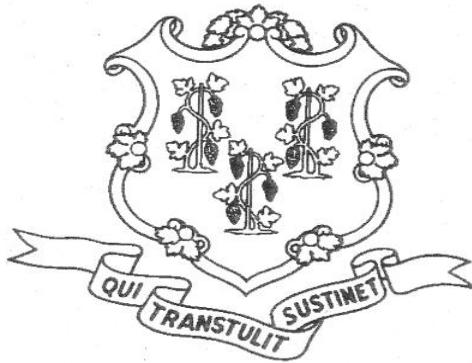


State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2022

Name of Facility (as licensed) McLean Health Center	
Address (No. & Street, City, State, Zip Code) 75 Great Pond Road, Simsbury, CT 06070	
Type of Facility	
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 884-C	RHNS	Residential Care Home 1712-RCH	Medicare Provider 07-5216
------------------	---------------	------	-----------------------------------	------------------------------

Medicaid Provider Numbers:	CCNH 884-C	RHNS	ICF-IID 1712-RCH
----------------------------	---------------	------	---------------------

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) McLean Health Center	License No. 884-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 McLean Health Center [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)	Date	Signed (Owner)	Date	
Printed Name (Administrator) Anne Rolfe		Printed Name (Owner) Lisa Clark		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public) Comm. Expires / /	
Address of Notary Public				

(Notary Seal)

Table of Contents

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

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility McLean Health Center	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 75 Great Pond Road, Simsbury, CT 06070				
Report Prepared By Adam Axelrad	Phone Number (860) 658-3749		Date 2/12/2022	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 428,158	416,230		11,928
2. Laundry wages paid	\$ 35,243	35,227		16
3. Housekeeping wages paid	\$ 212,345	204,256		8,089
4. Nursing wages paid	\$ 1,703,514	1,703,514		
5. All other wages paid	\$ 4,586,915	4,472,891		114,025
6. Total Wages Paid	\$ 6,966,176	6,832,118		134,058
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 6,966,176	6,832,118		134,058

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (860)658-3700	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) McLean Health Center		Address (No. & Street, City, State, Zip) 75 Great Pond Road, Simsbury, CT 06070	
License Numbers: 884-C	CCNH 884-C	RHNS 1712-RCH	Residential Care Home Medicare Provider No. 07-5216
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 <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home			
Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust			
If this facility opened or closed during report year provide:		Date Opened	Date Closed
Has there been any change in ownership or operation during this report year?			
<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," explain fully. Changes to operation, NOT OWNERSHIP. David Bordonaro, President, retired 7/1/22. Lisa Clark became President starting 7/2/22.			
Administrator Name of Administrator Anne Rolfe			
		Nursing Home Administrator's License No.: 002183	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name N/A		License No.:	

General Information and Questionnaire Partners/Members

General Information and Questionnaire
Corporate Owners

Name of Facility McLean Health Center	License No. 884-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			
McLean Affiliates, Inc	75 Great Pond Road, Simsbury, CT 06070	CT			
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each		
See Attached List of					
McLean Affiliate Directors					
Names of Stockholders Owning at Least 10% of Shares					
N/A					

General Information and Questionnaire
Individual Proprietorship

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2022	Page 3B	of 37
--	----------------------	------------------------------------	------------	----------

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

Owner(s) of Facility

N/A

General Information and Questionnaire

Related Parties*

Name of Facility McLean Health Center		License No. 884-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	%**				
McLean Fund	75 Great Pond Road, Simsbury, CT 06070	<input type="radio"/>	<input checked="" type="radio"/>		Gifts to McLean Affiliates, Inc. through inco	Various		
McLean Game Refuge, Inc.	75 Great Pond Road, Simsbury, CT 06070	<input type="radio"/>	<input checked="" type="radio"/>		None - McLean Affiliates, Inc provides	Page 10, 11b		
		<input type="radio"/>	<input checked="" type="radio"/>		(continued) bookkeeping services			
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility McLean Health Center	License No. 884-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.

The McLean Foundation, Inc., supports certain programs and capital acquisitions of the Health Center via donations and grants. The McLean Fund uses income from investments to fund a portion of the Operating Expenses. Any funding by these entities is at cost.

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 ***

1,032

* 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 McLean Health Center	License No. 884-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 CliftonLarsonAllen LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06127
--	--

Services Provided by This Firm (*describe fully*)

1 Independent Audit of 2022 Financials & Employee 401k fund, Preparation of FY 2022 Medicare CR,	\$ 29,198
2 Preparation of IRS 990, CON Advisory	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 29,198

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

Yes No Pg 15, 1D - CCNH \$28,595, RCH \$603, Outpatient/Other not on Annual Report

Legal Services Information

Name of Legal Firm or Independent Attorney 1 DAY PITNEY LLP 2 SHIPMAN & GOODWIN LLP 3 MICHALIK BAUER SILVIA & CICCA 4 WIGGIN AND DANA LLP 5 MURTHA CULLINA LLP	Telephone Number
---	------------------

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

1	
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1 Various Service and Advice - all costs will be adjusted on Pg 28 of the CR	\$ 9,279
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 9,279

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

Yes No Pg 15, 1E - CCNH \$9,039, RCH \$240, Outpatient/Other not on Annual Report. All adjusted on page 28

Schedule of Resident Statistics

Name of Facility McLean Health Center			License No. 884-C			Report for Year Ended 9/30/2022				Page 8 of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	92	89		3	92	89		3				
B. On last day of THIS report period	92	89		3					92	89		3
2. Number of Residents												
A. As of midnight of PREVIOUS report period	74	72		2	74	72		2				
B. As of midnight of THIS report period	73	71		2					73	71		2
3. Total Number of Days Care Provided During Period												
A. Medicare	3,256	3,256			2,436	2,436			820	820		
B. Medicaid (Conn.)	10,885	10,885			8,117	8,117			2,768	2,768		
C. Medicaid (other states)												
D. Private Pay	8,851	8,851			6,754	6,754			2,097	2,097		
E. State SSI for RCH	707			707	523			523	184			184
F. Other (Specify) HMO & Managed Medicare	1,679	1,679			1,231	1,231			448	448		
G. Total Care Days During Period (3A thru F)	25,378	24,671		707	19,061	18,538		523	6,317	6,133		184
Total Number of Days Not Included in Figures in 3G												
4. for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	48	48			31	31			17	17		
5. Total Resident Days (3G + 4A + 4B)	25,426	24,719		707	19,092	18,569		523	6,334	6,150		184

Schedule of Resident Statistics (Cont'd)

Name of Facility McLean Health Center	License No. 884-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	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home		
				(1)	(2)	(3)	(1)	(2)	(3)					

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	11	30		23			2	
Per Diem Rate								
a. One bed rm.	PDPM	309.84		\$508-\$572			146.44	
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	1,122	1,122		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	10,907	10,907		
D. Total Physical Therapy Treatments	12,029	12,029		

8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	161	161		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	434	434		
D. Total Speech Therapy Treatments	595	595		

9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	417	417		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	9,889	9,889		
D. Total Occupational Therapy Treatments	10,306	10,306		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of		
		9/30/2022		10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No							
Total Cost and Hours							
Item	CCNH	Hours	RHNS	Hours	Residential Care Home Hours		
A. Salaries and Wages*							
1. Operators/Owners (Complete also Sec. I of Schedule A1)	95,888	732			2,023 15		
2. Administrator(s) (Complete also Sec. III of Schedule A1)	92,254	995			2,644 29		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	545,549	12,944			7,978 200		
5. Dietary Service							
a. Head Dietitian							
b. Food Service Supervisor							
c. Dietary Workers	416,230	22,099			11,928 633		
6. Housekeeping Service							
a. Head Housekeeper	20,879	862			827 34		
b. Other Housekeeping Workers	183,376	10,691			7,262 423		
7. Repairs & Maintenance Services							
a. Engineer or Chief of Maintenance	39,353	957			1,558 38		
b. Other Maintenance Workers	53,612	1,824			2,123 72		
8. Laundry Service							
a. Supervisor							
b. Other Laundry Workers	35,227	2,149			16 1		
9. Barber and Beautician Services							
10. Protective Services							
11. Accounting Services							
a. Head Accountant	39,978	773			844 16		
b. Other Accountants	92,239	3,187			1,946 67		
12. Professional Care of Residents							
a. Directors and Assistant Director of Nurses	146,785	2,540					
b. RN							
1. Direct Care	1,703,514	39,040					
2. Administrative**	162,341	3,932			44,151 1,285		
c. LPN							
1. Direct Care	283,940	7,900					
2. Administrative**							
d. Aides and Attendants	2,113,105	92,770			47,865 2,062		
e. Physical Therapists	321,330	8,766					
f. Speech Therapists	36,959	723					
g. Occupational Therapists	204,248	5,325					
h. Recreation Workers	108,869	5,007			3,120 143		
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	98,998	2,963					
n. Marketing							
o. Other (Specify) See Attached Schedule	48,179	2,103					
A-13. Total Salary Expenditures	6,842,854	228,282			134,285 5,019		

* 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 McLean Health Center				License No. 884-C		Report for Year Ended 9/30/2022			Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section I - Operators/Owners										
David J. Bordonaro, CEO, President, McLean Affiliates, Inc. thru 6/30/22 (Amt Claimed)	51,992		1,097	Standard Package	President, McLean Affiliates thru 6/30/22	333	10 A1	Please see attached memo.	860	137,163
Carol Barno, CFO, Treasurer, McLean Affiliates, Inc (Amt Claimed on C/R)	33,093		698	Standard Package	CFO, McLean Affiliates	333	10 A1	Please see attached memo.	860	87,304
Lisa Clark, CEO, President, McLean Affiliates, Inc. starting 7/1/22 (Amt Claimed on C/R)	10,803		228	Standard Package	President, McLean Affiliates starting 7/1/22	82	10 A1	Please see attached memo.	860	28,500
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)			License No.		Report for Year Ended			Page	of	
McLean Health Center			884-C		9/30/2022			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Lisa Clark, Administrator, McLean Affiliates	92,254		2,644	Standard Package	Licensed Administrator	1,023	10 A2	McLean Outpatient Allocation	1,023	92,254
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 McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2022		Page 13	of 37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian	36,814	868			1,055
2. Dentist					
3. Pharmacist					
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	71,680	63			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	7,200				
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
PHYSICIAN_PROFESIONAL FEES	14,280	480			
9. Speech Therapist					
a. Resident Care					
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***					
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides	8,744	267			
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	138,718	1,678			1,055
25					

* 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 McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2022		Page 15	of 37
Item		Total	CCNH	RHNS	Residential Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 89,930	88,199			1,731
2. Disability Insurance	\$ 6,621	6,493			127
3. Unemployment Insurance	\$ 5,489	5,383			106
4. Social Security (F.I.C.A.)	\$ 516,036	506,104			9,932
5. Health Insurance	\$ 504,450	494,741			9,709
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 8,252	8,093			159
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 432,331	424,010			8,321
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 30,924	30,329			595
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ (339)	(351)			12
d. Accounting and Auditing	\$ 29,199	28,595			603
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 9,278	9,039			240
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 50,428	48,236			2,192
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$				
2. Cellular Phones	\$ 13,031	12,780			251
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	\$				
3. Resident Day User Fee	\$ 420,169	420,169			
Subtotal	\$ 2,115,798	2,081,820			33,978

* 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	Residential Care Home
ERGONOMICS	\$ 246		\$ 5
IMMUNIZATIONS	\$ 71		\$ 1
EE HEALTH/X RAYS	\$ 374		\$ 7
EMPL BEN_OTHER	\$ 1,890		\$ 37
EXTENDED ILLNESS	\$ 10,092		\$ 198
PRE EMPLOYMENT EXPENSE	\$ 7,450		\$ 146
PURCHASED SERVICES	\$ 2,476		\$ 49
SUPPLIES	\$ 41		\$ 1
TBA EXPENSE	\$ 5,187		\$ 102
TRAINING/INSERVICE	\$ 2,503		\$ 49
Total	\$ 30,329	\$ -	\$ 595

Schedule of Other Taxes

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

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

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2022	Page 16	of 37
Item	Total	CCNH	RHNS	Residential Care Home
<i>Subtotals Brought Forward:</i>	2,115,798	2,081,820		33,978
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 6,853	6,652		200
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 4,248	4,166		82
4. Employee Travel	\$ 527	507		20
5. Education Expenses Related to Seminars and Conventions	\$ 8,453	8,124		329
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>)	\$ 15,623	15,281		343
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 51,570	47,243		4,327
4. Fund-Raising***	\$			
5. Medical Records	\$ 36,272	36,272		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 1,167			1,167
7. Postage	\$ 6,364	6,232		132
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 10,839	10,453		386
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 1,518	1,515		3
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>)	\$ 39,495	38,728		767
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 193,111	190,012		3,099
C-14 Total Administrative & General Expenditures	\$ 2,491,838	2,447,006		44,832

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
GENERAL MARKETING	\$ 43,145		\$ 4,240
MARKETING SUPPLIES	\$ 3,306		\$ 70
EQUIPMENT NON CAPITAL	\$ 792		\$ 17
Total Other Advertising	\$ 47,243	\$ -	\$ 4,327

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
AL Dues & Fees			\$ 165
Admin Dues & Fees	\$ 10,453		\$ 221
Total Dues	\$ 10,453	\$ -	\$ 386

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
ACRETION	\$ 1,246		\$ 49
BANK CHARGES	\$ 8,023		\$ 169
COMPUTER SUPPORT FEES	\$ 169,516		\$ 2,788
EQUIPMENT NON CAPITAL	\$ 2,949		\$ 60
LICENSE PERMIT	\$ 800		\$ 17
PURCHASED SERVICES	\$ 7,478		\$ 15
Total Other Administrative and General	\$ 190,012	\$ -	\$ 3,099

Schedule C-1 - Management Services*

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170		Inpatient Dietary Mgmt	Pg 18, 2c
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170		Housekeeping Services	Pg 20, 4c

* 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 McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2022		Page 18 37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 315,448	306,660		8,788
2. Non-Food Supplies	\$ 63,718	61,943		1,775
3. Other (Specify) _____ DUES & FEES	\$ 31,034	30,169		865
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 14,397	13,995		401
c. Other (Specify) _____ SODX CONSUL MANAGEMENT SODX NON CONTROL	\$ 192,519	187,155		5,363
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 617,115	599,923		17,192
2E. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify cost. \$25,664
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt. \$25,664
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Pg 30, Line IV 1
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)				N/A

* 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 McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2022		Page 19	of 37		
Item	Total	CCNH	RHNS	Residential Care Home			
3. Laundry							
a. In-House Processing*	Lbs.						
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$						
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.	6,648	6,645		3		
	Amt. \$	7,664	7,508		157		
4. Repair and/or purchase of linens.***	Lbs.						
	Amt. \$						
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$						
c. Other (<i>Specify</i>) SERVICE CONTRACTS	\$	56,009	54,448		1,560		
3D. Total Laundry Expenditures (3a + b + c)	\$	63,673	61,956		1,717		
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)			N/A			
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)			N/A			

* 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 McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel	38,197	36,742		1,455
a. In-House Care	Amt. \$	36,054	34,680		1,373
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
Amt. \$					
C. Other (<i>Specify</i>)	\$	54,725	52,640		2,085
PURCHASED SERVICES & SERVICE CONTRACTS					
4D. Total Housekeeping Expenditures (4a + b + c)	\$	90,779	87,321		3,458
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Omnicare	\$	139,943	139,943		
b. Medicine Cabinet Drugs	\$	27,749	27,749		
c. Medical and Therapeutic Supplies	\$	341,283	339,686		1,597
d. Ambulance/Limousine***	\$	2,133	2,133		
e. Oxygen					
1. For Emergency Use	\$	6,133	6,133		
2. Other***	\$	15,634	15,634		
f. X-rays and Related Radiological Procedures***	\$	27,904	27,904		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	22,175	22,175		
i. Recreation	\$	23,882	23,217		665
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	44,103	43,591		512
5M. Total Resident Care Expenditures (5a - 5j)	\$	650,940	648,166		2,774

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

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

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

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

Schedule of Other Resident Care

Report of Expenditures

* 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 McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2022			Page 22 37
Item	Total	CCNH	RHNS	Residential Care Home	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 215,274	207,501			7,773
b. Heat	\$ 20,122	19,356			767
c. Light & Power	\$ 136,274	131,083			5,191
d. Water	\$ 9,223	8,871			351
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 1,053	1,032			22
f. Other (<i>itemize</i>)	\$ 43,984	42,309			1,675
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 425,930	410,151			15,779
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 97,342	93,967			3,375
b. Building & Building Improvements	\$ 259,259	244,141			15,119
c. Non-Movable Equipment	\$ 242,616	235,784			6,832
d. Movable Equipment	\$ 90,058	88,048			2,010
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 689,276	661,940			27,336
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	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 689,276	661,940			27,336

* 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

Name of Facility McLean Health Center			License No. 884-C			Report for Year Ended 9/30/2022			Page 23	of 37	
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
A. Land Improvements											
1. Acquired prior to this report period			2,378,786		2,378,786	1,289,857	SL	Various	198,142		
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)			8,353		8,353		SL	Various	1,533		
A-4. Subtotal										199,675	
B. Building and Building Improvements											
1. Acquired prior to this report period			16,858,049		16,858,049	10,522,364	SL	Various	636,303		
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)			2,667,612		2,667,612		SL	Various	112,080		
B-4. Subtotal										748,383	
C. Non-Movable Equipment											
1. Acquired prior to this report period			8,804,769		8,804,769	4,809,499	SL	Various	473,268		
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)			618,202		618,202		SL	Various	50,128		
C-4. Subtotal										523,396	
	Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year							
D. Movable Equipment											
1. Motor Vehicles (Specify name, model and year of each vehicle)											
a.	x	Var	Var	42,442		42,442	42,442	SL	Various		
b.											
c.											
d.											
2. Movable Equipment											
a. Acquired prior to this report period				3,364,310		3,364,310	2,501,676	SL	Various	168,946	
b. Disposals (attach schedule)											
Acquired during this report period (attach schedule):				144,020						6,171	
c. Administrative				65,222		61,276		SL	Various		
d. Standard Resident				67,242		67,242		SL	Various		
e. Specialized Resident				11,556		11,556		SL	Various	6,171	
Total Acquired during this report period				144,020		140,074				6,171	
D-3. Subtotal										175,117	
E. Total Depreciation										1,646,571	

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	Please see attached			
Total additions for Land Improvements		\$ 8,353	<u>Various</u>	\$ 1,533 *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

***Ties to Page 23, Line B3**

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

***Ties to Page 23, Line C3**

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life		Depreciation
		Movable Category		10	Various	
Additions:						
	Various- Please see attached	Administrative	\$ 65,222	Various		
	Various- Please see attached	Specialized Resident	\$ 11,556	10	\$ 6,171	
	Various- Please see attached	Standard Resident	\$ 67,242	Various		
		PICK A CATEGORY				
		PICK A CATEGORY				
		PICK A CATEGORY				
Total additions for Movable Equipment			\$ 144,020	Various	\$ 6,171	*
Deletions:						
Total deletions for Movable Equipment			\$ -		\$ -	**

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility McLean Health Center			License No. 884-C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility McLean Health Center	License No. 884-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?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
<p>*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.</p>					
Description		Total			
1. Date Land Purchased		Unknown, Prior to 1930			
2. Date Structure Completed		1971, Additions '74,'89 & '01			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		92			
6. Square Footage		141,249			
7. Acquisition Cost					
a. Land		29,950			
b. Building		1,460,189			
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	

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 of 26 37
Item		Total	CCNH	RHNS	Residential Care Home
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended			Page	of
		9/30/2022			27	37
Item			Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$				
14. Insurance						
a. Insurance on Property (buildings only)	\$	18,069	17,381			688
b. Insurance on Automobiles	\$	3,171	3,050			121
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)	\$	12,464	11,989			475
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$	40,882	39,325			1,557
Professional liability, fiduciary, crime, and cyber						
14d. Total Insurance Expenditures (14a + b + c)	\$	74,585	71,745			2,841
15. Total All Expenditures (A-13 thru C-14)	\$	12,221,049	11,969,781			251,268

D. Adjustments to Statement of Expenditures

Name of Facility McLean Health Center				License No. 884-C	Report for Year Ended 9/30/2022		Page 28 of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 204,248	204,248		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 7,200	7,200		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 1,400	1,230		171
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ (351)	(351)		
10.			Accounting	\$			
10a.			Legal	\$ 9,221	9,037		184
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.	27	14A&	Automobile Expense (e.g. personal use)	\$ 10,014	9,703		311
18.	16	M3	Unallowable Advertising *	\$ 51,568	47,242		4,326
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	M6	Barber and Beauty	\$ 1,167			1,167
23.			Other - See attached Schedule	\$ 18,653	18,274		379
Page 18 - Dietary Expenditures							
24.	30	IV 1	Meals to employees, guests and others who are not residents	\$ 25,664	25,664		
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)				\$ 328,784	322,246		6,538

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	M13	ACCOUNTING_BANK CHARGES	\$ 8,023		\$ 169
16	L3	HUM RES_PERS RECOG	\$ 4,168		\$ 82
16	L5	ADMIN_MEETINGS	\$ 6,084		\$ 128
Total Other A&G Adjustments			\$ 18,274	\$ -	\$ 379

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility McLean Health Center				License No. 884-C	Report for Year Ended 9/30/2022		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward				\$ 328,784	322,246		6,538	
Page 20 - Resident Care Supplies***								
27.	20	5 a2	Prescription Drugs	\$ 139,943	139,943			
28.	20	5 d	Ambulance/Limousine	\$ 2,133	2,133			
29.	20	5 f	X-rays, etc	\$ 27,904	27,904			
30.	20	5 h	Laboratory	\$ 22,175	22,175			
31.	20	5 l	Medical Supplies	\$ 2,051	2,051			
32.	20	5 e2	Oxygen (non emergency)	\$ 15,634	15,634			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$				
Page 22 - Maintenance and Property								
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$				
36.			Depreciation on Unallowable Motor Vehicles	\$				
37.			Unallowable Property and Real Estate Taxes	\$				
38.			Rental of Building Space or Rooms	\$				
39.			Other - See Attached Schedule	\$ 6,411	6,184		227	
Page 27 - Insurance								
40.			Mortgage Insurance	\$				
41.			Property Insurance	\$				
Other - Miscellaneous								
42.			Other - Indirect	\$ 20,925	20,893		32	
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$				
45.			Management Fees Direct	\$				
46.			Management Fees Indirect	\$				
47.			Other - Direct	\$				
Not For Profit Providers Only								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$				
49. Total Amount of Decrease (Items 1 - 48)				\$ 565,961	559,164		6,798	

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

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

				age 29
Total Unallowable Building Interest	\$ -	\$ -	\$ -	

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page of 30 37
Item		Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$	5,832,021	5,679,286		152,735
b. Medicaid Room and Board Contractual Allowance **	\$	(2,276,673)	(2,232,038)		(44,635)
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$	1,841,824	1,841,824		
b. Medicare Room and Board Contractual Allowance **	\$	138,278	138,278		
4. a. Private-Pay Residents and Other	\$	5,830,377	5,830,377		
b. Private-Pay Room and Board Contractual Allowance **	\$	(140,723)	(140,723)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$	88,069	88,069		
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(85,509)	(85,509)		
c. Prescription Drugs - Non-Medicare	\$	53,671	53,671		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(54,583)	(54,583)		
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$	395,261	395,261		
b. Physical Therapy - Medicare Contractual Allowance **	\$	(341,736)	(341,736)		
c. Physical Therapy - Non-Medicare	\$	212,001	212,001		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(191,136)	(191,136)		
4. a. Speech Therapy - Medicare	\$	41,178	41,178		
b. Speech Therapy - Medicare Contractual Allowance **	\$	(26,569)	(26,569)		
c. Speech Therapy - Non-Medicare	\$	12,830	12,830		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(5,820)	(5,820)		
5. a. Occupational Therapy - Medicare	\$	345,225	345,225		
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(276,412)	(276,412)		
c. Occupational Therapy - Non-Medicare	\$	177,723	177,723		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(212,036)	(212,036)		
6. a. Other (<i>Specify</i>) - Medicare	\$	9,910	9,910		
b. Other (<i>Specify</i>) - Non-Medicare	\$	1,725	1,725		
III. Total Resident Revenue (Section I. thru Section II.)	\$	11,368,897	11,260,796		108,101
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$	25,664	25,664		
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$	18,520	18,520		
5. Interest Income (<i>Specify</i>)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$	31,034	31,034		
8. Other (<i>Specify</i>)	\$	4,805	4,773		32
V. Total Other Revenue (1 thru 8)	\$	80,023	79,991		32
VI. Total All Revenue (III +V)	\$	11,448,920	11,340,788		108,133

* 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	Residential Care Home
	ALLOWANCE LAB	\$ (14,929)		
	ALLOWANCE XRAY	\$ (7,484)		
	ALLOWANCE OXYGEN	\$ (3,705)		
	REVENUE LABORATORY	\$ 14,929		
	REVENUE OXYGEN	\$ 3,698		
	REVENUE XRAY	\$ 17,401		
	Total Other Resident Revenue - Medicare	\$ 9,910	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	Residential Care Home
	ALLOWANCE LAB	\$ (22,826)		
	ALLOWANCE XRAY	\$ (23,586)		
	ALLOWANCE OXYGEN	\$ (5,877)		
	REVENUE LABORATORY	\$ 22,826		
	REVENUE OXYGEN	\$ 7,602		
	REVENUE XRAY	\$ 23,586		
	Total Other Resident Revenue	\$ 1,725	\$ -	\$ -

Interest Income

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
	Total Interest Income	\$ -	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	BOOKKEEPING_REFUGE	\$ 2,373		\$ 32
	REVENUE RENT MTG ROOMS	\$ 2,400		
	Total Other Revenue	\$ 4,773	\$ -	\$ 32

G. Balance Sheet

Name of Facility McLean Health Center	License No. 884-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>)			\$	9,974,796
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,704,679
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	612,011
a. _____				
b. _____				
c. _____				
d. See Schedule		612,011		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	29,455,128
See Schedule		29,455,128		
A-9. Total Current Assets (Lines A1 thru 8)			\$	41,746,614
B. Fixed Assets				
1. Land			\$	29,950
2. Land Improvements	*Historical Cost	2,387,139	\$	896,785
	Accum. Depreciation	1,490,354	Net	
3. Buildings	*Historical Cost	19,525,661	\$	8,254,914
	Accum. Depreciation	11,270,747	Net	
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
5. Non-Movable Equipment	*Historical Cost	9,422,970	\$	4,090,076
	Accum. Depreciation	5,332,894	Net	
6. Movable Equipment	*Historical Cost	3,508,331	\$	831,538
	Accum. Depreciation	2,676,793	Net	
7. Motor Vehicles	*Historical Cost	42,442	\$	
	Accum. Depreciation	42,442	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	67,396,697
See Schedule		67,396,697		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	81,499,960

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
		AR OTHER AUXILIARY C CARD	\$ 508
		PREPAID INSURANCE LIABILITY	\$ 119,621
		PREPAID IL EXPENSE	\$ 44,804
		PREPAID EXPENSE	\$ 252,388
		PREPAID PROPERTY TAXES	\$ 194,690
		Total Prepaid Expenses	\$ 612,011

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

Page Ref	Line Ref	Description	
		INVESTMENTS	\$ 12,486,546
		ASSETS WHOSE USE IS LIMITED	\$ 16,080,334
		CHARITABLE REMAINDER TRUST, NET	\$ 761,552
		Due from Related Party	\$ 126,696
		Total Other Current Assets (Itemize)	\$ 29,455,128

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

Page Ref	Line Ref	Description	
		Construction in Progress	\$ 1,062,842
		Village and Village Net Asset (Independent Living)	\$ 66,333,855
		Total Other Other Fixed Assets (Itemize)	\$ 67,396,697

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Total Other Assets	\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		Total Notes Payable	\$ -

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

Page Ref	Line Ref	Description	
		Deferred Revenue	\$ 316,791
		Deposits Held for Residents	\$ 958,890
		Accrued Payables	\$ 358,397
		Entrance fee refunds payable	459137
		Total Other Current Liabilities (Itemize)	\$ 2,093,215

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

Page Ref	Line Ref	Description	
		Bonds payable, net	\$ 56,926,187
		Refundable Entrance Fees	\$ 9,588,885
		FIN 47 Asset Retirement Obligation	\$ 50,584
		Deferred Revenue from Nonrefundable Entrance Fees	14939056
		Total Other Current Liabilities (Itemize)	\$ 81,504,712

G. Balance Sheet (cont'd)

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2022	Page of 32 37
Account		Amount	
Total Brought Forward:		\$	123,246,574
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>)		\$	
See Schedule			
D-8. Total Investments and Other Assets (Lines D1 thru 7)		\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)		\$	123,246,574

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$ 2,481,001	
2. Notes Payable (<i>itemize</i>)			\$	
See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$ 8,300,000	
Name of Lender	Purpose	Amount	Date Due	
		8,300,000		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$ 1,265,276	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$ 2,093,215	
See Schedule			2,093,215	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 14,139,492	

* 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 McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			\$ 14,139,492	
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>)			\$	81,504,712
See Schedule			\$	81,504,712
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$	81,504,712
C. Total All Liabilities (Lines A-13 + B-5)			\$	95,644,204

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility McLean Health Center	License No. 884-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				\$ 33,697,742
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ (6,095,372)
7. Total Net Worth				\$ 27,602,370
C. Total Reserves and Net Worth				\$ 27,602,370
D. Total Liabilities, Reserves, and Net Worth				\$ 123,246,574

H. Changes in Total Net Worth

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2022	Page 36 37
Account		Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021		\$ 33,697,742	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)		\$ 28,157,787	
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)		\$ 31,729,432	
D. Net Income or Deficit		\$ (3,571,645)	
E. Balance		\$ 30,126,097	
F. Additions			
1. Additional Capital Contributed (<i>itemize</i>)			
Other Income and Expense	40,086		
Interest and Dividend Income	233,181		
Change in net unrealized gain (loss) on onvestme	(1,801,407)		
Changes in Net Assets With Donor Restrictions	(995,587)		
2. Other (<i>itemize</i>)			
F-3. Total Additions		\$ (2,523,727)	
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	09/30/22	\$ 27,602,370	

I. Preparer's/Reviewer's Certification

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2022	Page 37	of 37
--	----------------------	------------------------------------	------------	----------

Check appropriate category

<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home
---	---	---

Preparer/Reviewer Certification

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

Signature of Preparer	Title	Date Signed
-----------------------	-------	-------------

Printed Name of Preparer

Adam Axelrad

Address Address 75 Great Pond Road, Simsbury, CT 06070	Phone Number (860) 658-3749
---	--------------------------------

Contacted Person Regarding Additional Information Needed Regarding This Report Adam Axelrad	Phone Number (860) 658-3749
--	--------------------------------

Contact Email Address adam.axelrad@mcleancare.org
--