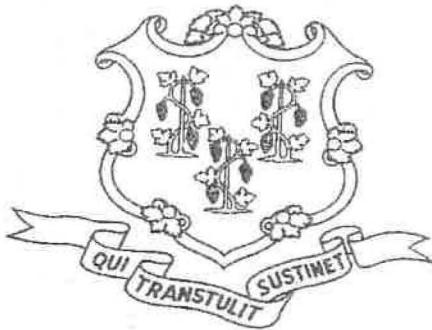


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Notre Dame Convalescent Homes, Inc.					
Address (No. & Street, City, State, Zip Code) 76 West Rocks Road, Norwalk, CT 06851					
Type of Facility					
<input checked="" type="checkbox"/> Chronic and Convalescent 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 286-C	RHNS	(Specify)	Medicare Provider 07-5356
------------------	---------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 2865	RHNS	ICF-IID
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For Department Use Only

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed) Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2022	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Notre Dame Convalescent Homes, Inc. [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

(a) Subject to Desk Audit review

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Notre Dame Convalescent Homes, Inc.	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 76 West Rocks Road, Norwalk, CT 06851				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 1/20/2023		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

	Phone No. of Facility (203) 847-5893	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Notre Dame Convalescent Homes, Inc.	Address (No. & Street, City, State, Zip) 76 West Rocks Road, Norwalk, CT 06851			
License Numbers: CCNH 286-C	RHNS	(Specify)	Medicare Provider No. 07-5356	
Type of Facility (Check appropriate box(es)) <input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box) <input checked="" type="radio"/> Proprietorship <input 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		Date Opened	Date Closed	
If this facility opened or closed during report year provide:				
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 Marjorie Simpson		Nursing Home Administrator's License No.: 1458		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

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General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2022	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

**Notre Dame Convalescent Home, Inc.
Medicaid Cost Report – Corporators Schedule
09/30/2022**

Page 3A1

<u>Name of Dir./Officer</u>	<u>Address</u>	<u>Title</u>
Sister Francois Golder	[REDACTED]	President
Sister Marie Lucie Monast	[REDACTED]	Vice President
John B. Devine	[REDACTED]	Secretary
Mark Simon	[REDACTED]	Treasurer
Kenneth Romano	[REDACTED]	Board Member

State of Connecticut

Annual Report of Long-Term Care Facility

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2022	3B	37

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

Owner(s) of Facility

N/A

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Annual Report of Long-Term Care Facility

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General Information and Questionnaire
Related Parties*

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-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 checked="" type="radio"/> Yes	<input 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 type="radio"/> Yes	<input checked="" 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	%**				
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-5 Rev. 9/2002

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

N/A

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

N/A

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

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

N/A

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-6 Rev. 9/2002

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

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

Name of Facility		License No.		Report for Year Ended 9/30/2022			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Leaf	<input type="radio"/>	<input checked="" type="radio"/>	Copier	06/01/21	Monthly	9,163	9,163	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total *** 9,163

* 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.



LEASE AGREEMENT

1720 A Crete Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-426-2826

LESSEE LEGAL NAME: Notre Dame Convalescent Homes Incorporated		Telephone No: 203-847-5853
Billing Address: 76 West Rocks Rd., Norwalk, CT. 06851		Equipment Location (if other than Billing Address):
EQUIPMENT DESCRIPTION: (indicate quantity, new or used and include make, model, serial # and all attachments - see below and/or attached Schedule A)		
See Attached Schedule A		
BASE TERM IN MONTHS 60	TOTAL NUMBER OF LEASE PAYMENTS 60 @ \$ 756.80 followed by @ \$ _____ (plus taxes)	END OF LEASE PURCHASE OPTION
		<input checked="" type="checkbox"/> Fair market value, plus taxes <input type="checkbox"/> 10% of Equipment cost, plus taxes <input type="checkbox"/> \$1.00, plus taxes <small>(FMV unless another option is selected. You may not exercise a purchase option if you are in default. If you exercise a purchase option we will convey all of our right, title and interest in such Equipment to you on an AS-IS WHERE IS without warranty.)</small>
<small>**If more than one lease payment is required as an Advance Payment, the balance will be applied to lease payments in inverse order, starting with the last lease payment. Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.</small>		

In this agreement ("Lease"), "we," "our," and "us" refer to LEAF Capital Funding, LLC as Lessor and "you" and "your" refer to the Lessee. You agree to lease the Equipment upon the following terms and conditions:

1. LEASE PAYMENTS AND TERM: The Lease is enforceable on you upon your execution. The term of the Lease shall commence on the date the Equipment is delivered to you ("Lease Commencement Date"). The first Lease Payment shall be due on the date we specify in the month following the Lease Commencement Date as set forth in our invoice, and the remaining Lease Payments will be due on the same day of each subsequent month (each, a "Payment Date") until paid in full. The Base Term shall commence on the date one month prior to the first Payment Date. We may charge you a portion of one Lease Payment for the period from the Lease Commencement Date until the first day of the Base Term ("Interim Rent"). The Interim Rent shall be due as invoiced. We may adjust the Lease Payments up to 15% if the actual costs are different than the estimates used to calculate the Lease Payments.

2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation. You unconditionally accept the Equipment upon the earlier of (a) your oral or written acceptance of the Equipment, or (b) 10 days after delivery of the Equipment. You authorize us to fill in the Lease Commencement Date, serial numbers and other information. You will not move the Equipment from the above location without our written consent and are responsible for maintaining the Equipment in good repair. We are not responsible for Equipment or vendor failures.

3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, lease, possession, delivery or return of Equipment.

4. LEASE EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Lease of your election to return or purchase the Equipment, this Lease will renew on a month-to-month basis at the same monthly Lease Payment until you either exercise the purchase option or provide us with at least 90 days notice and return the Equipment. If you return the Equipment, (i) it must be to the location we designate and you are responsible for all return costs and we may charge a Restocking Fee equal to one Lease Payment, and (ii) you must securely remove all data from any and all disk drives or magnetic media prior to returning the Equipment (and you are solely responsible for selecting an appropriate removal standard that meets your business needs and complies with applicable laws). You will pay us for any loss in value resulting from failure to maintain the Equipment in accordance with this Lease or for damages incurred in shipping and handling. If you exercise a purchase option we will convey all of our interest in such Equipment to you on an AS-IS WHERE IS basis without representation or warranty.

5. LATE FEES AND CHARGES: If any amount is not paid within three (3) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount. Amounts which are not paid within 30 days of when due shall accrue interest at 1.5% per month (or if less, the maximum legal rate) until paid. You agree to pay \$25 for each pay by phone and \$35 for each returned payment.

6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.

7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition or purchased by you ("Risk Period"). During the Risk Period you will maintain property and liability insurance on the Equipment acceptable to us, naming us loss payee and additional insured. If you do not provide us with proof of such insurance, we may secure insurance on the Equipment to

cover our interests (and only our interests). If we obtain such insurance, you will pay us an additional amount for the cost of it and an administrative fee, the cost of which may be more than the cost to obtain your own insurance and on which we may make a profit.

8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment. You authorize us to file UCC financing statements to confirm our interest. You will pay, when due, all taxes, fines and penalties relating to the purchase, use, leasing and/or ownership of the Equipment. If we pay any taxes (including property tax), fees or penalties on your behalf, you will pay us the amount we paid plus an administrative fee. You agree to pay us the documentation fee specified above or if not so specified, the greater of either \$125 or 0.5% of the Equipment cost. If we require an Equipment site inspection, or you request administrative services, you agree to reimburse our costs.

9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Lease, any warranty or any license relating to the Equipment, you will be in default. If you default, we may require you to do any combination of the following: (a) immediately pay all amounts then due, plus the present value of the remaining Lease Payments, Interim Rent and residual value of the Equipment, as determined by us, discounted at an annual rate of 3%; (b) return all of the Equipment; (c) allow us to repossess the Equipment; or (d) use any and all remedies available to us under applicable law. If you default, you agree to pay the cost of repossession and our attorney's fees and costs. In addition to all other charges and expenses for expenses incurred and not as a penalty, we may require you to reimburse us for the phone calls, letters, and any additional expense incurred in the collection or servicing of this Lease for you. If we take possession of the Equipment, we may sell or otherwise dispose of it with or without notice, at a public or private sale, and apply the net proceeds (after we have deducted all costs related to the sale or disposition of the Equipment) to the amounts that you owe us. You agree that if notice of sale is required by law, 10 days' notice shall constitute reasonable notice. You remain responsible for any amounts that are due after we have applied such net proceeds. We may apply any security deposits to your obligations and if you do not default, the balance will be refunded without interest.

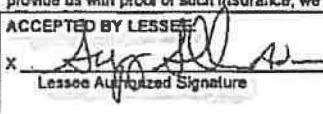
10. ASSIGNMENT: You have no right to sell or assign the Equipment or Lease. We may sell or assign our rights in the Lease and/or Equipment and the new owner will have all our rights but will not be subject to any claim or defense you have against us.

11. ARTICLE 2A: You agree this Lease is a "finance lease" as defined in Article 2A of the Uniform Commercial Code. You waive all rights and remedies conferred upon a lessee by Article 2A (508-522) of the UCC. You have received a copy of the Supply Contract or been informed of the identity of the Supplier and you may have rights under the Supply Contract and may contact the Supplier for a description of those rights.

12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.

13. CHOICE OF LAW: THIS LEASE WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.

14. MISCELLANEOUS: This Lease is the parties' entire agreement and can be amended only in writing signed by both parties. This Lease may be executed in counterparts (manually or by electronic means) and, when transmitted to us shall be binding upon you for all purposes. This Lease is not binding on us until we sign it. You agree not to raise as a defense to the enforcement of this Lease that it was executed or transmitted to us by electronic means. You will use the Equipment only for business purposes and not for personal, family or household use. The USA PATRIOT Act requires us to obtain, verify, and record information that identifies you thus we ask for your name, address and other information or documents that substantiate your identity.

ACCEPTED BY LESSEE: 	Print Name: Gregor Shahn	Title: Administrator
X Accepted by: LEAF CAPITAL FUNDING, LLC By:	E-Mail Address: gshahn@ndhrehab.org	Date: 08/01/2021
Tax ID Number: E-4171		

PERSONAL GUARANTY: Undersigned guarantees that Lessee will make all payments and perform all other obligations under the Lease when due. This is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Lessee or the Equipment. Undersigned also waives all suretyship defenses and notification if the Lessee is in default and consents to any extensions or modifications granted to Lessee. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or Lessee. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the State or Federal courts in Pennsylvania and expressly waive any right to a trial by jury.

SIGNED X Accepted by: LEAF CAPITAL FUNDING, LLC By:	Print Name:	E-Mail Address:
	Title:	Date:



SCHEDULE A TO LEASE AGREEMENT (EQUIPMENT DESCRIPTION)

Lease Application No.: 658941

QNT	Equipment Description	New/Used	Make	Model	Serial Number
-----	-----------------------	----------	------	-------	---------------

Location: 76 West Rocks Rd., Norwalk, CT 06851

1	Copy Star CS 5053ci	New	CS 5053ci
	Copy Star CS 3553ci		
	Copy Star CS 3553ci		

LESSEE: Notre Dame Convalescent Homes Incorporated

BY: Gregory Shabum
PRINT NAME: Gregory Shabum
TITLE: Administrator
DATE: 6/1/2021

LEAF CAPITAL FUNDING, LLC

BY: _____
PRINT NAME: _____
TITLE: _____
DATE: _____

General Information and Questionnaire Accounting Basis

Name of Facility Notre Dame Convalescent Homes,	License No. 286-C	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511
---	--

Services Provided by This Firm (*describe fully*)

1	Cost reporting, Auditing, and Accounting	\$ 54,065
2		\$
3		\$
4		\$
		Charge for Services Provided
		\$ 54,065

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

Yes No | Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman Gruder	(203) 899-8900
2 JacksonLewis	(860) 522-0404
3 Rose Kallor	(860) 361-7999
4	
5	

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

1 200 Connecticut Ave, Norwalk, CT 06854
2 90 State House Square 8th Floor, Hartford, CT 06103
3 750 Main St #1108-3, Hartford, CT 06103
4
5

Services Provided by This Firm (*describe fully*)

1	Resident issues/ Collections	\$ 16,724
2	Employee lawsuit	\$ 1,566
3	Insurance/ University partnership program	\$ 1,398
4		\$
5		\$
		Charge for Services Provided
		\$ 19,688

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

Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Notre Dame Convalescent Homes, Inc.			License No. 286-C			Report for Year Ended 9/30/2022				Page of 8 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					60	60						
A. On last day of PREVIOUS report period	60	60										
B. On last day of THIS report period	60	60							60	60		
2. Number of Residents					43	43						
A. As of midnight of PREVIOUS report period	43	43										
B. As of midnight of THIS report period	52	52							52	52		
3. Total Number of Days Care Provided During Period					1,253	1,253			423	423		
A. Medicare	1,676	1,676										
B. Medicaid (Conn.)	10,961	10,961			7,922	7,922			3,039	3,039		
C. Medicaid (other states)												
D. Private Pay	2,487	2,487			1,943	1,943			544	544		
E. State SSI for RCH												
F. Other (Specify) Managed Care	299	299			201	201			98	98		
G. Total Care Days During Period (3A thru F)	15,423	15,423			11,319	11,319			4,104	4,104		
Total Number of Days Not Included in Figures in 4. 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	15,423	15,423			11,319	11,319			4,104	4,104		

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facility Notre Dame Convalescent Homes, Inc.			License No. 286-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? 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)	(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	(Specify)	
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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR		
No. of Residents	4	41			7						
Per Diem Rate											
a. One bed rm.	Various		273.63		440.00						
b. Two bed rms.											
c. Three or more bed rms.											
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)
								1,734	1,734		
A. Medicare - Part B											
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments											
C. Other							2,689	2,689			
D. Total Physical Therapy Treatments							4,423	4,423			
8. Total Number of Speech Therapy Treatments											
								182	182		
A. Medicare - Part B											
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments											
C. Other							434	434			
D. Total Speech Therapy Treatments							616	616			
9. Total Number of Occupational Therapy Treatments											
								1,851	1,851		
A. Medicare - Part B											
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments											
C. Other							2,919	2,919			
D. Total Occupational Therapy Treatments							4,770	4,770			

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CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of		
		9/30/2022		10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No							
Total Cost and Hours							
Item	CCNH	Hours	RHNS	Hours	(Specify)		
A. Salaries and Wages*							
1. Operators/Owners (Complete also Sec. I of Schedule A1)							
2. Administrator(s) (Complete also Sec. III of Schedule A1)	133,429	2,072					
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	184,888	8,632					
5. Dietary Service							
a. Head Dietitian							
b. Food Service Supervisor	59,696	2,149					
c. Dietary Workers	322,097	21,012					
6. Housekeeping Service							
a. Head Housekeeper							
b. Other Housekeeping Workers	190,094	15,825					
7. Repairs & Maintenance Services							
a. Engineer or Chief of Maintenance	69,150	2,086					
b. Other Maintenance Workers	55,739	2,600					
8. Laundry Service							
a. Supervisor							
b. Other Laundry Workers	67,817	5,234					
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	84,705	1,848					
b. RN							
1. Direct Care	268,648	7,296					
2. Administrative**	189,872	6,182					
c. LPN							
1. Direct Care	491,077	26,009					
2. Administrative**							
d. Aides and Attendants	759,902	67,777					
e. Physical Therapists							
f. Speech Therapists							
g. Occupational Therapists							
h. Recreation Workers	101,461	4,884					
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	118,023	3,690					
n. Marketing							
o. Other (Specify)							
See Attached Schedule	187,287	6,024					
A-13. Total Salary Expenditures	3,283,885	183,320	****				

* 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.

**** Decrease in hours caused by prior year being overstated.

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 Notre Dame Convalescent Homes, Inc.				License No. 286-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).										
Sisters Congregation - Saint Thomas of Villanova	90,168			Non Discrim.	Employee - Pastoral	2,080	A12o			
Sisters Congregation - Saint Thomas of Villanova	42,133			Non Discrim.	Employee - Pastoral	1,736	A12o			

* 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.

Notre Dame Convalescent Homes, Inc.
Attachment to Page 11
September 30, 2022

Section II - Other Related Parties of Operators/Owners employed in and paid by the facility

Name	Salary Paid			Fringe Benefits and/or Other Payments	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10
	CCNH	RHNS	(Specify)				
Sisters Congregation - Saint Thomas of Villanova	\$ 90,168	-	-	Non-Discrim.	Employee- Sister Lucie (Pastoral)	2,080	A.12.o.
Sisters Congregation - Saint Thomas of Villanova	\$ 42,133	-	-	Non-Discrim.	Employee- Sister Frances (Pastoral)	1,736	A.12.o.

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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	
Notre Dame Convalescent Homes, Inc.			286-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	(Specify)							
Section III - Administrators***										
Gregory Shahum	70,522			Non-discrim.	Administrator 10/01/2021 - 02/16/2022	928	A2		928	70,522
Laurie Pompa (Director of Nursing)				Non-discrim.	Acting Administrator 02/16/2022 - 03/04/2022					
Marjorie Simpson	62,907			Non-discrim.	Administrator 03/04/2022- 09/30/2022	1,144	A2		1,144	62,907
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.

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Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2022		Page 13	of 37	
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	16,444	427				
2. Dentist	774	1				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	118,443	1,113				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	66,625	168				
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	32,488	312				
b. Other						
10. Occupational Therapist						
a. Resident Care	156,709	1,240				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	234,368	2,044				
2. Administrative***						
b. LPN						
1. Direct Care	109,171	1,305				
2. Administrative***						
c. Aides	350,193	8,841				
d. Other						
12. Other (Specify)						
See Attached Schedule	46,252	713				
B-13 Total Fees Paid in Lieu of Salaries	1,131,467	16,164				

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

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

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

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

Name of Facility Notre Dame Convalescent Homes, Inc.		License No. 286-C	Report for Year Ended 9/30/2022		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Lynn Homberg, 6 Ellin Dr, Greenwich, CT 06831	Dietician Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Shirley Chen, 76 West Rocks Rd, Norwalk, CT 06851	Dietician Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Health Drive Dental Group, 888 Worcester St, Wellesley, MA 02482-3744	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
HealthPro Heritage, PO Box 69268, Baltimore, MD 21264-9268	Physical, Occupational, and Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Various	Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Various	Visiting Priest	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Dr. Edward McDermont, 27 Fisher Ave, Tuckahoe, NY 10707	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Dr. Richard Huntley, 11 Bolton Lane, Westport, CT 06880	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
AAA Nursing, 3303 Main St, Stratford, CT 06614	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
JP American Staffing, 1825 Barnum Ave, Stratford, CT 06614	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Gale Healthcare, 11274 W Hillsborough Ave, Tampa, FL 33635	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
SP Staffing Solutions, 16 River Rd Suite 15B, Wilton, CT 06897	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Simone Parkes, 64 Eaton Ave, Bridgeport, CT 06606	Medical Records	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Vicarah Private Duty Nursing, 941 E Main St, Bridgeport, CT 06608	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
MDS Rescue, 507 East Main St, Torrington, CT 06790	MDS Coord.	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

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CSP-15 Rev. 9/2018

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	57,031	57,031		
2. Disability Insurance	\$	9,147	9,147		
3. Unemployment Insurance	\$	10,295	10,295		
4. Social Security (F.I.C.A.)	\$	234,407	234,407		
5. Health Insurance	\$	431,088	431,088		
6. Life Insurance (employees only) (not-owners and not-operators)	\$	7,227	7,227		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other (Specify)	\$				
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	99,617	99,617		
d. Accounting and Auditing	\$	54,065	54,065		
e. Legal (Services should be fully described on Page 7)	\$	19,688	19,688		
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	10,681	10,681		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	40,388	40,388		
2. Cellular Phones	\$				
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify)	\$				
See Attached Schedule					
3. Resident Day User Fee	\$	282,529	282,529		
Subtotal	\$	1,256,163	1,256,163		

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

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

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CSP-16 Rev. 9/2002

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

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2022		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	1,256,163	1,256,163		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	1,900	1,900		
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$	38	38		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	3,180	3,180		
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	\$	10,626	10,626		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	3,150	3,150		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	12,059	12,059		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	6,385	6,385		
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract <i>Specify and Complete</i> <i>Schedule C-2, Page 21 for each firm or individual</i>	\$	76,031	76,031		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	75,061	75,061		
C-14 Total Administrative & General Expenditures	\$	1,444,593	1,444,593		

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Public Relations	\$ 10,626		
Total Other Advertising	\$ 10,626	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CT ACHCA	\$ 2,231		
Greater Norwalk Chamber	\$ 704		
Treasurer State of CT	\$ 1,610		
The Benefit Center	\$ 2,951		
CLIA Laboratory	\$ 180		
Healthcare Academy	\$ 2,700		
Norwalk Healthcare Department	\$ 570		
Peter Bondi Sheriff	\$ 120		
ALTCFM	\$ 85		
Secretary of State	\$ 20		
DEA License	\$ 888		
Total Dues	\$ 12,059	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Paychecks/ ADP	\$ 44,535		
COVID-19 Care	\$ 18,830		
Bank Service Charge	\$ 4,579		
Administrative Fees	\$ 4,016		
PreEmployment Screening	\$ 2,260		
Religious Supplies (Disallowed on Page 28)	\$ 841		
Total Other Administrative and General	\$ 75,061	\$ -	\$ -

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CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2022	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2022		Page of 18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 149,374	149,374		
2. Non-Food Supplies	\$ 7,011	7,011		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 3,679	3,679		
c. Other (Specify) _____	\$ _____			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 160,064	160,064		
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 checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt. \$2,335
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Page 30 / Line IV1
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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CSP-19 Rev. 9/2018

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

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2022		Page 19 37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry	Lbs.			
a. In-House Processing*				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify)	\$	22,172	22,172	
3D. Total Laundry Expenditures (3a + b + c)	\$	22,172	22,172	
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.

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CSP-20 Rev. 9/2018

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

Name of Facility	License No.	Report for Year Ended		Page	of
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2022		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 35,026	35,026		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt.	\$			
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	35,026	35,026		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	39,102	39,102		
b. Medicine Cabinet Drugs	\$	23,530	23,530		
c. Medical and Therapeutic Supplies	\$	105,002	105,002		
d. Ambulance/Limousine***	\$	1,367	1,367		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	7,318	7,318		
f. X-rays and Related Radiological Procedures***	\$	17,137	17,137		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	17,360	17,360		
i. Recreation	\$	13,772	13,772		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)****	\$	146	146		
See Attached Schedule					
5M. Total Resident Care Expenditures (5a - 5j)	\$	224,734	224,734		

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

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

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

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

Schedule of Other Resident Care

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

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

** Refer to Page 4 for definition of related.

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

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CSP-22 Rev. 6/95

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

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2022			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 12,719	12,719				
b. Heat	\$ 153,782	153,782				
c. Light & Power	\$ 78,096	78,096				
d. Water	\$ 28,635	28,635				
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$ 9,163	9,163				
f. Other <i>(itemize)</i>	\$ 94,572	94,572				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 376,967	376,967				
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$ 1,910	1,910				
b. Building & Building Improvements	\$ 35,270	35,270				
c. Non-Movable Equipment	\$ 3,659	3,659				
d. Movable Equipment	\$ 34,248	34,248				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 75,087	75,087				
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	\$ 33,407	33,407				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 108,494	108,494				

* 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

*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	Useful		
		Movable Category	Cost	Life	Depreciation
Additions:					
10/21/2021	Wheelchair Washer	Standard Resident	\$ 15,995	10	\$ 1,600
11/3/2021	Blood Pressure Monitor	Standard Resident	\$ 3,125	10	\$ 313
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 19,120		\$ 1,913
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Notre Dame Convalescent Homes, Inc.			License No. 286-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.

Notre Dame Convalescent Homes, Inc.
Depreciation Schedule
09/30/22

PROPERTY CATEGORY	Acquisition Year	Historical Costs	Cost to Be Depreciated	Life	Method	2020 Deprec.	2020 Accum. Deprec.	2021 Deprec.	2021 Accum. Deprec.	2022 Deprec.	2022 Accum. Deprec.	Net Book Value
Land Improvements												
<u>Acquired prior 2011 per 2011 Cost Report</u>												
Land Improvements	Various	94,852	94,852	Var.	S/L	-	94,852	-	94,852	-	94,852	-
		94,852	94,852			-	94,852	-	94,852	-	94,852	-
<u>Acquired in 2022</u>												
Cummings Construction Services	5/26/2022	19,100	19,100	10	S/L	-	-	-	-	1,910	1,910	17,190
		19,100	19,100			-	-	-	-	1,910	1,910	17,190
Total		113,952	113,952			-	94,852	-	94,852	1,910	96,762	17,190
Building and Building Improvements												
<u>Acquired prior 2011 per 2011 Cost Report</u>												
Building and Building Improvements	Various	2,334,709	2,334,709	Var.	S/L	-	2,334,709	-	2,334,709	-	2,334,709	-
		2,334,709	2,334,709			-	2,334,709	-	2,334,709	-	2,334,709	-
<u>Acquired in 2011</u>												
Business Office Flooring	10/31/2010	1,150	1,150	5	S/L	-	1,150	-	1,150	-	1,150	-
Roof (ND Wing and MK Section - Allowable)	12/31/2010	101,220	101,220	20	S/L	5,061	50,610	5,061	55,671	5,061	60,732	40,488
Replace Skylights	3/1/2011	2,600	2,600	20	S/L	130	1,300	130	1,430	130	1,560	1,040
Renovate Beauty Salon	9/23/2011	9,348	9,348	20	S/L	467	4,672	467	5,139	467	5,696	3,742
		114,318	114,318			5,658	57,732	5,658	63,390	5,658	69,048	45,270
<u>Acquired in 2012</u>												
Phil's Main Roofing, LLC	7/6/2012	6,000	6,000	20	S/L	300	2,700	300	3,000	300	3,300	2,700
Phil's Main Roofing, LLC	7/1/2012	175	175	20	S/L	9	80	9	89	9	98	77
Phil's Main Roofing, LLC	7/13/2012	4,470	4,470	20	S/L	224	2,014	224	2,238	224	2,462	2,089
Chiller	8/9/2012	13,983	13,983	25	S/L	549	5,033	559	5,592	559	6,131	7,833
		24,628	24,628			1,092	9,826	1,092	10,918	1,092	12,010	12,618
<u>Acquired in 2013</u>												
L.P Painting Service, Inc.	10/15/2012	28,162	28,162	20	S/L	1,408	11,264	1,408	12,672	1,408	14,080	14,081
		28,162	28,162			1,408	11,264	1,408	12,672	1,408	14,080	14,081
<u>Acquired in 2015</u>												
Bathroom Showers	06/05/2015	950	950	20	S/L	48	288	48	336	48	384	567
Bathroom	06/30/2015	2,850	2,850	20	S/L	143	858	143	1,001	143	1,144	1,707
Condensate Pump Replacement	08/26/2015	5,250	5,250	20	S/L	263	1,578	263	1,841	263	2,104	3,147
X Floor Repairs	06/17/2015	2,000	2,000	20	S/L	100	600	100	700	100	800	1,200
Bathroom Tile	06/30/2015	5,855	5,855	10	S/L	586	3,516	586	4,102	586	4,688	1,168
		16,905	16,905			1,140	6,838	1,140	7,978	1,140	9,118	7,787
<u>Acquired in 2016</u>												
Roofing Project	12/1/2015	136,170	136,170	15	S/L	9,078	45,390	9,078	54,468	9,078	63,546	72,624
Front Doorway Project	8/1/2016	104,792	104,792	15	S/L	6,986	34,930	6,986	41,916	6,986	48,902	55,890
P Arcario's Salary (Various Projects)	1/1/2016	15,585	15,585	4	S/L	-	15,584	-	15,584	-	15,584	†
Less: Restricted Contributions Revenue	9/30/2016	(60,000)	(60,000)	15	S/L	(4,000)	(20,000)	(4,000)	(24,000)	(4,000)	(28,000)	(32,000)
		196,547	196,547			12,064	75,904	12,064	87,968	12,064	100,032	96,515
<u>Acquired in 2017</u>												
Front Doorway Project	3/4/2017	99,987	99,987	15	S/L	6,666	26,664	6,666	33,330	6,666	39,996	59,991
Therapy Room Project	4/7/2017	18,470	18,470	15	S/L	1,231	4,924	1,231	6,155	1,231	7,386	11,084
Boiler Project	9/14/2017	63,568	63,568	20	S/L	3,178	12,712	3,178	15,890	3,178	19,068	44,500
Less: Restricted Contributions Revenue	9/30/2017	(40,000)	(40,000)	15	S/L	(2,667)	(10,668)	(2,667)	(13,335)	(2,667)	(16,002)	(23,998)
		142,025	142,025			8,408	33,632	8,408	42,040	8,408	50,448	91,577
<u>Acquired in 2018</u>												
Fire Doors	3/2/2018	21,752	21,752	20	S/L	1,088	3,264	1,088	4,352	1,088	5,440	16,312
Satelite Antenna System	4/3/2018	9,800	9,800	20	S/L	490	1,470	490	1,960	490	2,450	7,350
Courtyard Paving	6/20/2018	16,425	16,425	10	S/L	1,643	4,929	1,643	6,572	1,643	8,215	8,210
Camera System	7/12/2018	6,044	6,044	15	S/L	403	1,209	403	1,612	403	2,015	4,029
Hallway Flooring	9/11/2018	12,915	12,915	20	S/L	646	1,938	646	2,384	646	3,230	9,685
		66,936	66,936			4,270	12,810	4,270	17,080	4,270	21,350	45,586
<u>Acquired in 2021</u>												
Oil Tank Removal/Installation	6/3/2021	36,893	36,893	30	S/L	-	-	615	615	1,230	1,845	35,048

	36,893	36,893					615	615	1,230	1,845	35,048		
Total	2,961,123	2,961,123					34,040	2,542,715	34,655	2,577,370	35,270	2,612,640	348,482
Non-Movable Equipment													
<u>Acquired prior 2011 per 2011 Cost Report</u>													
Non-Movable Equipment													
Various	349,132	349,132	Var.	S/L		16,818	347,988	1,144	349,132	-	349,132		
	349,132	349,132				16,818	347,988	1,144	349,132	-	349,132		
<u>Acquired in 2011</u>													
32E Bock Hot Water Heater (Maintenance Equip.)	10/31/2010	3,309	3,309	10	S/L	331	3,310	-	3,310	-	3,309	0	
Automatic Grease Trap (Kitchen Equipment)	8/1/2011	18,600	18,600	10	S/L	1,860	18,600	-	18,600	-	18,600	-	
		21,909	21,909			2,191	21,910	-	21,910	-	21,909	0	
<u>Acquired in 2012</u>													
Devine Bros., Inc - Mechanical Contractors	11/1/2011	16,562	16,562	20	S/L	828	7,452	828	8,280	828	9,108	7,454	
Devine Bros., Inc - Mechanical Contractors	12/14/2011	16,562	16,562	20	S/L	828	7,452	828	8,280	828	9,108	7,454	
		33,124	33,124			1,656	14,905	1,656	16,561	1,656	18,217	14,907	
<u>Acquired in 2013</u>													
Upholstery and furnishings	6/6/2013	10,767	10,767	20	S/L	538	4,305	538	4,843	538	5,381	5,386	
Decorative Living at Westport	6/11/2013	2,598	2,598	20	S/L	130	1,040	130	1,170	130	1,300	1,298	
Window Treatments Unlimited	6/14/2013	394	394	20	S/L	30	239	30	269	30	299	295	
Robert Allen Group	8/7/2013	5,411	5,411	20	S/L	271	2,167	271	2,438	271	2,709	2,702	
		19,370	19,370			969	7,751	969	8,720	969	9,689	9,582	
<u>Acquired in 2014</u>													
Upholstery and furnishings	10/15/2013	10,338	10,338	10	S/L	1,034	7,238	1,034	8,272	1,034	9,306	1,032	
		10,338	10,338			1,034	7,238	1,034	8,272	1,034	9,306	1,032	
Total	433,873	433,873				22,668	399,791	4,803	404,594	3,659	408,252	25,622	
Motor Vehicles - Moveable Equipment													
<u>Acquired prior 2011 per 2011 Cost Report</u>													
1997 Ford Truck	8/1/2002	9,538	9,538	%	S/L	-	9,538	-	9,538	-	9,538	-	
1999 Toyota Forrunner	1/1/2004	17,025	17,025	\$	S/L	-	17,025	-	17,025	-	17,025	-	
2005 Chrysler Van	12/1/2008	6,500	6,500	\$	S/L	-	6,500	-	6,500	-	6,500	-	
		33,063	33,063			-	33,063	-	33,063	-	33,063	-	
<u>Acquired in 2016</u>													
2012 GMC Sierra Truck	2/1/2016	23,710	23,710	5	S/L	4,742	23,710	-	23,710	-	23,710	0	
		23,710	23,710			4,742	23,710	-	23,710	-	23,710	0	
<u>Acquired in 2020</u>													
2020 Mobility Trans S4X	2/19/2020	75,500	75,500	5	S/L	15,100	15,100	15,100	30,200	15,100	45,300	30,200	
		75,500	75,500			15,100	15,100	15,100	30,200	15,100	45,300	30,200	
Total	132,273	132,273				19,842	71,873	15,100	86,973	15,100	102,073	30,201	
Movable Equipment													
<u>Acquired prior 2011 per 2011 Cost Report</u>													
Movable Equipment	Various	655,485	655,485	Var.	S/L	-	655,485	-	655,485	-	655,485	-	
		655,485	655,485			-	655,485	-	655,485	-	655,485	-	
<u>Acquired in 2011</u>													
ADS Time Clock System	10/1/2010	4,185	4,185	5	S/L	-	4,185	-	4,185	-	4,185	-	
Computer Equipment (Softchoice)	11/30/2010	5,813	5,813	5	S/L	-	5,813	-	5,813	-	5,813	-	
Computer, Monitor, and Printer	3/1/2011	2,257	2,257	5	S/L	-	2,257	-	2,257	-	2,257	-	
Alliance Patient Stand-Assist Lift	7/1/2011	3,061	3,061	10	S/L	306	3,061	-	3,061	-	3,061	1	
61 Cherry Overbed Tables	6/30/2011	12,410	12,410	10	S/L	1,241	12,410	-	12,410	-	12,410	-	
25 Flat Screen TVs	6/30/2011	4,462	4,462	10	S/L	446	4,461	-	4,461	-	4,461	1	
PointClickCare Software	7/30/2011	17,375	17,375	5	S/L	-	17,375	-	17,375	-	17,375	-	
Nursing Station Kiosks & Install	9/1/2011	12,171	12,171	5	S/L	-	12,171	-	12,171	-	12,171	-	
		61,734	61,734			1,093	61,732	-	61,732	-	61,732	1	
<u>Acquired in 2012</u>													
Kiosk Bundle	10/31/2011	165	165	5	S/L	-	165	-	165	-	165	-	
Mobility Cart	11/17/2011	2,440	2,440	5	S/L	-	2,440	-	2,440	-	2,440	-	
Mobility Cart	1/25/2012	287	287	5	S/L	-	287	-	287	-	287	-	
Touch Screen Tablet PC	3/13/2012	2,555	2,555	5	S/L	-	2,555	-	2,555	-	2,555	-	
Beds	2/8/2012	2,826	2,826	10	S/L	283	2,545	283	2,828	-	2,828	(2)	

Beds	2/27/2012	3,276	3,276	10	S/L	328	2,950	328	3,278	-	3,278	(2)
Telephone Equipment	12/15/2011	17,833	17,833	7	S/L	-	17,833	-	17,833	-	17,833	-
Antenna Module	2/14/2012	464	464	7	S/L	-	464	-	464	-	464	-
Flatscreen TV	7/11/2012	1,890	1,890	10	S/L	189	1,701	189	1,890	-	1,890	(0)
Laptop	8/9/2012	1,003	1,003	5	S/L	-	1,003	-	1,003	-	1,003	-
LCD Monitor	8/9/2012	366	366	5	S/L	-	366	-	366	-	366	-
		33,105	33,105			800	32,309	800	33,109	-	33,109	(4)
<u>Acquired in 2013</u>												
Lenovo Monitor	2/7/2013	2,166	2,166	5	S/L	-	2,166	-	2,166	-	2,166	-
		2,166	2,166			-	2,166	-	2,166	-	2,166	-
<u>Acquired in 2014</u>												
Radiant Heat Plate Dispenser	7/10/2014	1,500	1,500	7	S/L	214	1,499	1	1,500	-	1,500	0
Cambrio 2-compartment Meal Delivery Cart	8/1/2014	6,881	6,881	10	S/L	688	4,816	688	5,504	688	6,192	689
17" CarePoint Kiosk Bundle Computer	1/4/2014	1,664	1,664	7	S/L	238	1,665	-	1,665	-	1,665	(1)
Electric beds (5)	5/2/2014	7,500	7,500	10	S/L	750	5,250	750	6,000	750	6,750	750
		17,545	17,545			1,890	13,230	1,439	14,669	1,438	16,807	1,438
<u>Acquired in 2015</u>												
Economy Beverage Service Cart w/ locking doors	4/7/2015	2,931	2,931	10	S/L	293	1,758	293	2,051	293	2,344	587
Careworkx - Computer kiosk for nursing	5/21/2015	8,071	8,071	5	S/L	1	8,071	1	8,072	-	8,072	(1)
Fiberglass Dimming Tble (11) Specables, Inc.	4/28/2015	9,077	9,077	10	S/L	908	5,448	908	6,356	908	7,264	1,813
		20,080	20,080			1,202	15,277	1,202	16,479	1,201	17,680	2,406
<u>Acquired in 2016</u>												
Elliptical	11/1/2015	3,100	3,100	4	S/L	-	3,100	-	3,100	-	3,100	-
Carepoint Kiosk	12/9/2015	3,070	3,070	3	S/L	-	3,070	-	3,070	-	3,070	0
Industrial Blender	1/1/2016	1,279	1,279	10	S/L	128	640	128	768	128	896	383
Hospital Beds	9/1/2016	3,658	3,658	10	S/L	366	1,830	366	2,196	366	2,562	1,096
Hospital Beds	1/1/2016	3,138	3,138	10	S/L	314	1,570	314	1,884	314	2,198	940
Walkie - Talkies	3/1/2016	3,780	3,780	8	S/L	473	2,365	473	2,838	473	3,311	469
Hospital Beds	3/1/2016	11,543	11,543	10	S/L	1,154	5,770	1,154	6,924	1,154	8,078	3,465
Snow Plow	5/1/2016	4,740	4,740	5	S/L	948	4,740	-	4,740	-	4,740	(0)
Dryers	6/1/2016	17,954	17,954	10	S/L	1,795	8,975	1,795	10,770	1,795	12,565	5,389
Water Dispenser	7/1/2016	5,055	5,055	8	S/L	632	3,160	632	3,792	632	4,424	631
		57,317	57,317			5,810	35,220	4,862	40,082	4,862	44,944	12,373
<u>Acquired in 2017</u>												
Hospital Beds	10/18/2016	1,829	1,829	10	S/L	183	732	183	915	183	1,098	731
Hospital Beds	1/24/2017	2,926	2,926	10	S/L	293	1,172	293	1,465	293	1,758	1,168
Hospital Beds	7/17/2017	5,423	5,423	10	S/L	542	2,168	542	2,710	542	3,252	2,171
HFK Laundry Equipment	12/1/2016	11,587	11,587	10	S/L	1,159	4,636	1,159	5,795	1,159	6,954	4,633
		21,765	21,765			2,177	8,708	2,177	10,885	2,177	13,062	8,703
<u>Acquired in 2018</u>												
Sure Temp Thermometer	11/16/2017	2,208	2,208	5	S/L	442	1,326	442	1,768	440	2,208	-
Sure Temp Thermometer	12/4/2017	2,208	2,208	5	S/L	442	1,326	442	1,768	440	2,208	-
Hospital bed	1/3/2018	1,601	1,601	10	S/L	160	480	160	640	160	800	801
Hospital Beds	2/6/2018	3,766	3,766	10	S/L	377	1,131	377	1,508	377	1,885	1,881
John Deere Lawn Mower	5/19/2018	2,147	2,147	5	S/L	429	1,287	429	1,716	431	2,147	-
		11,930	11,930			1,850	5,550	1,850	7,400	1,848	9,248	2,682
<u>Acquired in 2020</u>												
AeroClave Room Decontamination System		13,999	13,999	10	S/L	1,400	1,400	1,400	2,800	1,400	4,200	9,799
3 Portable Applicators, Hand Sprayers		3,747	3,747	5	S/L	749	749	749	1,499	749	2,248	1,499
3 Removl Head Tripod		327	327	5	S/L	65	65	65	131	65	196	131
Vital Oxidr Disinfectant Solution 3 Cascs		480	480	10	S/L	48	48	48	96	48	144	336
Freight Outbound		280	280	5	S/L	56	56	56	112	56	168	112
Acroclave data logging software		850	850	3	S/L	283	283	283	567	283	850	*
Electrotherapy System		3,795	3,795	7	S/L	542	542	542	1,084	542	1,626	2,169
CardioTech GT-4500 Hand-held Bladder Scanner		3,695	3,695	7	S/L	528	528	528	1,056	528	1,584	2,111
		27,173	27,173			3,672	3,672	3,672	7,344	3,672	11,016	16,157
<u>Acquired in 2021</u>												
Power Lift	8/3/2021	4,795	4,795	5	S/L	-	-	160	160	959	1,119	3,676
Body Scanner	8/5/2021	5,390	5,390	5	S/L	-	-	180	180	1,078	1,258	4,132
		10,185	10,185			-	-	340	340	2,037	2,377	7,809
<u>Acquired in 2022</u>												
Wheelchair Washer	10/21/2021	15,995	15,995	10	S/L	-	-	-	-	1,600	1,600	14,395
Blood Pressure Monitor	11/3/2021	3,125	3,125	10	S/L	-	-	-	-	313	313	2,812

	19,120	19,120					1,913	1,913	17,207
Total	937,604	937,604					863,340	863,340	68,765
Cost Report Totals	4,578,825	4,578,825					4,088,567	4,088,567	490,259
T/B	4,756,214						3,905,382	3,905,382	850,832
<i>Variance</i>	(177,389) {a}						(80,832)	183,185	(360,573)
Reconciliation							{b}		
Variance Prior to FY2016	76,089								
Variance from FY2016	1,280								
Variance from FY2017	21								
Add Back: Restricted Contributions Revenue FY2016	60,000								
Add Back: Restricted Contributions Revenue FY2017	40,000								
Rounding	(1)								
Reconciliation Total	177,389 {a}								

Tickmarks

{a} - carry forward amount from prior year depreciation schedule. In FY2016, there was an additional variance of \$1,280 and restricted capital improvement revenue of \$100,000 added to the initial \$76,089, \$21 variance in FY2017, which ultimately totals to the \$177,389

360,573

80,832

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

Name of Facility Notre Dame Convalescent Homes, Inc	License No. 286-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.	
<small>*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.</small>					
Description		Total			
1. Date Land Purchased		1952-Convent			
2. Date Structure Completed		1967, 1972			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		05/20/05			
5. Total Licensed Bed Capacity		60			
6. Square Footage		32,319			
7. Acquisition Cost					
a. Land		1966-\$15,000			
b. Building		1966- \$286,852			
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.

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

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$				
14. Insurance						
a. Insurance on Property (buildings only)		\$ 39,578	39,578			
b. Insurance on Automobiles		\$ 24,099	24,099			
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$ 21,639	21,639			
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$ 95,318	95,318			
PRO.CAS.LIAB						
14d. Total Insurance Expenditures (14a + b + c)		\$ 180,634	180,634			
15. Total All Expenditures (A-13 thru C-14)		\$ 6,968,036	6,968,036			

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.	286-C	9/30/2022		28 37
				Total Amount of Decrease	CCNH	RHNS
Page 10 - Salaries and Wages						
1.			Outpatient Service Costs	\$		
2.			Salaries not related to Resident Care	\$		
3.			Occupational Therapy	\$		
4.			Other - See attached Schedule	\$		
Page 13 - Professional Fees						
5.			Resident Care Physicians **	\$		
6.	13	B10a	Occupational Therapy	\$	156,709	156,709
7.			Other - See attached Schedule	\$	10,530	10,530
Pages 15 & 16 - Administrative and General						
8.			Discriminatory Benefits	\$		
9.	15	1c	Bad Debts	\$	99,617	99,617
10.			Accounting	\$		
10a.	15	1e	Legal	\$	18,122	18,122
11.			Telephone	\$		
12.			Cellular Telephone	\$		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$		
14.			Gifts, flowers and coffee shops	\$		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$		
17.			Automobile Expense (e.g. personal use)	\$		
18.	16	m2/3	Unallowable Advertising *	\$	10,626	10,626
19.			Income Tax / Corporate Business Tax	\$		
20.			Fund Raising / Contributions	\$		
21.			Unallowable Management Fees	\$		
22.			Barber and Beauty	\$		
23.			Other - See attached Schedule	\$	17,096	17,096
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)			\$	312,700	312,700	

* 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

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	3	Family Lunch	\$ 500		
16	m13	Religious Supplies	\$ 841		
16	m13	Other Income - Refunds	\$ 15,755		
Total Other A&G Adjustments			\$ 17,096	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended		Page of
Notre Dame Convalescent Homes, Inc.				286-C	9/30/2022		29 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 314,266	314,266		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 39,102	39,102		
28.	20	5d	Ambulance/Limousine	\$ 1,367	1,367		
29.	20	5f	X-rays, etc	\$ 17,137	17,137		
30.	20	5h	Laboratory	\$ 17,360	17,360		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 7,318	7,318		
33.	Var	Var	Occupational Therapy	\$ 71	71		
34.			Other - See Attached Schedule	\$ 7,647	7,647		
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	\$ 30,161	30,161		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ (8,293)	(8,293)		
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)			\$ 426,136	426,136		

*** 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

Notre Dame Convalescent Homes, Inc.

September 30, 2022

Cable Disallowance Calculation

Page 29a Attachment

Total Allowable Amount		3,600
Amount Reported	Page 20, LN 5i	11,247
Disallowance		<u>7,647</u>
		Page 29a

Notre Dame Convalescent Homes, Inc.
Schedule of Disallowance- Priests and Nuns
September 30, 2022

	Square Feet	Percent
Convent	8,058	19%
Priest Quarters	1,170	3%
Nursing Home	32,319	78%
	41,547	100%

Property & Overhead Cost Disallowance

	<u>Cost Reported</u>	<u>Convent</u>	<u>Priest</u>
A&G Expense Items:			
Repairs & Maintenance	12,719		
Heat	153,782		
Light & Power	78,096		
Water	28,635		
Other Maintenance	94,572		
Total	367,804		
Allocation % from above		19%	3%
Allocation Cost		71,335	10,358
Factor*		0.33333	0.33333
Unallowable Amount		23,778	3,453
Amount to Disallow - Page 29 , Line 39		23,778	3,453

Insurance Disallowance

Property Insurance	<u>39,578</u>	
Allocation % from above		19%
Allocation Cost		1,115
Factor*		0.33333
Unallowable Amount (Page 29, Line39)		<u>372</u>

* Based on space in use only 8 out of 24 hours a day

Total amount on page 29a 30,161

Notre Dame Convalescent Homes, Inc.
OT Therapy Expense Disallowance
September 30, 2022
Page 29b Attachment

	<u># of Treatments Page 9</u>	<u>Percentage</u>
Physical Therapy	4,423	45.09%
Occupational Therapy	4,770	48.63% {a}
Speech Therapy	616	6.28%
	9,809	100.00%

Therapy Equipment Rental	Pg. 20 / Line 5j	146 {b}
OT Therapy Supplies Disallowed	Pg. 29b attachment	71 {a} x {b}

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30 37
		Item	Total	CCNH	RHNS (Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,172,739	4,172,739			
b. Medicaid Room and Board Contractual Allowance **	\$ (1,146,521)	(1,146,521)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 700,404	700,404			
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$ 1,119,570	1,119,570			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 38,772	38,772			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
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	\$ 206,076	206,076			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 66,507	66,507			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 231,531	231,531			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ 14,767	14,767			
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,403,845	5,403,845			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 2,335	2,335			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 74	74			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 175,297	175,297			
V. Total Other Revenue (1 thru 8)	\$ 177,706	177,706			
VI. Total All Revenue (III +V)	\$ 5,581,551	5,581,551			

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

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

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

Page Ref	Description	CCNH	RHNS	(Specify)
30 II6a	Medicare A - X-Ray	\$ -		
30 II6a	Medicare A - Lab	\$ 11,608		
		\$ 3,159		
Total Other Resident Revenue - Medicare		\$ 14,767	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Money Market	\$ -			
30 IV5	Operating	\$ 66			
		\$ 8			
Total Interest Income		\$ 74	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV8	Unrestricted Contribution	\$ -		
30 IV8	Stock Divide	\$ 494,564		
30 IV8	Restricted Contribution (Disallowed on Page 29)	\$ 72,987		
30 IV8	Staff Recognition Fund (Disallowed on Page 29)	\$ 4,207		
30 IV8	Other Income - Refunds (Disallowed on Page 29)	\$ 920		
30 IV8	Other Income - Refunds (Disallowed on Page 29)	\$ (15,755)		
30 IV8	Gain & Loss on MS	\$ (26,892)		
30 IV8	Unrealized Gain/ Loss	\$ (354,734)		
Total Other Revenue		\$ 175,297	\$ -	\$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	31	37
		Account	Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(256,931)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	970,051
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(18)
4. Inventories			\$	36,899
5. Prepaid Expenses			\$	
a. _____				
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	(44,558)
8. Other Current Assets (<i>itemize</i>)			\$	54,064
Medicaid Settlement	51,328			
Sequestration Insurance	2,736			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	759,507
B. Fixed Assets				
1. Land			\$	36,800
2. Land Improvements	*Historical Cost 113,952	Accum. Depreciation 96,762	\$	17,190
3. Buildings	*Historical Cost 2,961,123	Accum. Depreciation 2,612,640	\$	348,483
4. Leasehold Improvements	*Historical Cost _____	Accum. Depreciation _____	\$	
5. Non-Movable Equipment	*Historical Cost 433,873	Accum. Depreciation 408,253	\$	25,620
6. Movable Equipment	*Historical Cost 937,604	Accum. Depreciation 868,840	\$	68,764
7. Motor Vehicles	*Historical Cost 132,273	Accum. Depreciation 102,073	\$	30,200
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	360,575
F/S vs C/R NBV	360,573			
See Schedule	2			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	887,632

* 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

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

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B-4

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2022	32	37
Account				Amount
Total Brought Forward:				\$ 1,647,139
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>)				\$ 1,807,943
Investment Account		1,679,579		
Beneficial Int. Ratchford Trust		128,364		
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)				\$ 1,807,943
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 3,455,082

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

G. Balance Sheet (cont'd)

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

(Carry Total forward to next page)

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CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	34	37
Account				Amount
Total Brought Forward:				520,783
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>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 520,783

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

Name of Facility	License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2022	35	37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
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				\$ 4,401,616
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ (1,467,317)
7. Total Net Worth				\$ 2,934,299
C. Total Reserves and Net Worth				\$ 2,934,299
D. Total Liabilities, Reserves, and Net Worth				\$ 3,455,082

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H. Changes in Total Net Worth

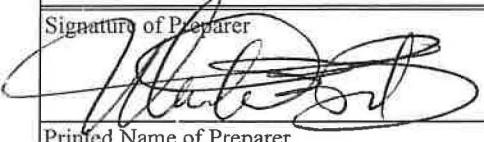
Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	4,424,016
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	5,581,551
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	7,048,868
D. Net Income or Deficit			\$	(1,467,317)
E. Balance			\$	2,956,699
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Expenses Per Page 27	\$6,968,036			
F/S vs C/R Depr.	\$80,832			
Expenses Per F/S	\$7,048,868			
2. Other (<i>itemize</i>)				
Prior Period Adjustment		(22,400)		
F-3. Total Additions			\$	(22,400)
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		\$	2,934,299

I. Preparer's/Reviewer's Certification

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2022	Page of 37 37
<i>Check appropriate category</i>			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input 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 Principal	Date Signed 1/20/23
Printed Name of Preparer Matthew S. Bavolack		
Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600
Contacted Person Regarding Additional Information Needed Regarding This Report Delores Tirpak		Phone Number 203-847-5893
Contact Email Address dtirpak@ndhrehab.org		