	4,147,602	4,147,602	

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
203-245-8008	9/30/2022	2	37

Name of Facility (as shown on license) HARBORSHIRE CT LIMITED PARTNERSHIP - D/B/A: MADISON HOUSE	Address (No. & Street, City, State, Zip) 34 Wildwood Avenue, Madison, CT 06443		
License Numbers:	CCNH 2201-C	RHNS	(Specify)

Type of Facility (Check appropriate box(es))	<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing 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 Wildman, Andrew Grayson	Nursing Home Administrator's License No.:	002094
Other Operators/Owners who are assistant administrators (full or part time) of this facility.		
Name	License No.:	

General Information and Questionnaire

Partners/Members

General Information and Questionnaire
Corporate Owners

Name of Facility Harborside CT Limited Partnership - d/b/a: N	License No. 2201-C	Report for Year Ended 9/30/2022	Page 3A	of 37
------------------------------------------------------------------	-----------------------	------------------------------------	------------	----------

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

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

General Information and Questionnaire

Individual Proprietorship

Harborside Connecticut Limited Partnership

d/b/a Madison House

OWNERSHIP DISCLOSURE

LICENSEE

Harborside Connecticut LP

FEIN: 06-1496629

Provider Location Madison House Madison CT 06443-2102
AGENT FOR SERVICE: Corporation Service Company, 50 Weston Street, Hartford CT 06120

Harborside Health I LLC 101 East State Street Kennett Square PA 19348 FEIN: 51-0304578	General Partner of: Harborside Connecticut LP
Harborside Healthcare Advisors, LP 101 East State Street Kennett Square PA 19348 FEIN: 04-2985690	100% Member of Harborside Health I, LLC
Harborside Healthcare LLC 101 East State Street Kennett Square PA 19348 FEIN: 04-3307188	99% Partner of: Harborside Healthcare Advisors, LP
KHI, LLC* 101 East State Street Kennett Square PA 19348	1% Partner of Harborside Healthcare Advisors LP
SunBridge Healthcare LLC 101 East State Street Kennett Square PA 19348 FEIN: 85-0370802	100% Member of Harborside Healthcare LLC
Genesis Holdings LLC 101 East State Street Kennett Square PA 19348 FEIN: 30-0843337	100% Owner of SunBridge Healthcare LLC
100% Owned by Genesis	

Genesis HealthCare LLC

EIN: 27-3237296

101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations II, LLC (100%)

GEN Operations II, LLC

EIN: 27-3237225

101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations I, LLC (100%)

GEN Operations I, LLC

EIN: 27-3237090

101 East State Street
Kennett Square, PA 19348

Ownership

FC-GEN Operations Investment, LLC (100%)

FC-GEN Operations Investment, LLC

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

Ownership

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

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

Sundance Rehabilitation Holdco, Inc.

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

Ownership

Sun Healthcare Group, Inc. (100%)

Sun Healthcare Group, Inc.

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

Ownership

Genesis Healthcare, Inc. (100%)

Genesis Healthcare, Inc.

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

Ownership

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

ZAC Properties XI, LLC* (approximately 7.6%)

Welltower, Inc. (approximately 5.6%)

Others that do not trigger 5% ownership test

HCCF Management Group XI, LLC

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

Ownership

[Arnold M. Whitman\[1\]](#)

3820 Mansell Road
Suite 280
Alpharetta, GA 30022

ZAC Properties XI, LLC

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

Ownership

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

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

Welltower Inc.

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

Ownership

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

[\[1\] HCCF is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Whitman may be considered an affiliate.](#)
[\[2\] ZAC Properties is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Fishman may be considered an affiliate.](#)

General Information and Questionnaire

Related Parties*

Name of Facility Harborside CT Limited Partnership - d/b/a: Madison H		License No. 2201-C	Report for Year Ended 9/30/2022			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.				
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:				
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Home Office	Pg 16/m12	#VALUE!	#VALUE!
Genesis ElderCare Rehabilitation Services GRS	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	74%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	597,768	597,768
		<input type="radio"/>	<input checked="" type="radio"/>					
Genesis ElderCare Physician Services GPS_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12	33,106	33,106
Career Staffing Carstaff_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	86%	Nursing Agency/ Temporary Services	Pg 13/B11 pg 10-12, 15	625,336	617,571
Respiratory Health Services NCRHS C	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	61%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	6,663	6,663
Insurance Program Insur_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	107,621	107,621
		<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 Harborside CT Limited Partnership - d/b/a: Mac	License No. 2201-C	Report for Year Ended 9/30/2022	Page 5	of 37
--------------------------------------------------------------------	-----------------------	------------------------------------	-----------	----------

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

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total ***

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire

Accounting Basis

Name of Facility Harborside CT Limited Partnership	License No. 2201-C	Report for Year Ended 9/30/2022	Page 7	of 37
-------------------------------------------------------	-----------------------	------------------------------------	-----------	----------

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

Accrual Cash Modified Cash

Is the accounting basis for this

period the same as for the
previous period?

Yes
 No

If "No," explain.

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 Year end financial audit 2 3 4	\$ \$ \$ \$
	Charge for Services Provided \$

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

Yes No

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Senior Care Valuation, LLC 2 3 4 5	Telephone Number 203-698-0602
--------------------------------------------------------------------------------------------------	----------------------------------

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

1 4 Willow lane Old Greenwich, CT 06870
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 Saving on R.E Taxes (R.E Tax Appeal and Settlement Fees) 2 3 4 5	\$ \$ \$ \$
	Charge for Services Provided \$

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

Yes No

Schedule of Resident Statistics

Name of Facility Harborside CT Limited Partnership - d/b/a: Madison House			License No. 2201-C				Report for Year Ended 9/30/2022				Page 8 of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					89	89						
A. On last day of PREVIOUS report period	89	89										
B. On last day of THIS report period	89	89							89	89		
2. Number of Residents					76	76						
A. As of midnight of PREVIOUS report period	76	76										
B. As of midnight of THIS report period	88	88							88	88		
3. Total Number of Days Care Provided During Period					2,514	2,514			817	817		
A. Medicare	3,331	3,331										
B. Medicaid (Conn.)	20,338	20,338			14,596	14,596			5,742	5,742		
C. Medicaid (other states)												
D. Private Pay	3,361	3,361			2,463	2,463			898	898		
E. State SSI for RCH												
F. Other (Specify)	1,824	1,824			1,399	1,399			425	425		
G. Total Care Days During Period (3A thru F)	28,854	28,854			20,972	20,972			7,882	7,882		
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	8	8			8	8						
5. Total Resident Days (3G + 4A + 4B)	28,862	28,862			20,980	20,980			7,882	7,882		

Schedule of Resident Statistics (Cont'd)

Name of Facility Harborside CT Limited Partnership - d/b/a: M	License No. 2201-C	Report for Year Ended 9/30/2022	Page 9	of 37
------------------------------------------------------------------	-----------------------	------------------------------------	-----------	----------

4. Were there any changes in the certified bed capacity during the report year? Yes No
If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)		
				(1)	(2)	(3)	(1)	(2)	(3)					
7/1/2019	X			1						89			Beds decreased from 90 to 89 on	

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	11	62		15				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	685.46	288.59		437.79				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	TOTAL	CCNH	RHNS	(Specify)
	2,515	2,515		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	712	712		
C. Other	9,473	9,473		
D. Total Physical Therapy Treatments	12,700	12,700		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	TOTAL	CCNH	RHNS	(Specify)
	591	591		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	140	140		
C. Other	1,879	1,879		
D. Total Speech Therapy Treatments	2,610	2,610		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	TOTAL	CCNH	RHNS	(Specify)
	1,229	1,229		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	590	590		
C. Other	8,519	8,519		
D. Total Occupational Therapy Treatments	10,338	10,338		

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) 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)	142,537	2,048					
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	182,512	7,254					
5. Dietary Service							
a. Head Dietitian							
b. Food Service Supervisor							
c. Dietary Workers							
6. Housekeeping Service							
a. Head Housekeeper							
b. Other Housekeeping Workers							
7. Repairs & Maintenance Services							
a. Engineer or Chief of Maintenance	107,819	3,394					
b. Other Maintenance Workers	18,507	1,233					
8. Laundry Service							
a. Supervisor							
b. Other Laundry Workers							
9. Barber and Beautician Services							
10. Protective Services							
11. Accounting Services							
a. Head Accountant							
b. Other Accountants							
12. Professional Care of Residents							
a. Directors and Assistant Director of Nurses	197,014	2,587					
b. RN							
1. Direct Care	1,010,752	16,873					
2. Administrative**	104,896	2,322					
c. LPN							
1. Direct Care	957,095	25,480					
2. Administrative**							
d. Aides and Attendants	1,112,069	47,797					
e. Physical Therapists							
f. Speech Therapists							
g. Occupational Therapists							
h. Recreation Workers	70,765	4,058					
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	207,448	6,226					
n. Marketing							
o. Other (Specify) See Attached Schedule	36,187	1,964					
<i>A-13. Total Salary Expenditures</i>	4,147,602	121,237					

* 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 Harborside CT Limited Partnership - d/b/a: Madison House			License No. 2201-C		Report for Year Ended 9/30/2022			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed) Harborside CT Limited Partnership - d/b/a: Madison House				License No. 2201-C		Report for Year Ended 9/30/2022			Page 12	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 III - Administrators***										
Wildman, Andrew Grayson - 10/1/2021-9/30/2022	142,537				Management of Center	2,048	2			
-										
-										
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	License No.	Report for Year Ended		Page	of
	2201-C	9/30/2022		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	9,951	68			
3. Pharmacist	15,018	306			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	276,605	3,789			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	45,720	242			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	96,785	1,241			
b. Other					
10. Occupational Therapist					
a. Resident Care	223,044	3,055			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***					
b. LPN					
1. Direct Care	83,321	1,967			
2. Administrative***					
c. Aides	542,015	22,186			
d. Other					
12. Other (Specify)					
See Attached Schedule	47,364				
B-13 Total Fees Paid in Lieu of Salaries	1,339,822	32,856			

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

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

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

Report of Expenditures

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

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership - d/b/a: Madi	2201-C	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ (17,094)	(17,094)		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 39,371	39,371		
4. Social Security (F.I.C.A.)	\$ 301,944	301,944		
5. Health Insurance	\$ 184,846	184,846		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 83,642	83,642		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 10,078	10,078		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 134,294	134,294		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 10,541	10,541		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 14,615	14,615		
2. Cellular Phones	\$ 1,515	1,515		
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	\$ 305	305		
3. Resident Day User Fee	\$ 511,496	511,496		
Subtotal	\$ 1,275,553	1,275,553		

* 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)
1020520060	\$ 143	\$ -	\$ -
1020520020	\$ -	\$ -	\$ -
3005520020	\$ 188	\$ -	\$ -
3080520020	\$ -	\$ -	\$ -
3165520020	\$ -	\$ -	\$ -
3210520020	\$ -	\$ -	\$ -
3215520020	\$ -	\$ -	\$ -
3225520020	\$ 9,579	\$ -	\$ -
5035520020	\$ 169	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total	\$ 10,078	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0 \$ -	\$ -	\$ -
	- \$ 305	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total	\$ 305	\$ -	\$ -

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

Name of Facility Harborside CT Limited Partnership - d/b/a: Madison H	License No. 2201-C	Report for Year Ended 9/30/2022		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	1,275,553	1,275,553		
I. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	851	851		
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	1,763	1,763		
5. Education Expenses Related to Seminars and Conventions	\$	430	430		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	12,523	12,523		
4. Fund-Raising***	\$				
5. Medical Records	\$	344	344		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	2,023	2,023		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	9,257	9,257		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	4	4		
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>)	\$	9,008	9,008		
12. Administrative Management Services**	\$	493,399	493,399		
13. Other (<i>Specify</i>) See Attached Schedule	\$	(22,126)	(22,126)		
C-14 Total Administrative & General Expenditures	\$	1,783,030	1,783,030		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 7,817	\$ -	\$ -
Marketing Expense	\$ 1,195	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 3,489	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ -	\$ -	\$ -
Marketing Expense	\$ -	\$ -	\$ -
	\$ 22	\$ -	\$ -
Total Other Advertising	\$ 12,523	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 9,257	\$ -	\$ -
Dues to Chamber of Commerce	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Dues	\$ 9,257	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 4,644	\$ -	\$ -
Collection Fees	\$ 14,541	self-disallowed	\$ -
Education Expense	\$ 24	\$ -	\$ -
Employee Physicals	\$ 8,070	\$ -	\$ -
Employee Relations	\$ 6,549	\$ -	\$ -
Printing	\$ 191	\$ -	\$ -
Training Expense	\$ 230	\$ -	\$ -
Fines & Penalties	\$ 2,250	self-disallowed	\$ -
Miscellaneous	\$ (89,099)	\$ -	\$ -
Rental Expense	\$ 355	\$ -	\$ -
Accrued Expense Estimation	\$ -	self-disallowed	\$ -
Landlord Operating Taxes	\$ -	\$ -	\$ -
State Tax Annual Report Filing	\$ -	\$ -	\$ -
Recruiting Fees	\$ 10,741	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Non-recurring Charges	\$ -	\$ -	\$ -
Equipment Non-Capitalized	\$ 19,378	\$ -	\$ -
Uniforms	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Other Administrative and General	\$ (22,126)	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Harborside CT Limited Partnership - d/b/a	License No. 2201-C	Report for Year Ended 9/30/2022	Page 17 37 of
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Administrative Services LLC, 101 East St., Kennett Square, PA 19348	#VALUE!	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership - d/b/a: Madison H	2201-C	9/30/2022	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 151,527	151,527		
2. Non-Food Supplies	\$ 23,718	23,718		
3. Other (Specify) _____	\$ (125)	(125)		
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 516,347	516,347		
c. Other (Specify) _____	\$ 11	11		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 691,478	691,478		
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 HARBORSIDE CT LIMITED PARTNERSHIP - D/B/A: MADISON HOMES	License No. 2201-C	Report for Year Ended 9/30/2022		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	5,856	5,856		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	14,542	14,542		
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$	158,765	158,765		
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	179,163	179,163		
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 Harborside CT Limited Partnership - d/b/a: Ma	License No. 2201-C	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 8,435	8,435		
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.	\$ 235,015	235,015		
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	243,450	243,450		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	169,508	169,508		
b. Medicine Cabinet Drugs	\$	24,000	24,000		
c. Medical and Therapeutic Supplies	\$	85,682	85,682		
d. Ambulance/Limousine***	\$	1,558	1,558		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	390	390		
f. X-rays and Related Radiological Procedures***	\$	2,019	2,019		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	55,939	55,939		
i. Recreation	\$	23,909	23,909		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	73,528	73,528		
5M. Total Resident Care Expenditures (5a - 5j)	\$	436,533	436,533		

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

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Incontinency	\$ 47,373	\$ -	\$ -
Incontinency - Rebates	\$ (60)	\$ -	\$ -
Advertising-Help Wanted	\$ 13,495	\$ -	\$ -
Books, Dues & Subscriptions	\$ 263	\$ -	\$ -
Education Expense	\$ 240	\$ -	\$ -
Supplies	\$ 224	\$ -	\$ -
Supplies	\$ 2,661	\$ -	\$ -
Supplies	\$ 57	\$ -	\$ -
Office Supplies	\$ 250	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ 18	\$ -	\$ -
Training Expense	\$ 300	\$ -	\$ -
Rental Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 7,049	\$ -	\$ -
Consolidated Billing	\$ 1,658	\$ -	\$ -
Miscellaneous	\$ -	\$ -	\$ -
Miscellaneous	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Miscellaneous	\$ -	\$ -	\$ -
Licenses & Certifications	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
T&E-Entertainment	\$ -	\$ -	\$ -
T&E-Lodging/Transportation	\$ -	\$ -	\$ -
Total Other Resident Care	\$ 73,528	\$ -	\$ -

Report of Expenditures

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility Harborside CT Limited Partnership - d/b/a: M	License No. 2201-C	Report for Year Ended 9/30/2022			Page 22 37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 387,471	387,471			
b. Heat	\$ 32,671	32,671			
c. Light & Power	\$ 260,162	260,162			
d. Water	\$ 43,929	43,929			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$				
f. Other (<i>itemize</i>)	\$				
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 724,233	724,233			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 135,805	135,805			
c. Non-Movable Equipment	\$ 694	694			
d. Movable Equipment	\$ 29,956	29,956			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 166,456	166,456			
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	\$ 25,563	25,563			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 120,650	120,650			
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 312,669	312,669			

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Other Repairs and Maintenance

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

***Ties to Page 23, Line A3**

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

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/30/2022	Water Source Heat Pump	\$ 6,567	06 08	\$ 410
4/30/2022	Water Source Heat Pump	\$ 5,748	06 08	\$ 359
6/30/2022	Air compressor for Fire suppression syste	\$ 6,288	06 06	\$ 242
6/30/2022	Dry sprinkler valve	\$ 12,183	06 06	\$ 469
7/31/2022	Water Source Heat Pump 120K BTU	\$ 13,187	06 05	\$ 343
9/30/2022	Fire Alarm Panel	\$ 22,994	06 03	\$ -
12/31/2021	Estimated Proceeds	\$ 253,995		
Total additions for Building Improvements		\$ 320,962		\$ 1,823
Deletions:				
9/30/2021	September 2021 DSSI Accrual	\$ (15,736)		
Total deletions for Building Improvements		\$ (15,736)		\$ -

***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**

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
4/30/2022	2-crash cart	Administrative	\$ 6,876	06 08	\$ 430
5/31/2022	(2) Hoyer Bariatric Floor Lift	Standard Resident	\$ 7,053	06 07	\$ 357
5/31/2022	(4) Hoyer Presence Lifts	Standard Resident	\$ 17,774	06 07	\$ 900
5/31/2022	(2) HoyerPro Sit-to-Stand	Standard Resident	\$ 7,490	06 07	\$ 379
3/31/2022	Traulsen G Series 2 Section Refrigerator	Administrative	\$ 5,597	06 09	\$ 415
4/30/2022	Brawn mixer	Administrative	\$ 8,945	05 00	\$ 745
5/31/2022	1-Stainless Steel Steam Table	Administrative	\$ 6,183	06 07	\$ 313
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 59,918		\$ 3,539 *
Deletions:					
9/30/2021	Reversed September 2021 DSSI Accrual		\$ (1,074)		
Total deletions for Movable Equipment			\$ (1,074)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Harborside CT Limited Partnership - d/b/a: Madiso
Depreciation Expense Report
As of September 30, 2022

1,782,101.82

Locati	G/L Asset	Acct Desc Sys	Ex	Description In Svc Date	AcquiredValue	PT
57004	150075	Non Mova 006809	000	Sun Value	12/1/2012	186,280.00 P
57004	150080	Movable E 006810	000	Sun Value	12/1/2012	24,150.00 P
57004	150088	Movable E 006811	000	Sun Value	12/1/2012	1,300.00 P
57004	150110	Movable E 006812	000	Sun Value	12/1/2012	23,440.00 P
57004	150057	Bldg Imp 007170	000	Repairs to	2/28/2013	2,992.69 R
57004	150087	Movable E 007172	000	Turbidity r	2/28/2013	973.94 P
57004	150075	Non Mova 007269	000	(2) 2hp Ma	4/30/2013	9,571.50 P
57004	150088	Movable E 007359	000	15 MATTI	5/31/2013	3,621.38 P
57004	150025	Land Imp 007495	000	Exterior si	6/30/2013	3,141.00 R
57004	150085	Movable E 007496	000	4 18x16 V	6/30/2013	474.92 P
57004	150088	Movable E 007654	000	MATTRE	7/31/2013	4,705.99 P
57004	150057	Bldg Imp 007786	000	Plywood fl	8/31/2013	13,719.15 R
57004	150080	Movable E 007785	000	Hoyer lift s	8/31/2013	2,963.87 P
57004	150080	Movable E 007892	000	Attendant l	9/30/2013	7,716.65 P
57004	150075	Non Mova 007976	000	1st install	10/31/2013	12,315.00 P
57004	150085	Movable E 007977	000	2 UCXT b	10/31/2013	3,036.32 P
57004	150075	Non Mova 008167	000	Final instal	12/31/2013	12,315.00 P
57004	150085	Movable E 008330	000	Economy C	1/31/2014	231.99 P
57004	150085	Movable E 008511	000	Omni Cycl	3/31/2014	7,019.11 P
57004	150080	Movable E 008600	000	Huntleigh	4/30/2014	790.69 P
57004	150085	Movable E 008599	000	Big Blue B	4/30/2014	461.68 P
57004	150100	Movable E 008730	000	Credit Car	5/31/2014	73.07 P
57004	150085	Movable E 008844	000	wheelchair	6/30/2014	224.69 P
57004	150085	Movable E 008845	000	Regency X	6/30/2014	444.48 P
57004	150080	Movable E 008946	000	Attendant	7/31/2014	2,004.18 P
57004	150085	Movable E 009026	000	22 inch Tr	8/31/2014	224.69 P
57004	150085	Movable E 009027	000	Tracer EX	8/31/2014	202.66 P
57004	150075	Non Mova 009517	000	3 Daikin aj	3/31/2015	6,992.51 P
57004	150085	Movable E 009511	000	Tracer EX	3/31/2015	130.98 P
57004	150085	Movable E 009512	000	Tracer IV	3/31/2015	353.98 P
57004	150085	Movable E 009513	000	Tracer EX	3/31/2015	247.96 P
57004	150087	Movable E 009510	000	Yard Mac	3/31/2015	1,043.21 P
57004	150085	Movable E 009604	000	Direct Cho	4/30/2015	147.15 P
57004	150025	Land Imp 009850	000	Braun Gea	7/31/2015	6,698.98 R
57004	150085	Movable E 010133	000	Direct Cho	10/31/2015	1,476.14 P

57004	150075	Non Mova 010219	000 1st install	11/30/2015	52,235.00	P
57004	150075	Non Mova 010224	000 Final instal	11/30/2015	52,235.00	P
57004	150075	Non Mova 010225	000 Cooling to	11/30/2015	4,690.00	P
57004	150075	Non Mova 010358	000 Final instal	12/31/2015	11,610.00	P
57004	150085	Movable E010293	000 3-Gallon C	12/31/2015	2,043.06	P
57004	150085	Movable E010354	000 Scale Redt	12/31/2015	184.02	P
57004	150110	Movable E010353	000 1 HP OJ 8	12/31/2015	126.38	P
57004	150075	Non Mova 010623	000 AO Smith	3/31/2016	379.35	P
57004	150080	Movable E010622	000 Unimac 6:	3/31/2016	12,905.57	P
57004	150085	Movable E010625	000 Manitowic	3/31/2016	4,131.70	P
57004	150087	Movable E010621	000 Attendant	3/31/2016	1,177.31	P
57004	150088	Movable E010620	000 30 MATTI	3/31/2016	9,411.98	P
57004	150085	Movable E010757	000 Medical gr	4/30/2016	527.54	P
57004	150020	Land Imp 010871	000 Outside po	5/31/2016	15,728.74	R
57004	150075	Non Mova 010915	000 Chemical I	6/30/2016	1,414.93	P
57004	150075	Non Mova 010916	000 Kitche/lau	6/30/2016	5,610.00	P
57004	150085	Movable E010914	000 GEN ONL	6/30/2016	16,176.62	P
57004	150057	Bldg Imp 011285	000 Manningto	10/31/2016	34,530.41	R
57004	150075	Non Mova 011359	000 Hot water	11/30/2016	13,090.00	P
57004	150085	Movable E011522	000 Food Proce	1/31/2017	1,010.71	P
57004	150088	Movable E011521	000 10 MATTI	1/31/2017	3,137.33	P
57004	150080	Movable E011623	000 2 Attendant	2/28/2017	600.07	P
57004	150085	Movable E011621	000 2 Direct Cl	2/28/2017	148.85	P
57004	150085	Movable E011622	000 5 Tracer E	2/28/2017	629.90	P
57004	150057	Bldg Imp 011825	000 ROUNDEL	3/31/2017	2,824.66	R
57004	150075	Non Mova 011824	000 Walk in co	3/31/2017	9,092.93	P
57004	150080	Movable E011822	000 LED HDT	3/31/2017	141.45	P
57004	150085	Movable E011823	000 Camshelvi	3/31/2017	3,178.48	P
57004	150057	Bldg Imp 011888	000 Plank floor	4/30/2017	7,708.18	R
57004	150100	Movable E011887	000 Brother Int	4/30/2017	319.04	P
57004	150075	Non Mova 011956	000 Walk in co	5/31/2017	18,185.85	P
57004	150080	Movable E011955	000 Sales and I	5/31/2017	266.00	P
57004	150085	Movable E012033	000 Thurmadul	6/30/2017	5,657.80	P
57004	150075	Non Mova 012101	000 Sheetrock	7/31/2017	244.30	P
57004	150075	Non Mova 012102	000 Electric for	7/31/2017	2,734.64	P
57004	150075	Non Mova 012103	000 New Sheet	7/31/2017	3,110.00	P
57004	150075	Non Mova 012104	000 Electrical	7/31/2017	635.12	P
57004	150075	Non Mova 012105	000 Sheetrock	7/31/2017	96.18	P
57004	150075	Non Mova 012106	000 Supplies-V	7/31/2017	108.02	P
57004	150075	Non Mova 012107	000 Sheetrock	7/31/2017	26.73	P
57004	150080	Movable E012170	000 Sales & Us	8/31/2017	197.00	P
57004	150055	Bldg Imp 012284	000 Sun Valuat	9/30/2017	69,626.81	R
57004	150057	Bldg Imp 012237	000 Vinyl plan	9/30/2017	23,053.46	R
57004	150057	Bldg Imp 012311	000 Deposit fo	10/31/2017	25,000.00	R
57004	150050	Bldg Imp 012473	000 Water Sou	12/31/2017	7,240.00	R

57004	150057	Bldg Imp 012472	000 2nd payme	12/31/2017	10,600.00	R
57004	150080	Movable E012673	000 Sales and I	3/31/2018	126.00	P
57004	150085	Movable E012672	000 23 Baja, In	3/31/2018	830.33	P
57004	150088	Movable E012670	000 DermaFlo	3/31/2018	2,143.14	P
57004	150050	Bldg Imp 012764	000 Kohler Ge	4/30/2018	31,281.11	R
57004	150050	Bldg Imp 012765	000 Additional	4/30/2018	2,165.01	R
57004	150050	Bldg Imp 012766	000 Daikin wat	4/30/2018	7,657.20	R
57004	150080	Movable E012763	000 UniMac W	4/30/2018	42,859.05	P
57004	150085	Movable E012760	000 18 in and 2	4/30/2018	525.58	P
57004	150085	Movable E012761	000 WHEELC	4/30/2018	255.92	P
57004	150088	Movable E012759	000 Panacea O	4/30/2018	190.35	P
57004	150088	Movable E012762	000 MATTRE	4/30/2018	387.28	P
57004	150050	Bldg Imp 012928	000 Sprinkler N	6/30/2018	43,307.85	R
57004	150050	Bldg Imp 012929	000 Sprinkler N	6/30/2018	3,710.55	R
57004	150085	Movable E013087	000 (20) Beside	8/31/2018	4,419.79	P
57004	150100	Movable E013168	000 Light Duty	9/30/2018	138.38	P
57004	150050	Bldg Imp	Sept 2018	9/30/2018	2,275.15	P
57004	150080	Movable Equip	Sept 2018	9/30/2018	4,736.38	P
57004	150050	Bldg Imp	Reverals S	10/1/2018	(2,275.15)	P
57004	150080	Movable Equip	Reverals S	10/1/2018	(4,736.38)	P
57004	150057	Bldg Imp 013243	000 New floors	10/31/2018	2,275.15	P
57004	150085	Movable E013242	000 24 curtains	10/31/2018	4,736.38	P
57004	150117	Movable E013339	000 Cabling fo	11/30/2018	2,924.63	P
57004	150050	Bldg Imp 013325	000 Flooring	12/31/2018	11,613.42	P
57004	150057	Bldg Imp 013326	000 New Floor	12/31/2018	80,219.47	P
57004	150085	Movable E013496	000 2 Large Bu	01/31/19	823.13	P
57004	150085	Movable E013588	000 Direct Sup	02/28/19	607.16	P
57004	150085	Movable E013589	000 Tracer SX	02/28/19	237.98	P
57004	150080	Movable E013675	000 2 - Spots V	03/31/19	4,252.55	P
57004	150085	Movable E013785	000 Mobile Ho	04/30/19	3,000.13	P
57004	150050	Bldg Imp 013978	000 Toto Drak	06/30/19	554.19	P
57004	150050	Bldg Imp 013980	000 New Exhal	06/30/19	7,071.00	P
57004	150087	Movable E013979	000 Chain Saw	06/30/19	509.42	P
57004	150050	Bldg Imp 014173	000 New backf	08/31/19	1,745.20	P
57004	150050	Bldg Imp 014174	000 pmt 1 for r	08/31/19	3,262.50	P
57004	150050	Bldg Imp 014175	000 Pmt 1 for r	08/31/19	15,787.50	P
57004	150050	Bldg Imp 014176	000 50% Depo	08/31/19	6,030.00	P
57004	150050	Bldg Imp 014253	000 Replaced s	09/30/19	524.31	P
57004	150050	Bldg Imp 014257	000 Horizontal	09/30/19	4,060.00	P
57004	150050	Bldg Imp 014258	000 Replaced t	09/30/19	2,338.37	P
57004	150050	Bldg Imp 014259	000 Two Swivel	09/30/19	2,483.27	P
57004	150050	Bldg Imp 014260	000 High Perfo	09/30/19	4,711.20	P
57004	150085	Movable E014255	000 10 UCXT	09/30/19	18,449.25	P
57004	150085	Movable E014256	000 Commercial	09/30/19	1,080.10	P
57004	150088	Movable E014254	000 10 Mattres	09/30/19	2,414.25	P

57004	150050	Bldg Imp	014440	000	2nd pmt & 11/30/19	17,366.25	R
57004	150050	Bldg Imp	014441	000	2nd pmt & 11/30/19	3,588.75	R
57004	150050	Bldg Imp	014442	000	First pmt& 11/30/19	10,037.25	R
57004	150050	Bldg Imp	014443	000	2nd pmt& 11/30/19	6,633.00	R
57004	150057	Bldg Imp	014439	000	Delayed eg 11/30/19	3,813.71	P
57004	150058	Bldg Imp	014503	000	Upgraded] 11/30/19	2,395.00	P
57004	150088	Movable E	014438	000	39 Mattres 11/30/19	9,415.58	P
57004	150050	Bldg Imp	014509	000	pmt 1 for 12/31/19	3,726.00	R
57004	150050	Bldg Imp	014510	000	pmt 1 Inst 12/31/19	7,240.50	R
57004	150050	Bldg Imp	014511	000	Final pmt 12/31/19	12,267.75	R
57004	150050	Bldg Imp	014512	000	Final pmt 12/31/19	4,466.00	R
57004	150055	Bldg Imp	014579	000	Down Pay 01/31/20	-	R
57004	150057	Bldg Imp	014578	000	New Door 01/31/20	2,322.31	P
57004	150085	Movable E	014577	000	2 Joerns U 01/31/20	3,983.15	P
57004	150050	Bldg Imp	014665	000	Final Insta 02/29/20	4,554.00	R
57004	150050	Bldg Imp	014666	000	Final Insta 02/29/20	8,849.50	R
57004	150085	Movable E	014664	000	30 - Overb 02/29/20	2,296.52	P
57004	150050	Bldg Imp	014770	000	Deposit fo 03/31/20	46,794.00	R
57004	150055	Bldg Imp	014769	000	Pmt 2 for 03/31/20	62,451.12	R
57004	150088	Movable E	014768	000	2 - Panace 03/31/20	555.10	P
57004	150050	Bldg Imp	015047	000	Payment fo 06/30/20	36,250.00	R
57004	150055	Bldg Imp	015048	000	Natural Ga 06/30/20	23,715.00	R
57004	150058	Bldg Imp	015146	000	Natural Ga 06/30/20	6,455.00	P
57004	150087	Movable E	015145	000	Reclining 06/30/20	671.05	P
57004	150050	Bldg Imp	015151	000	Removal & 07/31/20	27,644.51	R
57004	150055	Bldg Imp	015150	000	Pmt 3 for 07/31/20	37,548.88	R
57004	150058	Bldg Imp	015232	000	New Burk 08/31/20	7,890.00	P
57004	150085	Movable E	015231	000	10 - Joerns 08/31/20	18,977.74	P
57004	150055	Bldg Imp	015293	000	Natural Ga 09/30/20	23,715.00	R
57004	150080	Movable E	015292	000	Welch All 09/30/20	2,332.82	P
	150087	Movable E	015504	Genesis 76ix72i Stationary Safety	10/31/2020	324.37	
57004				000	Partitio		P
57004	150080	Movable E	015453	000	2 - Welch 11/30/20	4,639.54	P
57004	150085	Movable E	015451	000	4 - Dietary 11/30/20	15,329.20	P
57004	150085	Movable E	015452	000	4 - Cole B 11/30/20	4,492.08	P
57004	150080	Movable E	015548	000	22 - Contir 12/31/20	6,871.82	P
57004	150085	Movable E	015542	000	2 - Leister 12/31/20	1,576.36	P
57004	150085	Movable E	015549	000	16 - UltraC 12/31/20	30,321.83	P
57004	150085	Movable E	015550	000	4 - Brice L 12/31/20	3,573.09	P
57004	150085	Movable E	015551	000	12 - Macor 12/31/20	5,043.44	P
57004	150085	Movable E	015552	000	3 - Maxwe 12/31/20	718.10	P
57004	150088	Movable E	015541	000	25 - Panac 12/31/20	5,316.97	P
57004	150085	Movable E	015668	000	Robot Cou 02/28/21	1,238.96	P

57004	150080	Movable E 015720	000 Attendant	03/31/21	7,604.00	P
57004	150080	Movable E 015722	000 Attendant	03/31/21	366.90	P
57004	150087	Movable E 015719	000 Nail Gun	v 03/31/21	441.00	P
57004	150080	Movable E 015881	000 12 - Skye	, 05/31/21	4,222.08	P
57004	150080	Movable E 015882	000 3 - Outdoo	05/31/21	3,115.11	P
57004	150085	Movable E 015929	000 15 - Overb	06/30/21	1,068.50	P
57004	150085	Movable E 015930	000 12 - Skye	, 06/30/21	1,294.56	P
57004	150085	Movable E 015983	000 Globe Mar	07/31/21	1,094.34	P
57004	150080	Movable E 016081	000 3 - Granite	08/31/21	992.90	P
57004	150085	Movable E 016040	000 5 - UCXT	08/31/21	9,868.31	P
57004	150100	Movable E 016039	000 3 - High B	, 08/31/21	484.89	P
57004	150050	Bldg Imp 015544	000 Misc Mate	12/31/20	536.00	R
57004	150050	Bldg Imp 015545	000 WSHP Prc	12/31/20	9,784.20	R
57004	150050	Bldg Imp 015547	000 Electrical f	12/31/20	1,121.99	R
57004	150050	Bldg Imp 015669	000 Tying Mag	02/28/21	996.70	R
57004	150050	Bldg Imp 015721	000 New Nurs	03/31/21	22,320.74	R
57004	150055	Bldg Imp 015546	000 Natural Ga	12/31/20	5,275.00	R
57004	150057	Bldg Imp 015543	000 New Magl	12/31/20	5,102.67	P
57004	150075	Non Mova 015984	000 New upgra	07/31/21	5,150.47	P
57004	150050	Bldg Imp 016190	000 Water Sou	4/30/2022	6,567.11	R
57004	150050	Bldg Imp 016191	000 Water Sou	4/30/2022	5,748.22	R
57004	150050	Bldg Imp 016226	000 Air compr	6/30/2022	6,288.18	R
57004	150050	Bldg Imp 016227	000 Dry sprink	6/30/2022	12,182.76	R
57004	150050	Bldg Imp 016244	000 Water Sou	7/31/2022	13,187.41	R
57004	150050	Bldg Imp 016286	000 Fire Alarm	9/30/2022	22,993.59	R
57004	150080	Movable E 016188	000 2-crash car	4/30/2022	6,876.18	P
57004	150080	Movable E 016202	000 (2) Hoyer l	5/31/2022	7,052.94	P
57004	150080	Movable E 016203	000 (4) Hoyer l	5/31/2022	17,774.07	P
57004	150080	Movable E 016204	000 (2) HoyerF	5/31/2022	7,489.60	P
57004	150085	Movable E 016166	000 Traulsen G	3/31/2022	5,597.18	P
57004	150085	Movable E 016189	000 Brawn mix	4/30/2022	8,945.00	P
57004	150085	Movable E 016205	000 1-Stainless	5/31/2022	6,183.19	P

On House	Sch 23 Total Deprn	166,455
	Sch 29 total Deprn Adj	13,364
	Total Deprn Expense	<u><u>179,820</u></u>

DeprMeth	EstLife	Depreciable Basis	850,115.11	179,819.59	1,029,934.70
			10/1/2021	Prior Accum Depreciation	Current YTD Depreciation in
SLMM	09 00	186,280.00	182,830.40	3,449.60	186,280.00
SLMM	07 00	24,150.00	24,150.00	-	24,150.00
SLMM	03 00	1,300.00	1,300.00	-	1,300.00
SLMM	02 00	23,440.00	23,440.00	-	23,440.00
SLMM	10 00	2,992.69	2,568.73	299.27	2,868.00
SLMM	05 00	973.94	973.94	-	973.94
SLMM	10 00	9,571.50	8,056.01	957.15	9,013.16
SLMM	03 00	3,621.38	3,621.38	-	3,621.38
SLMM	10 00	3,141.00	2,591.33	314.10	2,905.43
SLMM	10 00	474.92	391.80	47.49	439.29
SLMM	03 00	4,705.99	4,705.99	-	4,705.99
SLMM	10 00	13,719.15	11,089.69	1,371.92	12,461.61
SLMM	07 00	2,963.87	2,963.87	-	2,963.87
SLMM	07 00	7,716.65	7,716.65	-	7,716.65
SLMM	10 00	12,315.00	9,749.38	1,231.50	10,980.88
SLMM	10 00	3,036.32	2,403.74	303.63	2,707.37
SLMM	10 00	12,315.00	9,544.13	1,231.50	10,775.63
SLMM	09 11	231.99	181.43	24.09	205.52
SLMM	09 09	7,019.11	5,588.32	782.91	6,371.23
SLMM	07 00	790.69	790.69	-	790.69
SLMM	09 08	461.68	370.51	53.19	423.70
SLMM	09 07	73.07	59.16	8.70	67.86
SLMM	09 06	224.69	182.99	27.49	210.48
SLMM	09 06	444.48	362.02	54.39	416.41
SLMM	07 00	2,004.18	2,004.18	-	2,004.18
SLMM	09 04	224.69	185.32	29.01	214.33
SLMM	09 04	202.66	167.10	26.15	193.25
SLMM	08 09	6,992.51	5,943.61	1,048.87	6,992.48
SLMM	08 09	130.98	111.35	19.63	130.98
SLMM	08 09	353.98	300.94	53.04	353.98
SLMM	08 09	247.96	210.76	37.19	247.95
SLMM	05 00	1,043.21	1,043.21	-	1,043.21
SLMM	08 08	147.15	125.37	21.78	147.15
SLMM	08 05	6,698.98	5,727.26	971.72	6,698.98
SLMM	08 02	1,476.14	1,260.00	216.14	1,476.14

SLMM	08 01	52,235.00	44,507.46	7,727.54	52,235.00
SLMM	08 01	52,235.00	44,507.46	7,727.54	52,235.00
SLMM	08 01	4,690.00	3,996.23	693.77	4,690.00
SLMM	08 00	11,610.00	9,868.51	1,741.49	11,610.00
SLMM	08 00	2,043.06	1,736.54	306.52	2,043.06
SLMM	08 00	184.02	156.40	27.62	184.02
SLMM	03 00	126.38	126.38	-	126.38
SLMM	07 09	379.35	318.75	60.60	379.35
SLMM	07 00	12,905.57	10,140.08	1,843.65	11,983.73
SLMM	07 09	4,131.70	3,471.92	659.78	4,131.70
SLMM	05 00	1,177.31	1,177.31	-	1,177.31
SLMM	03 00	9,411.98	9,411.98	-	9,411.98
SLMM	07 08	527.54	440.97	86.57	527.54
SLMM	07 07	15,728.74	15,728.74	-	15,728.74
SLMM	07 06	1,414.93	1,167.35	247.58	1,414.93
SLMM	07 06	5,610.00	4,628.25	981.75	5,610.00
SLMM	07 06	16,176.62	13,345.68	2,830.90	16,176.58
SLMM	07 02	34,530.41	27,443.65	6,069.59	33,513.24
SLMM	07 01	13,090.00	10,279.51	2,297.17	12,576.68
SLMM	06 11	1,010.71	772.06	176.17	948.23
SLMM	03 00	3,137.33	3,137.33	-	3,137.33
SLMM	06 10	600.07	406.17	89.04	495.21
SLMM	06 10	148.85	111.89	25.80	137.69
SLMM	06 10	629.90	473.62	109.22	582.84
SLMM	06 09	2,824.66	2,087.11	486.47	2,573.58
SLMM	06 09	9,092.93	6,718.69	1,566.01	8,284.70
SLMM	06 09	141.45	95.43	21.33	116.76
SLMM	06 09	3,178.48	2,348.57	547.41	2,895.98
SLMM	06 08	7,708.18	5,588.42	1,316.81	6,905.23
SLMM	06 08	319.04	231.33	54.51	285.84
SLMM	06 07	18,185.85	12,914.31	3,077.03	15,991.34
SLMM	06 07	266.00	177.51	41.21	218.72
SLMM	06 06	5,657.80	3,927.81	946.59	4,874.40
SLMM	06 05	244.30	165.43	40.34	205.77
SLMM	06 05	2,734.64	1,852.10	451.63	2,303.73
SLMM	06 05	3,110.00	2,106.35	513.63	2,619.98
SLMM	06 05	635.12	430.18	104.90	535.08
SLMM	06 05	96.18	65.16	15.89	81.05
SLMM	06 05	108.02	73.20	17.85	91.05
SLMM	06 05	26.73	18.16	4.43	22.59
SLMM	06 04	197.00	127.75	31.35	159.10
SLMM	06 03	69,626.81	44,561.16	11,140.29	55,701.45
SLMM	06 03	23,053.46	14,754.20	3,688.55	18,442.75
SLMM	6	25,000.00	16,216.22	4,166.67	20,382.89
SLMM	6	7,240.00	4,525.00	1,206.67	5,731.67

SLMM	6	10,600.00	6,625.00	1,766.67	8,391.67
SLMM	5	126.00	86.56	25.20	111.76
SLMM	5	830.33	570.40	166.07	736.46
SLMM	3	2,143.14	2,143.14	-	2,143.14
SLMM	5	31,281.11	21,068.75	6,256.22	27,324.97
SLMM	5	2,165.01	1,458.20	433.00	1,891.20
SLMM	5	7,657.20	5,157.35	1,531.44	6,688.79
SLMM	5	42,859.05	28,866.83	8,571.81	37,438.64
SLMM	5	525.58	353.99	105.12	459.10
SLMM	5	255.92	172.37	51.18	223.56
SLMM	3	190.35	190.35	-	190.35
SLMM	3	387.28	387.28	-	387.28
SLMM	5	43,307.85	27,953.25	8,661.57	36,614.82
SLMM	5	3,710.55	2,394.99	742.11	3,137.10
SLMM	5	4,419.79	2,720.93	883.96	3,604.89
SLMM	5	138.38	83.03	27.68	110.70
SLMM		2,275.15			
SLMM		4,736.38			
SLMM		(2,275.15)			
SLMM		(4,736.38)			
SLMM	10	2,275.15	663.59	227.52	891.10
SLMM	10	4,736.38	1,381.44	473.64	1,855.08
SLMM	7	2,924.63	1,183.78	417.80	1,601.58
SLMM	20	11,613.42	1,596.85	580.67	2,177.52
SLMM	10	80,219.47	22,060.35	8,021.95	30,082.30
SLMM	10	823.13	219.50	82.31	301.81
SLMM	10	607.16	156.85	60.72	217.57
SLMM	10	237.98	61.48	23.80	85.28
SLMM	7	4,252.55	1,518.77	607.51	2,126.28
SLMM	10	3,000.13	725.03	300.01	1,025.04
SLMM	10	554.19	124.69	55.42	180.11
SLMM	10	7,071.00	1,590.98	707.10	2,298.08
SLMM	7	509.42	163.74	72.77	236.52
SLMM	10	1,745.20	363.58	174.52	538.10
SLMM	10	3,262.50	679.69	326.25	1,005.94
SLMM	10	15,787.50	3,289.06	1,578.75	4,867.81
SLMM	10	6,030.00	1,256.25	603.00	1,859.25
SLMM	10	524.31	104.86	52.43	157.29
SLMM	10	4,060.00	812.00	406.00	1,218.00
SLMM	10	2,338.37	467.67	233.84	701.51
SLMM	10	2,483.27	496.65	248.33	744.98
SLMM	10	4,711.20	942.24	471.12	1,413.36
SLMM	10	18,449.25	3,689.85	1,844.93	5,534.78
SLMM	10	1,080.10	216.02	108.01	324.03
SLMM	3	2,414.25	1,609.50	804.75	2,414.25

SLMM	20	17,366.25	1,591.91	868.31	2,460.22
SLMM	20	3,588.75	328.97	179.44	508.41
SLMM	20	10,037.25	920.08	501.86	1,421.94
SLMM	20	6,633.00	608.03	331.65	939.68
SLMM	10	3,813.71	699.18	381.37	1,080.55
SLMM	5	2,395.00	878.17	479.00	1,357.17
SLMM	3	9,415.58	5,753.97	3,138.53	8,892.49
SLMM	20	3,726.00	326.03	186.30	512.33
SLMM	20	7,240.50	633.54	362.03	995.57
SLMM	20	12,267.75	1,073.43	613.39	1,686.82
SLMM	20	4,466.00	390.78	223.30	614.08
SLMM	15	-	-	-	-
SLMM	10	2,322.31	387.05	232.23	619.28
SLMM	10	3,983.15	663.86	398.32	1,062.17
SLMM	20	4,554.00	360.53	227.70	588.23
SLMM	20	8,849.50	700.59	442.48	1,143.06
SLMM	10	2,296.52	363.62	229.65	593.27
SLMM	20	46,794.00	3,509.55	2,339.70	5,849.25
SLMM	15	62,451.12	6,245.11	4,163.41	10,408.52
SLMM	3	555.10	277.55	185.03	462.58
SLMM	20	36,250.00	2,265.63	1,812.50	4,078.13
SLMM	15	23,715.00	1,976.25	1,581.00	3,557.25
SLMM	5	6,455.00	1,613.75	1,291.00	2,904.75
SLMM	5	671.05	167.76	134.21	301.97
SLMM	20	27,644.51	1,612.60	1,382.23	2,994.82
SLMM	15	37,548.88	2,920.47	2,503.26	5,423.73
SLMM	5	7,890.00	1,709.50	1,578.00	3,287.50
SLMM	10	18,977.74	2,055.92	1,897.77	3,953.70
SLMM	15	23,715.00	1,581.00	1,581.00	3,162.00
SLMM	7	2,332.82	333.26	333.26	666.52
	5				

SLMM		324.37	59.47	64.87	124.34
SLMM	7	4,639.54	552.33	662.79	1,215.12
SLMM	8	15,329.20	1,596.79	1,916.15	3,512.94
SLMM	8	4,492.08	467.93	561.51	1,029.44
SLMM	7	6,871.82	736.27	981.69	1,717.96
SLMM	8	1,576.36	147.78	197.05	344.83
SLMM	8	30,321.83	2,842.67	3,790.23	6,632.90
SLMM	8	3,573.09	334.98	446.64	781.61
SLMM	8	5,043.44	472.82	630.43	1,103.25
SLMM	8	718.10	67.32	89.76	157.08
SLMM	3	5,316.97	1,329.24	1,772.32	3,101.57
SLMM	7	1,238.96	103.25	176.99	280.24

SLMM	7	7,604.00	543.14	1,086.29	1,629.43
SLMM	7	366.90	26.21	52.41	78.62
SLMM	5	441.00	44.10	88.20	132.30
SLMM	7	4,222.08	201.05	603.15	804.21
SLMM	7	3,115.11	148.34	445.02	593.35
SLMM	8	1,068.50	33.39	133.56	166.95
SLMM	8	1,294.56	40.46	161.82	202.28
SLMM	8	1,094.34	22.80	136.79	159.59
SLMM	7	992.90	11.82	141.84	153.66
SLMM	8	9,868.31	102.79	1,233.54	1,336.33
SLMM	8	484.89	5.05	60.61	65.66
SLMM	8	536.00	50.25	67.00	117.25
SLMM	8	9,784.20	917.27	1,223.03	2,140.29
SLMM	8	1,121.99	105.19	140.25	245.44
SLMM	8	996.70	72.68	124.59	197.26
SLMM	8	22,320.74	1,395.05	2,790.09	4,185.14
SLMM	8	5,275.00	494.53	659.38	1,153.91
SLMM	8	5,102.67	478.38	637.83	1,116.21
SLMM	8	5,150.47	107.30	643.81	751.11
SLMM	7	6,567.11	-	390.90	390.90
SLMM	7	5,748.22	-	342.16	342.16
SLMM	7	6,288.18	-	224.58	224.58
SLMM	7	12,182.76	-	435.10	435.10
SLMM	7	13,187.41	-	313.99	313.99
SLMM	7	22,993.59	-	-	-
SLMM	7	6,876.18	-	409.30	409.30
SLMM	7	7,052.94	-	335.85	335.85
SLMM	7	17,774.07	-	846.38	846.38
SLMM	7	7,489.60	-	356.65	356.65
SLMM	7	5,597.18	-	399.80	399.80
SLMM	5	8,945.00	-	745.42	745.42
SLMM	7	6,183.19	-	294.44	294.44

Amortization Schedule*

Name of Facility Harborside CT Limited Partnership - d/b/a: Madison House			License No. 2201-C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	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 Harborside CT Limited Partnership - d	License No. 2201-C	Report for Year Ended 9/30/2022	Page 25	of 37
-----------------------------------------------------------	-----------------------	------------------------------------	------------	----------

11. Property Questionnaire

Part A

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

Yes

No

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

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

Description	Total			
1. Date Land Purchased	n/a			
2. Date Structure Completed	n/a			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	89			
6. Square Footage				
7. Acquisition Cost				
a. Land	n/a			
b. Building	n/a			

Part B - Owner and Related Parties

1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage

1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				

Complete if Mortgage was Refinanced During Current Cost Year

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

Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
GMF-CT	Facility Lease	12/21/2018-12	10 years	25,563
650 Madison Avenue New York, NY 10022				

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage		\$			
Name of Lender	Rate				
Address of Lender					
00					
2. Second Mortgage		\$			
Name of Lender	Rate				
Address of Lender					
00					
3. Third Mortgage		\$			
Name of Lender	Rate				
Address of Lender					
00					
4. Fourth Mortgage		\$			
Name of Lender	Rate				
Address of Lender					
00					
B. CHEFA Loan Information					
1. Original Loan Amount		\$			
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$			

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 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						
00						
2. Other (Specify)	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
00						
B. Item	Rate	Amount				
Lender						
Address of Lender						
00						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$					
12. D. Other Interest Expense (Specify)	\$					
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$					
14. Insurance						
a. Insurance on Property (buildings only)	\$	21,725	21,725			
b. Insurance on Automobiles	\$					
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)	\$	85,896	85,896			
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$					
14d. Total Insurance Expenditures (14a + b + c)	\$	107,621	107,621			
15. Total All Expenditures (A-13 thru C-14)	\$	9,965,601	9,965,601			

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.		CCNH	RHNS	28 37
			Item Description	Total Amount of Decrease		
Page 10 - Salaries and Wages						
1.			Outpatient Service Costs	\$		
2.			Salaries not related to Resident Care	\$		
3.			Occupational Therapy	\$		
4.			Other - See attached Schedule	\$ 50,411	50,411	
Page 13 - Professional Fees						
5.	13	B-8-c	Resident Care Physicians **	\$		
6.		B-10	Occupational Therapy	\$		
7.			Other - See attached Schedule	\$ 629,670	629,670	
Pages 15 & 16 - Administrative and General						
8.			Discriminatory Benefits	\$		
9.	15	1-c	Bad Debts	\$ 134,294	134,294	
10.			Accounting	\$		
10a.			Legal	\$		
11.			Telephone	\$		
12.			Cellular Telephone	\$		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$		
14.			Gifts, flowers and coffee shops	\$		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$		
17.			Automobile Expense (e.g. personal use)	\$		
18.	16	m-2 &	Unallowable Advertising *	\$ 12,523	12,523	
19.			Income Tax / Corporate Business Tax	\$		
20.			Fund Raising / Contributions	\$		
21.			Unallowable Management Fees	\$ #VALUE!	#VALUE!	
22.			Barber and Beauty	\$		
23.			Other - See attached Schedule	\$ #VALUE!	#VALUE!	
Page 18 - Dietary Expenditures						
24.			Meals to employees, guests and others who are not residents	\$		
Page 19 - Laundry Expenditures						
25.			Laundry services to employees, guests and others who are not residents	\$		
Page 20 - Housekeeping Expenditures						
26.			Housekeeping services to employees, guests and others who are not residents	\$		
Subtotal (Items 1 - 26)			\$ #VALUE!	#VALUE!		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ 50,411	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
Total Other Salaries Adjustment			\$ 50,411	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 124,911	\$ -	\$ -
13	5	Rehabilitation Services	\$ 151,694	\$ -	\$ -
13	9	Speech Therapist	\$ 96,785	\$ -	\$ -
13	10	Occupational Therapist	\$ 223,044	\$ -	\$ -
13	12	Other	\$ 1,200	\$ -	\$ -
13	12	Other	\$ 17,749	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ 6,523	\$ -	\$ -
13	11a	Nursing Agency Purchased -RN	\$ -	\$ -	\$ -
13	11b	Nursing Agency Purchased -LPN	\$ 1,035	\$ -	\$ -
13	11c	Nursing Agency Purchased -Certified Nursing Aides	\$ 6,730	\$ -	\$ -
Total Other Fees Adjustments			\$ 629,670	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 14,541	\$ -	\$ -
16	m-13	Estimated Accrual	\$ -	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ -	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ -	\$ -	\$ -
16	m-13	Penalty	\$ 2,250	\$ -	\$ -
16	m-12		0	\$ -	\$ -
15	1-a-1	adj workers comp	#VALUE!	\$ -	\$ -
13	B12	adj to the SNAP Strike Cost (disallowable)	\$ -	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
Total Other A&G Adjustments			#VALUE!	\$ -	\$ -

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

Name of Facility Harborside CT Limited Partnership - d/b/a: Madison House				License No. 2201-C	Report for Year Ended 9/30/2022		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
Subtotals Brought Forward				\$ #VALUE!	#VALUE!			
Page 20 - Resident Care Supplies***								
27.	20	5-a-2	Prescription Drugs	\$ 169,508	169,508			
28.	20	5-d	Ambulance/Limousine	\$ 1,558	1,558			
29.	20	5-f	X-rays, etc	\$ 2,019	2,019			
30.	20	5-h	Laboratory	\$ 55,939	55,939			
31.			Medical Supplies	\$				
32.	20	5-e-2	Oxygen (non emergency)	\$ 390	390			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 11,368	11,368			
Page 22 - Maintenance and Property								
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (13,364)	(13,364)			
36.			Depreciation on Unallowable Motor Vehicles	\$				
37.			Unallowable Property and Real Estate Taxes	\$				
38.			Rental of Building Space or Rooms	\$				
39.			Other - See Attached Schedule	\$				
Page 27 - Insurance								
40.			Mortgage Insurance	\$				
41.			Property Insurance	\$				
Other - Miscellaneous								
42.			Other - Indirect	\$ 15,414	15,414			
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$ #VALUE!	#VALUE!			
45.			Management Fees Direct	\$				
46.			Management Fees Indirect	\$				
47.			Other - Direct	\$				
Not For Profit Providers Only								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$				
49. Total Amount of Decrease (Items 1 - 48)				\$ #VALUE!	#VALUE!			

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	\$ 1,658	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 2,661	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 7,049	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
Total Other Ancillary Costs			\$ 11,368	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	\$ (1,286)	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ 42,371	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ (35,138)	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (19,312)	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
Total Excess Movable Equipment Depreciation			\$ (13,364)	\$ -	\$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Attachment Page 29

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$ 15,414	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
Total Other Adjustments			\$ 15,414	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

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>)	\$ 8,721,699	8,721,699				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,975,528)	(2,975,528)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,446,284	1,446,284				
b. Medicare Room and Board Contractual Allowance **	\$ (4,860)	(4,860)				
4. a. Private-Pay Residents and Other	\$ 2,318,556	2,318,556				
b. Private-Pay Room and Board Contractual Allowance **	\$ (409,809)	(409,809)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 87,311	87,311				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (293)	(293)				
c. Prescription Drugs - Non-Medicare	\$ 119,716	119,716				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (21,628)	(21,628)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 30	30				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (10)	(10)				
3. a. Physical Therapy - Medicare	\$ 401,932	401,932				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,351)	(1,351)				
c. Physical Therapy - Non-Medicare	\$ 259,787	259,787				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (55,994)	(55,994)				
4. a. Speech Therapy - Medicare	\$ 145,871	145,871				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (490)	(490)				
c. Speech Therapy - Non-Medicare	\$ 83,347	83,347				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (18,050)	(18,050)				
5. a. Occupational Therapy - Medicare	\$ 338,535	338,535				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,138)	(1,138)				
c. Occupational Therapy - Non-Medicare	\$ 227,241	227,241				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (47,897)	(47,897)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 24,536	24,536				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 9,887	9,887				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,647,685	10,647,685				
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>)	\$ 746	746				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 12,271	12,271				
8. Other (<i>Specify</i>)	\$ 168,894	168,894				
V. Total Other Revenue (1 thru 8)	\$ 181,911	181,911				
VI. Total All Revenue (III +V)	\$ 10,829,595	10,829,595				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-a	Medicare - X-Ray	\$ 248	\$ -	\$ -
II-6-a	Medicare - Laboratory	\$ 11,592	\$ -	\$ -
II-6-a	Medicare - Respiratory Therapy & Supplies	\$ 4,722	\$ -	\$ -
II-6-a	Medicare - Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare - Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare - Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare - Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare - Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare - Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare - Flu Shot	\$ 7,560	\$ -	\$ -
II-6-a	Medicare - Antibody Infusion Therapy	\$ 497	\$ -	\$ -
II-6-a	Medicare Contractual - X-Ray	\$ (1)	\$ -	\$ -
II-6-a	Medicare Contractual - Laboratory	\$ (39)	\$ -	\$ -
II-6-a	Medicare Contractual - Respiratory Therapy & Supplies	\$ (16)	\$ -	\$ -
II-6-a	Medicare Contractual - Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual - Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual - Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual - Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual - Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual - Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual - Flu Shot	\$ (25)	\$ -	\$ -
II-6-a	Medicare Contractual - Antibody Infusion Therapy	\$ (2)	\$ -	\$ -
Total Other Resident Revenue - Medicare		\$ 24,536	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Page Ref	Payer- Description	CCNH	RHNS	(Specify)
II-6-b	Medicaid- X-Ray	151.70	-	-
II-6-b	Medicaid- Laboratory	1,159.58	-	-
II-6-b	Medicaid- Respiratory Therapy & Supplies	2,672.66	-	-
II-6-b	Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Medicaid- Audiology	-	-	-
II-6-b	Medicaid- Incontinency	-	-	-
II-6-b	Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Medicaid- Physician Visit	-	-	-
II-6-b	Medicaid- Ambulance	-	-	-
II-6-b	Medicaid- Flu Shot	-	-	-
II-6-b	Contractuals-Medicaid- X-Ray	(51.75)	-	-
II-6-b	Contractuals-Medicaid- Laboratory	(395.61)	-	-
II-6-b	Contractuals-Medicaid- Respiratory Therapy & Supplies	(911.81)	-	-
II-6-b	Contractuals-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Medicaid- Audiology	-	-	-
II-6-b	Contractuals-Medicaid- Incontinency	-	-	-
II-6-b	Contractuals-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Contractuals-Medicaid- Physician Visit	-	-	-
II-6-b	Contractuals-Medicaid- Ambulance	-	-	-
II-6-b	Contractuals-Medicaid- Flu Shot	-	-	-
II-6-b	Non-Medicaid- X-Ray	160.00	-	-
II-6-b	Non-Medicaid- Laboratory	4,517.84	-	-
II-6-b	Non-Medicaid- Respiratory Therapy & Supplies	4,144.17	-	-
II-6-b	Non-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Non-Medicaid- Audiology	-	-	-
II-6-b	Non-Medicaid- Incontinency	-	-	-
II-6-b	Non-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Non-Medicaid- Physician Visit	-	-	-
II-6-b	Non-Medicaid- Ambulance	-	-	-
II-6-b	Non-Medicaid- Flu Shot	-	-	-
II-6-b	Non-Medicaid- Capitation Contracts	-	-	-
II-6-b	Contractuals-Non-Medicaid- X-Ray	(28.28)	-	-
II-6-b	Contractuals-Non-Medicaid- Laboratory	(798.54)	-	-
II-6-b	Contractuals-Non-Medicaid- Respiratory Therapy & Supplies	(732.49)	-	-
II-6-b	Contractuals-Non-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid- Audiology	-	-	-
II-6-b	Contractuals-Non-Medicaid- Incontinency	-	-	-
II-6-b	Contractuals-Non-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid- Physician Visit	-	-	-
II-6-b	Contractuals-Non-Medicaid- Ambulance	-	-	-
II-6-b	Contractuals-Non-Medicaid- Flu Shot	-	-	-
II-6-b	Contractuals-Non-Medicaid- Capitation Contracts	-	-	-
Total Other Resident Revenue		\$ 9,887	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Page Ref	Account		CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts-		\$ 746	\$ -	\$ -
	0		\$ -	\$ -	\$ -
Total Interest Income			\$ 746	\$ -	\$ -

Schedule of Other Revenue

G. Balance Sheet

Name of Facility Harborside CT Limited Partnership - d/	License No. 2201-C	Report for Year Ended 9/30/2022	Page 31	of 37
Account		Amount		
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 5,430	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,619,707	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ 313,554	
4. Inventories			\$ 33,709	
5. Prepaid Expenses			\$ 30,946	
a. Prepaid Expenses				
b. Prepaid Property Tax	27,278			
c. Prepaid Personal Property Tax	3,668			
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)			\$ 2,003,346	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	822,609	\$ 607,242	
	Accum. Depreciation	215,367	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost	5,150	\$ 4,340	
	Accum. Depreciation	810	Net	
6. Movable Equipment	*Historical Cost	239,522	\$ 180,757	
	Accum. Depreciation	58,765	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 792,339	

* 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

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	
Total Other Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

Page Ref	Line Ref	Description	
	33 A12	Accr Exp Other	\$ 897
	33 A12	Accr Exp Water and Sewer	\$ 2,916
	33 A12	Accr Exp Gas	\$ 1,113
	33 A12	Accr Exp Electricity	\$ 7,606
	33 A12	Deferred Revenue	\$ 29,759
	33 A12	A/R Credit Gross Up Liability	\$ 267,528
	33 A12	Accrued Provider/Bed Tax	\$ 140,182
	33 A12	Accr Sales and Use Tax - FY18	\$ 128
	33 A12	CP OprLease-Bldg Obligation	\$ 9,728
	33 A12	CP-Self Insurance WC Reserve	\$ 214,499
	33 A12	CP-Self Insurance GPL Reserve	\$ 155,732
		Total Other Current Liabilities (Itemize)	\$ 830,089

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
Harborside CT Limited Partnership - d/	2201-C	9/30/2022	32 37
Account			Amount
Total Brought Forward:			\$ 2,795,685
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			\$
2. Land Improvements	*Historical Cost	Accum. Depreciation	Net \$
3. Buildings	*Historical Cost	Accum. Depreciation	Net \$
4. Non-Movable Equipment	*Historical Cost	Accum. Depreciation	Net \$
5. Movable Equipment	*Historical Cost	Accum. Depreciation	Net \$
6. Motor Vehicles	*Historical Cost	Accum. Depreciation	Net \$
7. Minor Equipment-Not Depreciable			\$
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$
D. Investment and Other Assets			
1. Deferred Deposits			\$
2. Escrow Deposits			\$
3. Organization Expense	*Historical Cost	Accum. Depreciation	Net \$
4. Goodwill (Purchased Only)			\$
5. Investments Related to Resident Care (<i>itemize</i>)			\$
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$
Name and Address	Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$ (1,594,139)
I/C Due to/Due From Owned	(1,594,139)		
I/C Due to/Due From Multicare			
See Schedule			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ (1,594,139)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 1,201,546

* 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
Harborside CT Limited Partnership - d/b/a: M	2201-C	9/30/2022	33 37
Account			Amount
Liabilities			
A. Current Liabilities			
1. Trade Accounts Payable			\$ 641,255
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>)			\$ 137,206
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$
6. Accrued Payroll Taxes Payable			\$ (2,686)
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>)			\$ 830,089
See Schedule			830,089
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 1,605,864

* 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 Harborside CT Limited Partnership - d/b/a:	License No. 2201-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,605,864	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable			\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)			\$ 2,032,252	
LT Debt-Financing Obligation			2,026,941	
Escheatable Funds			5,311	
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$ 2,032,252	
C. Total All Liabilities (Lines A-13 + B-5)			\$ 3,638,116	

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility Harborside CT Limited Partnership - d	License No. 2201-C	Report for Year Ended 9/30/2022	Page 35	of 37
Account		Amount		
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,300,561)
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ 863,993
7. Total Net Worth			\$	(2,436,568)
C. Total Reserves and Net Worth			\$	(2,436,568)
D. Total Liabilities, Reserves, and Net Worth			\$	1,201,548

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Harborside CT Limited Partnership - d/b/	2201-C	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ (3,300,562)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 10,829,595		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 9,965,601		
D. Net Income or Deficit				\$ 863,994		
E. Balance				\$ (2,436,568)		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
2. Other (<i>itemize</i>)						
F-3. Total Additions				\$		
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$		
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings (<i>Specify</i>)				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. Balance at End of Period				\$ (2,436,568)		

I. Preparer's/Reviewer's Certification

Name of Facility Harborside CT Limited Partnership -	License No. 2201-C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		

Preparer/Reviewer Certification

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

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
Rick Fink		
Address Address 200 Brickstone Square, Andover, MA 01810		Phone Number 410-494-7657
Contacted Person Regarding Additional Information Needed Regarding This Report Rick Fink		Phone Number 410-494-7657
Contact Email Address Rick.Fink@genesishcc.com		