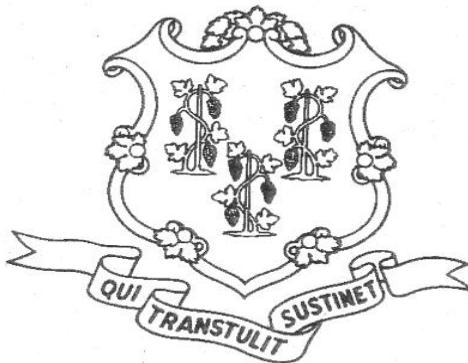


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Sharon SNF CT LLC, d/b/a Sharon Health Care Center					
Address (No. & Street, City, State, Zip Code) 27 Hospital Hill Road Sharon, CT 06069					
Type of Facility					
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)		Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2021		Report for Year Ending 9/30/2022			

License Numbers:		CCNH 2382	RHNS	(Specify)	Medicare Provider 07-5379
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Medicaid Provider Numbers:		CCNH 2382	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Sharon SNF CT LLC, d/b/a Sharon Health Care Center	License No. 2382	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 Sharon SNF CT LLC, d/b/a Sharon Health Care Center [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)	Date	Signed (Owner)	Date	
Printed Name (Administrator) Elise Cecil		Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Care Center	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 27 Hospital Hill Road Sharon, CT 06069				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

	Phone No. of Facility 860-364-1002	Report for Year Ended 9/30/2022	Page 2	of 37
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Name of Facility (as shown on license) Sharon SNF CT LLC, d/b/a Sharon Health Care Center		Address (No. & Street, City, State, Zip) 27 Hospital Hill Road Sharon, CT 06069		
License Numbers:	CCNH 2382	RHNS	(Specify)	Medicare Provider No. 07-5379
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.

Administrator

Name of Administrator Joanne Mumley	Nursing Home Administrator's License No.:	2111
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Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name Not Applicable	License No.:

General Information and Questionnaire

Partners/Members

General Information and Questionnaire Corporate Owners

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health C	License No. 2382	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:

**General Information and Questionnaire
Individual Proprietorship**

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Care Ce	License No. 2382	Report for Year Ended 9/30/2022	Page of 3B 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

Not Applicable

General Information and Questionnaire

Related Parties*

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Care Center	License No. 2382	Report for Year Ended 9/30/2022	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.
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Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," provide the following information:
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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	%**				
Sharon Landlord CT LLC	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Real Property	Pg 22, I9 and L10b; pg	540,229	540,229
Athena Captive	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Worker's Compensation Captive	Pg 15 1a1	235,297	235,297
Athena Health Care Assoc. 401 K Plan	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan			
Athena Health Care Insurance	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Self Insured Employee Health & Dental	Pg 15 1a5	776,700	776,700
Procare, LTC	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	Pg 13 B3, Pg20 5a	304,339	304,339
Miscellaneous Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility loans	Pg 33, A2		
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	See attached			
Procare, LTC	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Note Payable	Pg 34, B4	96,298	50,046

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Care	License No. 2382	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.

Not Applicable

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

Not Applicable

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.

Not Applicable: No Non-Nursing Home Cost Centers

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			Page of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center		2382		9/30/2022			6 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 Capital Funding, LLC 1720A Crete St, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Xerox 3655i Copier System	Automatic Renewal	29 months	1,081	1,081
Leaf Capital Funding, LLC 1720A Crete St, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Xerox 7970 Copier/Xerox 3655 Copier	Automatic Renewal	50 months	11,996	11,996
Pitney Bowes PO Box 371887, Pittsburgh, PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	Automatic Renewal	51 months	820	820
	<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 ***	13,897

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire

Accounting Basis

Name of Facility Sharon SNF CT LLC, d/b/a Sharon	License No. 2382	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.

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Marcum LLP	185 Asylum St, Hartford, CT 06103
2 "	"
3 "	"
4	

Services Provided by This Firm (*describe fully*)

1	2021 Audit of Financials Statements	\$	7,500
2	Medicare Cost report-(allowed)	\$	2,730
3	2021 Tax Returns (disallowed)	\$	7,714
4		\$	
			Charge for Services Provided
			\$ 17,944

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

Yes No Pg 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha, Cullina, LLP	860-240-6000
2 Goldman, Gruder, & Woods/Pilicy & Ryan PC	203-899-8900/860-274-0018
3 State Marshall	860-485-0153
4 CT Treasurer	
5 Senior Planning Services	855-775-2664

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

- 1 City Place, 185 Asylum St., Hartford, CT 06103
- 2 200 Connecticut Ave, Norwalk, CT/365 Main St, Watertown, CT
- 3 PO Box 471 Torrington, CT 06790
- 4 Litchfield Court of Probate
- 5 100 Boulevard of the Americas, Lakewood, NJ 08701

Services Provided by This Firm (*describe fully*)

1	Audit & Ann. Filing \$80(Allowed),	\$	80
2	A/R Collections/General Matters (disallowed)	\$	47,199
3	Conservatorship (Disallowed)	\$	1,150
4	CT Medicaid Application (Allowed)	\$	5,000
5		\$	
		Charge for Services Provided	
		\$	53,429

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

© V © N Pg 15, Line 1e

Schedule of Resident Statistics

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Care Center			License No. 2382			Report for Year Ended 9/30/2022				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					88	88						
A. On last day of PREVIOUS report period	88	88										
B. On last day of THIS report period	88	88							88	88		
2. Number of Residents					70	70						
A. As of midnight of PREVIOUS report period	70	70										
B. As of midnight of THIS report period	67	67							67	67		
3. Total Number of Days Care Provided During Period					3,759	3,759			1,210	1,210		
A. Medicare	4,969	4,969										
B. Medicaid (Conn.)	18,653	18,653			13,840	13,840			4,813	4,813		
C. Medicaid (other states)												
D. Private Pay	2,414	2,414			1,817	1,817			597	597		
E. State SSI for RCH												
F. Other (Specify)	392	392			261	261			131	131		
G. Total Care Days During Period (3A thru F)	26,428	26,428			19,677	19,677			6,751	6,751		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	29	29			8	8			21	21		
5. Total Resident Days (3G + 4A + 4B)	26,457	26,457			19,685	19,685			6,772	6,772		

Schedule of Resident Statistics (Cont'd)

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Ca	License No. 2382	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

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

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	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	8	51		10		3		
Per Diem Rate								
a. One bed rm.	569.42	299.18		630.00		311.43		
b. Two bed rms.	569.42	299.18		615.00		311.43		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	5,399	5,399		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	622	622		
2. Restorative Treatments				
C. Other	9,963	9,963		
D. Total Physical Therapy Treatments	15,984	15,984		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	526	526		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	90	90		
2. Restorative Treatments				
C. Other	1,382	1,382		
D. Total Speech Therapy Treatments	1,998	1,998		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	4,112	4,112		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	784	784		
2. Restorative Treatments				
C. Other	10,163	10,163		
D. Total Occupational Therapy Treatments	15,059	15,059		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	168,356	2,106			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	208,820	8,449			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	79,727	2,127			
c. Dietary Workers	358,064	19,049			
6. Housekeeping Service					
a. Head Housekeeper	60,542	2,250			
b. Other Housekeeping Workers	158,093	9,056			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	69,684	2,168			
b. Other Maintenance Workers	52,290	2,094			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	70,509	4,554			
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	149,788	1,984			
b. RN					
1. Direct Care	532,463	8,647			
2. Administrative**	382,002	10,093			
c. LPN					
1. Direct Care	855,476	21,390			
2. Administrative**					
d. Aides and Attendants	1,204,118	47,282			
e. Physical Therapists	487,147	12,429			
f. Speech Therapists	82,258	1,600			
g. Occupational Therapists	213,717	5,245			
h. Recreation Workers	205,898	7,678			
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	209,738	5,102			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
A-13. Total Salary Expenditures	5,548,690	173,303			

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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

Schedule of Other Salaries and Wages (Page 10)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Care Center				License No. 2382		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										
Not Applicable										
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).										
Not Applicable										

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center				2382		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***										
Antonio Procheddu (10/1/21-04/02/22)	102,697			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,074	A2			
Raymond Wilkens (04/03/22-9/05/22)	57,241			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	885	A2			
Joanne Mumley (09/06/22-9/30/22)	8,418			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	147	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
	2382	9/30/2022		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	1,673	4			
3. Pharmacist	10,866	55			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker	3,700	49			
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	90,000	221			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	581	4			
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify) Psych Consulting Services	49,200	52			
9. Speech Therapist					
a. Resident Care	6,120	18			
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	282,772	2,616			
2. Administrative***	1,020	4			
b. LPN					
1. Direct Care	214,301	2,393			
2. Administrative***					
c. Aides	414,369	8,998			
d. Other					
12. Other (Specify) See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	1,074,602	14,414			

* 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	License No.	Report for Year Ended		Page	of
		9/30/2022		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Dr. Sabooh Mubbashar, 123 Peck Hill Road, Woodbridge, CT 06525	Psychiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
Marvel Medical Staffing, PO Box 3544, Omaha, NE 68103-0544	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Procare Professional Healthcare, P.O. Box 823461, Philadelphia, PA 19182	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network, 653 Main Street, Plantsville, CT 06479	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Procare, LTC, 111 Executive Blvd., Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners/Minority Interest	
Healthdrive, 85 Barnes Rd, Wallingford, CT 06492	Dental	<input type="radio"/>	<input checked="" type="radio"/>		
Mark Marshall, DO, 32 Burton Road, Salisbury, CT 06068	Medical director	<input type="radio"/>	<input checked="" type="radio"/>		
Quotidian, 52 Seneff Road, Washington, CT 06793	Assistant Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Dysphagia Experts, 21 Waterville Rd, Avon, CT 06001	Dysphagia Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Norton and Associates, Inc., 34 Elm Street, Cohasset, MA, 02025	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Fusion Medical Staffing, LLC. P.O. Box 82674 Lincoln NE 68501-2674	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
MVP Recruitment, 59 Saint Lawrence Way, North Attleboro, MA 02760	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
OrthoConnecticut PC, 2 Riverside Drive, Danbury CT 06810	Dental	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care	2382	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 235,297	235,297		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 61,329	61,329		
4. Social Security (F.I.C.A.)	\$ 382,912	382,912		
5. Health Insurance	\$ 709,325	709,325		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 40,128	40,128		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 91,476	91,476		
d. Accounting and Auditing	\$ 17,944	17,944		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 53,429	53,429		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 64,425	64,425		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 16,606	16,606		
2. Cellular Phones	\$ 2,160	2,160		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 451,678	451,678		
Subtotal	\$ 2,126,709	2,126,709		

* 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)
Total	\$ -	\$ -	\$ -

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

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Care Center	License No. 2382	Report for Year Ended 9/30/2022		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		2,126,709	2,126,709		
I. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	1,900	1,900		
3. Gifts to Staff and Residents	\$	18,720	18,720		
4. Employee Travel	\$	1,282	1,282		
5. Education Expenses Related to Seminars and Conventions	\$	21,461	21,461		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	6,018	6,018		
7. Other (<i>Specify</i>) See Attached Schedule	\$	14,114	14,114		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	12,120	12,120		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$	300	300		
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	5,305	5,305		
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	\$	5,513	5,513		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	1,557	1,557		
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$	184,085	184,085		
13. Other (<i>Specify</i>) See Attached Schedule	\$	125,690	125,690		
C-14 Total Administrative & General Expenditures	\$	2,524,774	2,524,774		

* 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)
Promotional	\$ 14,114		
Total Other Travel and Entertainment	\$ 14,114	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
CAHCF / ACHCA Dues	\$ 5,305		
Total Other Advertising	\$ 5,305	\$ -	\$ -

Schedule of Dues

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

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Medicare Assessments	\$ 11,099		
Data Processing Fees	\$ 67,025		
Bank Charges	\$ 21,172		
Payroll Processing Fees	\$ 15,891		
Employee Physicals and background checks	\$ 8,640		
Licenses	\$ 1,863		
Total Other Administrative and General	\$ 125,690	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health	License No. 2382	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc, 135 South Road, Farmington, CT 06032	278,917	Full Management Services	See Below
Amounts added back on Page 28	184,085	Admin/Gen 66%	Pg 16, Line 12
	44,627	Indirect 16%	Pg 20, Line 5K
	50,205	Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc., Inc, 135 South Road, Farmington, CT 06032		Admin/Gen-Other Expense	Pg 16, Line 12

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	2382	9/30/2022	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 328,202	328,202		
2. Non-Food Supplies	\$ 46,062	46,062		
3. Other (Specify) _____ Dishes = \$3,331	\$ 3,331	3,331		
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$			
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 377,595	377,595		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	217	217		
G. Is cost of employee meals included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes <input type="radio"/> No		If yes, specify cost.	\$147
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$87
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Pg 18, Line 2a1
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.	
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Care Center	License No. 2382	Report for Year Ended 9/30/2022	Page 19	of 37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$	13,222	13,222	
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) Supplies = \$7,483	\$	7,483	7,483	
3D. Total Laundry Expenditures (3a + b + c)	\$	20,705	20,705	
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?			(Page/Line Item)	
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?			(Page/Line Item)	

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Care	License No. 2382	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel	40,000	40,000		
a. In-House Care	Amt. \$	28,752	28,752		
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	40,000	40,000		
Amt. \$					
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	28,752	28,752		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Procare	\$	265,627	265,627		
b. Medicine Cabinet Drugs	\$	23,706	23,706		
c. Medical and Therapeutic Supplies	\$	218,431	218,431		
d. Ambulance/Limousine***	\$	3,083	3,083		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	3,569	3,569		
f. X-rays and Related Radiological Procedures***	\$	15,468	15,468		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	(12,859)	(12,859)		
i. Recreation	\$	18,904	18,904		
j. Direct Management Services*	\$	50,205	50,205		
k. Indirect Management Services*	\$	44,627	44,627		
l. Other (Specify)**** See Attached Schedule	\$	77,168	77,168		
5M. Total Resident Care Expenditures (5a - 5j)	\$	707,929	707,929		

* 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).

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

Name of Facility	License No.	Report for Year Ended		Page of
		9/30/2022		22 37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 136,418	136,418		
b. Heat	\$ 102,858	102,858		
c. Light & Power	\$ 83,885	83,885		
d. Water	\$ 51,215	51,215		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 13,898	13,898		
f. Other (<i>itemize</i>)	\$ 90,509	90,509		
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 478,783	478,783		
7. Depreciation (<i>complete schedule page 23*</i>)				
a. Land Improvements	\$			
b. Building & Building Improvements	\$			
c. Non-Movable Equipment	\$ 12,646	12,646		
d. Movable Equipment	\$ 40,067	40,067		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 52,713	52,713		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$ 4,399	4,399		
d. Other (<i>Specify</i>)	\$			
*8e. Total Amortization Costs (8a + b + c + d)	\$ 4,399	4,399		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 540,229	540,229		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 45,792	45,792		
c. Personal property taxes	\$ 3,565	3,565		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 646,698	646,698		

* 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 Life		
		Movable Category	Cost	Life	Depreciation
Additions:					
Various	Beds and Parts	Standard Resident	\$ 26,868	10	\$ 1,343
Various	Linen Carts, Ovens, Dryer, Smoke Detectors, Blender	Administrative	\$ 33,997	10	\$ 1,700
Various	Vacuums	Administrative	\$ 1,123	8	\$ 70
Various	Recliners, Fans	Standard Resident	\$ 4,868	10	\$ 244
Various	Bladder Scanner	Administrative	\$ 4,275	7	\$ 305
Various	Patient Transmitter	Administrative	\$ 1,112	5	\$ 111
Total additions for Movable Equipment			\$ 72,243		\$ 3,773
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	Useful		
		Cost	Life	Depreciation
Additions:				
4/30/2022	Storage Tank	\$ 113,737	20	\$ 2,844
9/30/2022	Sprinkler Heads	\$ 6,183	5	\$ 618
9/30/2022	Sprinkler Heads	4346	5	435
9/30/2022	Smoke Damper Motors	5022	5	502
Total additions for Leasehold Improvement		\$ 129,288		\$ 4,399
Deletions:				
Various	All Assets Prior Sale Leaseback	\$ (953,999)		
Total deletions for Leasehold Improvement		\$ (953,999)		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Care Center			License No. 2382		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				953,999	409,435	S/L			
2. Disposals (attach schedule)				(953,999)	(409,435)				
3. Acquired during this report period (attach schedule)	9	2022		129,288		S/L	Var	4,399	
C-4. Subtotal									4,399
D. Total Amortization									4,399

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Sharon SNF CT LLC, d/b/a Sharon He	License No. 2382	Report for Year Ended 9/30/2022	Page 25	of 37
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11. Property Questionnaire

Part A

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

Yes

No

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

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

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	04/10/12			
4. Date of Initial Licensure	04/10/12			
5. Total Licensed Bed Capacity	88			
6. Square Footage				
7. Acquisition Cost				
a. Land	430,400			
b. Building	6,024,600			

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	04/10/12			
c. Interest Rate for the Cost Year	5.05%			
d. Term of Mortgage (number of years)	7			
e. Amount of Principal Borrowed	5,100,000			
f. Principal balance outstanding as of				

Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)	Sale Leaseback			
h. Date of Refinancing	12/28/21			
i. New Interest Rate	Lease			
j. Term of Mortgage (number of years)	5			
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off	2,838,878			

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

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

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

Name of Facility	License No.	Report for Year Ended			Page of
		9/30/2022			26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
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 of 27 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) Vendor Interest = \$39,104		\$	39,104	39,104		
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	39,104	39,104		
14. Insurance						
a. Insurance on Property (buildings only)		\$	104,276	104,276		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	104,276	104,276		
15. Total All Expenditures (A-13 thru C-14)		\$	11,551,908	11,551,908		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.	Item Description	2382	9/30/2022		28 37
				Total Amount of Decrease	CCNH	RHNS	(Specify)
<i>Page 10 - Salaries and Wages</i>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$	213,717	213,717	
4.			Other - See attached Schedule	\$	5,432	5,432	
<i>Page 13 - Professional Fees</i>							
5.	13	B8c	Resident Care Physicians **	\$	581	581	
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<i>Pages 15 & 16 - Administrative and General</i>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$	91,476	91,476	
10.	15	1d	Accounting	\$	7,714	7,714	
10a.			Legal	\$	53,349	53,349	
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$	1,440	1,440	
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	1,3	Gifts, flowers and coffee shops	\$	18,720	18,720	
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&c	Unallowable Advertising *	\$	14,414	14,414	
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$	57,213	57,213	
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$	21,172	21,172	
<i>Page 18 - Dietary Expenditures</i>							
24.			Meals to employees, guests and others who are not residents	\$	60	60	
<i>Page 19 - Laundry Expenditures</i>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<i>Page 20 - Housekeeping Expenditures</i>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$	485,288	485,288	

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Marketing Salaries & Benefits	\$ 5,432		
Total Other Salaries Adjustment			\$ 5,432	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Bank Charges	\$ 21,172		
Total Other A&G Adjustments			\$ 21,172	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended		Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center				2382	9/30/2022		29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
Subtotals Brought Forward				\$ 485,288	485,288			
Page 20 - Resident Care Supplies***								
27.	20		Prescription Drugs	\$ 265,627	265,627			
28.	20		Ambulance/Limousine	\$ 3,083	3,083			
29.	20		X-rays, etc	\$ 15,468	15,468			
30.	20		Laboratory	\$ (12,859)	(12,859)			
31.	20		Medical Supplies	\$ 8,800	8,800			
32.	20		Oxygen (non emergency)	\$ 3,569	3,569			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 23,005	23,005			
Page 22 - Maintenance and Property								
35.			Excess Movable Equipment Depreciation					
			See Attached Schedule	\$ 1,691	1,691			
36.			Depreciation on Unallowable Motor Vehicles	\$				
37.			Unallowable Property and Real Estate Taxes	\$				
38.			Rental of Building Space or Rooms	\$				
39.			Other - See Attached Schedule	\$				
Page 27 - Insurance								
40.			Mortgage Insurance	\$				
41.			Property Insurance	\$				
Other - Miscellaneous								
42.			Other - Indirect	\$				
43.			Interest Income on Account Rec.	\$ 219	219			
44.			Other - Miscellaneous Administrative	\$ 21,785	21,785			
45.			Management Fees Direct	\$ 15,604	15,604			
46.			Management Fees Indirect	\$ 13,870	13,870			
47.			Other - Direct	\$				
Not For Profit Providers Only								
48.			Building/Non Movable Eq. Depreciation					
			Unallowable Building Interest - See Attached Schedule	\$				
49. Total Amount of Decrease (Items 1 - 48)				\$ 845,150	845,150			

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

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30	of 37
Item		Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 11,294,444	11,294,444				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,702,885)	(5,702,885)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$ (117)	(117)				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,363,556	2,363,556				
b. Medicare Room and Board Contractual Allowance **	\$ 10,221	10,221				
4. a. Private-Pay Residents and Other	\$ 2,293,314	2,293,314				
b. Private-Pay Room and Board Contractual Allowance **	\$ (317,803)	(317,803)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 166,295	166,295				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (166,295)	(166,295)				
c. Prescription Drugs - Non-Medicare	\$ 102,404	102,404				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (102,404)	(102,404)				
2. a. Medical Supplies - Medicare	\$ 2,980	2,980				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 400	400				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (400)	(400)				
3. a. Physical Therapy - Medicare	\$ 718,487	718,487				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (551,611)	(551,611)				
c. Physical Therapy - Non-Medicare	\$ 167,200	167,200				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (167,200)	(167,200)				
4. a. Speech Therapy - Medicare	\$ 175,830	175,830				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (141,254)	(141,254)				
c. Speech Therapy - Non-Medicare	\$ 63,400	63,400				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (63,400)	(63,400)				
5. a. Occupational Therapy - Medicare	\$ 662,004	662,004				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (531,553)	(531,553)				
c. Occupational Therapy - Non-Medicare	\$ 175,760	175,760				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (175,760)	(175,760)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 161,985	161,985				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,437,598	10,437,598				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 219	219				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 117,965	117,965				
V. Total Other Revenue (1 thru 8)	\$ 118,184	118,184				
VI. Total All Revenue (III +V)	\$ 10,555,782	10,555,782				

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Misc CRF Covid Relief Funds	\$ 161,985		
Total Other Resident Revenue		\$ 161,985	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest on AR	219	\$ 219		
Total Interest Income		\$ 219	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recoveries	\$ 117,965		
Total Other Revenue		\$ 117,965	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Sharon SNF CT LLC, d/b/a Sharon Hea	2382	9/30/2022	31	37
Account				Amount
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)				\$ 33,883
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				\$ 1,767,930
3. Other Accounts Receivable (Excluding Owners or Related Parties)				\$
4. Inventories				\$ 18,521
5. Prepaid Expenses				\$ 191,994
a. Prepaid Insurance 132,361				
b. Prepaid Expenses 47,280				
c. Prepaid Insurance 12,353				
d. See Schedule				
6. Interest Receivable				\$
7. Medicare Final Settlement Receivable				\$
8. Other Current Assets (<i>itemize</i>)				\$ (31,200)
Related Party (31,200)				
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)				\$ 1,981,128
B. Fixed Assets				
1. Land				\$
2. Land Improvements *Historical Cost				\$
Accum. Depreciation _____ Net				
3. Buildings *Historical Cost				\$
Accum. Depreciation _____ Net				
4. Leasehold Improvements *Historical Cost 129,288				\$ 124,889
Accum. Depreciation 4,399 Net				
5. Non-Movable Equipment *Historical Cost 209,766				\$ 54,338
Accum. Depreciation 155,428 Net				
6. Movable Equipment *Historical Cost 571,663				\$ 158,432
Accum. Depreciation 413,231 Net				
7. Motor Vehicles *Historical Cost 42,850				\$ 19,728
Accum. Depreciation 23,122 Net				
8. Minor Equipment-Not Depreciable				\$
9. Other Fixed Assets (<i>itemize</i>)				\$ 915
Excluded Movable Equipment 846				
See Schedule 69				
B-10. Total Fixed Assets (Lines B1 thru 9)				\$ 358,302

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

Schedule of Other Assets Page 32 Line D7

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Sharon SNF CT LLC, d/b/a Sharon Hea	2382	9/30/2022	32 37
Account			Amount
Total Brought Forward:			\$ 2,339,430
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)			\$ 2,666,291
5. Investments Related to Resident Care (<i>itemize</i>)			\$
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$
Name and Address	Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$ 180,950
Deposits	173,927		
Project Development	21,557		
See Schedule	(14,534)		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 2,847,241
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 5,186,671

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Sharon SNF CT LLC, d/b/a Sharon Health Ca	2382	9/30/2022	33 37
Account			Amount
Liabilities			
A. Current Liabilities			
1. Trade Accounts Payable			\$ 1,669,124
2. Notes Payable (<i>itemize</i>)			\$
See Schedule			
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$
Name of Lender		Purpose	Amount
			Date Due
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$ 243,844
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$
6. Accrued Payroll Taxes Payable			\$ 302,058
7. Medicare Final Settlement Payable			\$
8. Medicare Current Financing Payable			\$
9. Mortgage Payable (<i>Current Portion</i>)			\$
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$
11. Accrued Income Taxes*			\$
12. Other Current Liabilities (<i>itemize</i>)			\$ 1,103,334
Accrued Health Insurance			14,038
Accrued Operating Expenses			30,717
Accrued Expense - CT Sales & Use'			244
Provider Taxes Due			1,058,335 See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 3,318,360

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health	License No. 2382	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				3,318,360
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>)				\$ 161,076
Name and Address of Lender	Amount	Loan Date		
Procare Investments	161,076			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 4,896,839
Notes Payable: Related Landlord				4,800,541
Notes Payable: Procare CT				96,298
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 5,057,915
C. Total All Liabilities (Lines A-13 + B-5)				\$ 8,376,275

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Hd	License No. 2382	Report for Year Ended 9/30/2022	Page 35	of 37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (2,193,478)
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ (996,126)
7. Total Net Worth				\$ (3,189,604)
C. Total Reserves and Net Worth				\$ (3,189,604)
D. Total Liabilities, Reserves, and Net Worth				\$ 5,186,671

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Sharon SNF CT LLC, d/b/a Sharon Heal	2382	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ (2,193,483)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 10,555,880		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 11,552,006		
D. Net Income or Deficit				\$ (996,126)		
E. Balance				\$ (3,189,609)		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Rounding				5		
2. Other (<i>itemize</i>)						
F-3. Total Additions				\$ 5		
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				\$ (3,189,604)		

I. Preparer's/Reviewer's Certification

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health	License No. 2382	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		

Preparer/Reviewer Certification

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

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
Athena Health Care Associates, Inc		
Address Address 135 South Rd, Farmington, CT 06032		Phone Number 860-751-3900
Contacted Person Regarding Additional Information Needed Regarding This Report Lynn Rinaldi		Phone Number 860-751-3900
Contact Email Address Lrinaldi@athenahealthcare.com		