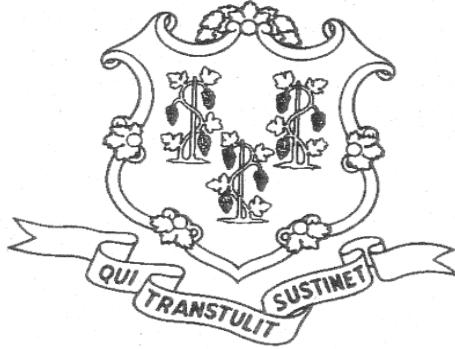


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) St. Camillus Stamford OPCO LLC	
Address (No. & Street, City, State, Zip Code) 494 Elm Street, Stamford, CT 06902	
Type of Facility	
<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)
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2322-C	RHNS	(Specify)	Medicare Provider 07-55320
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Medicaid Provider Numbers:	CCNH 20363	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

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## General Information

Name of Facility (as licensed) St. Camillus Stamford OPCO LLC	License No. 2322-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 St. Camillus Stamford OPCO LLC [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)	Date	Signed (Owner)	Date	
Printed Name (Administrator) Reuven Fischer		Printed Name (Owner) Aaron Sodden		
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public				

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility St. Camillus Stamford OPCO LLC	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 494 Elm Street, Stamford, CT 06902				
Report Prepared By CJLC LLC	Phone Number 860-610-9009	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	\$			
<b>6. Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
<b>8. Total Wages and Salaries Paid</b> (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 203-325-0200	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) St. Camillus Stamford OPCO LLC		Address (No. & Street, City, State, Zip) 494 Elm Street, Stamford, CT 06902	
License Numbers:  Type of Facility (Check appropriate box(es))	CCNH 2322-C	RHNS (Specify)	Medicare Provider No. 07-55320
<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 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.	
<b>Administrator</b>			
Name of Administrator Reuven Fischer		Nursing Home Administrator's License No.: 2076	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name		License No.:	

## **General Information and Questionnaire Partners/Members**

# **General Information and Questionnaire Corporate Owners**

# **General Information and Questionnaire**

## **Individual Proprietorship**

## General Information and Questionnaire

### Related Parties\*

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022			Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?			<input type="radio"/> Yes <input checked="" type="radio"/> No		If "Yes," provide the Name/Address and complete the information on Page 11 of the report.			
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?			<input checked="" type="radio"/> Yes <input type="radio"/> No		If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Ark Healthcare Management LLC	494 Elm Street, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Management fees	16/m12	637,393	637,393
St. Camillus Stamford Propco LLC	494 Elm Street, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Property rental	22/9	338,256	338,256
		<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.

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-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?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "No," explain fully why such allocation was not made.
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.			
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)			
<input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain fully why such allocation was not made.			

# General Information and Questionnaire Leases (Excluding Real Property)

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

### Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total \*\*\*

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

\*\* Attach copies of newly acquired leases.

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

# **General Information and Questionnaire**

## **Accounting Basis**

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-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.

## Independent Accounting Firm

Name of Accounting Firm 1 CJLC LLC 2 A/R Solutions 3 ELEVDT 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin Street East Hartford, CT 06108
---	--

**Services Provided by This Firm (*describe fully*)**

1	Medicaid Cost Report and Accounting Services	\$ 15,613
2	Billing Support	\$ 22,704
3		\$ 2,400
4		\$
		Charge for Services Provided
		\$ 40,716

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

Yes       No

## Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 See attachment.	
2	
3	
4	
5	

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

**Services Provided by This Firm (*describe fully*)**

1		\$ 86,670
2		\$
3		\$
4		\$
5		\$
		Charge for Services Provided
		\$ 86,670

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

Pg 15/1e

## Schedule of Resident Statistics

Name of Facility St. Camillus Stamford OPCO LLC			License No. 2322-C			Report for Year Ended 9/30/2022				Page 8 of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					124	124						
A. On last day of PREVIOUS report period	124	124										
B. On last day of THIS report period	124	124							124	124		
2. Number of Residents					109	109						
A. As of midnight of PREVIOUS report period	109	109										
B. As of midnight of THIS report period	96	96							96	96		
3. Total Number of Days Care Provided During Period					3,523	3,523			1,344	1,344		
A. Medicare	4,867	4,867										
B. Medicaid (Conn.)	29,621	29,621			22,564	22,564			7,057	7,057		
C. Medicaid (other states)												
D. Private Pay	2,344	2,344			1,692	1,692			652	652		
E. State SSI for RCH												
F. Other (Specify) Managed Care	628	628			491	491			137	137		
G. Total Care Days During Period (3A thru F)	37,460	37,460			28,270	28,270			9,190	9,190		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	794	794			665	665			129	129		
B. Other Bed Reserve Days	9	9			9	9						
5. <b>Total Resident Days (3G + 4A + 4B)</b>	<b>38,263</b>	<b>38,263</b>			<b>28,944</b>	<b>28,944</b>			<b>9,319</b>	<b>9,319</b>		

## Schedule of Resident Statistics (Cont'd)

Name of Facility St. Camillus Stamford OPCO LLC			License No. 2322-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? <input type="radio"/> Yes <input checked="" type="radio"/> 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)	(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	15	73			8						
Per Diem Rate											
a. One bed rm.		316.19			580.00						
b. Two bed rms.					525.00						
c. Three or more bed rms.											
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)
								779	779		
A. Medicare - Part B											
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments								799	799		
C. Other								2,183	2,183		
D. <b>Total Physical Therapy Treatments</b>								3,761	3,761		
8. Total Number of Speech Therapy Treatments								276	276		
A. Medicare - Part B											
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments								269	269		
C. Other								587	587		
D. <b>Total Speech Therapy Treatments</b>								1,132	1,132		
9. Total Number of Occupational Therapy Treatments											
A. Medicare - Part B								1,241	1,241		
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments								955	955		
C. Other								3,025	3,025		
D. <b>Total Occupational Therapy Treatments</b>								5,221	5,221		

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		2322-C	9/30/2022	10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
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)	134,757	2,303			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	439,575	15,030			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	471,259	23,421			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	427,404	21,095			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance					
b. Other Maintenance Workers	36,397	2,130			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers					
9. Barber and Beautician Services					
10. Protective Services					
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	68,835	1,031			
b. RN					
1. Direct Care	124,141	2,257			
2. Administrative**	899,995	16,773			
c. LPN					
1. Direct Care	1,259,069	36,872			
2. Administrative**					
d. Aides and Attendants	1,563,688	76,820			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	93,171	4,539			
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	111,041	3,747			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	116,986	2,689			
<i>A-13. Total Salary Expenditures</i>	<i>5,746,318</i>	<i>208,707</i>			

\* 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 St. Camillus Stamford OPCO LLC				License No. 2322-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)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										
S. Finkelstein						A4	Governor's House Simsbury LLC			

\* 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
St. Camillus Stamford OPCO LLC				2322-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)							
<b>Section III - Administrators***</b>										
Reuven Fischer	134,757			Full administrative management of everyday functions of		2,303	A2			
<b>Section IV - Assistant Administrators</b>										

\*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 St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022		Page 13	of 37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)					
1. Dietitian	46,225	920			
2. Dentist	4,500	10			
3. Pharmacist					
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	206,218	3,038			
b. Other					
6. Social Worker	20,408	924			
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	48,000	48			
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	61,297	1,648			
b. Other					
10. Occupational Therapist					
a. Resident Care	285,257	5,557			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	617,456	5,785			
2. Administrative***	87,725	822			
b. LPN					
1. Direct Care	255,615	3,322			
2. Administrative***					
c. Aides	200,824	4,345			
d. Other					
12. Other (Specify) See Attached Schedule					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	1,833,525	26,419			

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

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

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

## **Report of Expenditures**

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

\* Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022		Page 15	of 37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	133,300	133,300		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	68,230	68,230		
4. Social Security (F.I.C.A.)	\$	433,623	433,623		
5. Health Insurance	\$	1,003,393	1,003,393		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	314,380	314,380		
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$	78,602	78,602		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	219,352	219,352		
d. Accounting and Auditing	\$	40,716	40,716		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$	86,670	86,670		
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	15,809	15,809		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	6,720	6,720		
2. Cellular Phones	\$	3,392	3,392		
i. Appraisal ( <i>Specify purpose and attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$	126,000	126,000		
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$	670,728	670,728		
<b>Subtotal</b>	\$	<b>3,200,916</b>	<b>3,200,916</b>		

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
EMPLOYEE RELATIONS	\$ 40,619		
UNION TRAINING FUND	\$ 37,983		
<b>Total</b>	\$ 78,602	\$ -	\$ -

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**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
<b>Total</b>	\$ -	\$ -	\$ -

---

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

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<b><i>Subtotals Brought Forward:</i></b>		3,200,916	3,200,916		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	20,747	20,747		
5. Education Expenses Related to Seminars and Conventions	\$	1,385	1,385		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	4,476	4,476		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	17,692	17,692		
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	\$	1,520	1,520		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	4,802	4,802		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$	639	639		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$	637,393	637,393		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	217,232	217,232		
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$	4,106,803	4,106,803		

\* 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)
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
BUSINESS PROMOTION	\$ 17,692		
<b>Total Other Advertising</b>	<b>\$ 17,692</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,802		
<b>Total Dues</b>	<b>\$ 4,802</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
DONATIONS	\$ 639		
<b>Total Contributions</b>	<b>\$ 639</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
INTERNET	\$ 7,803		
CT BACKGROUND CHECK FEES	\$ 5,589		
FEES & REGISTRATION	\$ 3,106		
PENALTIES	\$ 10,050		
LICENSES & PERMITS	\$ 521		
COMPUTER SERVICES	\$ 112,501		
SMALL COMPUTER EQUIPMENT	\$ 3,619		
PAYROLL SERVICE	\$ 35,591		
LATE FEES	\$ 326		
BANK CHARGES	\$ 1,536		
MISCELLANEOUS ADMIN EXPENSE	\$ 15,586		
CHOW EXPENSES	\$ 21,004		
<b>Total Other Administrative and General</b>	<b>\$ 217,232</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule C-1 - Management Services\***

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
ARK HealthCare Management	637,393	Management Services	16/m12

\* 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 St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022		Page 18 of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 305,935	305,935		
2. Non-Food Supplies	\$ 44,286	44,286		
3. Other (Specify) _____	\$			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$			
c. Other (Specify) _____ Supplies	\$ 3,291	3,291		
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 353,511</b>	<b>353,511</b>		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022		Page 19	of 37
Item	Total	CCNH	RHNS	(Specify)	
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
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 ( <i>Specify</i> ) Supplies	\$	101,636	101,636		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	101,636	101,636		
<b>3E. Laundry Questionnaire</b>					
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 St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt. \$				
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> ) Supplies	\$	38,009	38,009		
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	<b>38,009</b>	<b>38,009</b>		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	184,331	184,331		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$				
d. Ambulance/Limousine***	\$	6,075	6,075		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	13,235	13,235		
f. X-rays and Related Radiological Procedures***	\$	4,926	4,926		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	24,196	24,196		
i. Recreation	\$	5,137	5,137		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other ( <i>Specify</i> **** See Attached Schedule	\$	260,354	260,354		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>498,253</b>	<b>498,253</b>		

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

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

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

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

**Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
BULK CABLE TV	\$ 7,779		
OUTSIDE MEDICAL BILLING	\$ 114		
IV - HOUSE	\$ 2,182		
COMPLEX MED EQUIPMENT - OTHER	\$ 38		
MEDICARE NON-BILLABLE	\$ 153		
NURSING SUPPLIES NON-BILLABLE	\$ 189,100		
RESIDENT SPECIFIC SUPPLIES	\$ 4,338		
MATTRESS RENTAL	\$ 1,200		
OTHER MEDICAL CONSULTANT	\$ 6,913		
MEDICAL CONSULTANTS	\$ 48,538		
<b>Total Other Resident Care</b>	<b>\$ 260,354</b>	<b>\$ -</b>	<b>\$ -</b>

**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 St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022			Page 22   37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 19,138	19,138			
b. Heat	\$ 46,512	46,512			
c. Light & Power	\$ 138,147	138,147			
d. Water	\$ 70,013	70,013			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$				
f. Other ( <i>itemize</i> )	\$ 160,639	160,639			
See Attached Schedule					
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 434,449	434,449			
7. Depreciation ( <i>complete schedule page 23*</i> )					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 1,289	1,289			
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 15,320	15,320			
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 16,609	16,609			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )					
a. Organization Expense	\$ 712	712			
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other ( <i>Specify</i> )	\$				
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 712	712			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 338,256	338,256			
10. Property Taxes					
a. Real estate taxes paid by owner	\$ 70,447	70,447			
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$ 3,084	3,084			
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 429,107	429,107			

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

## **Schedule of Other Repairs and Maintenance**

## Depreciation Schedule

**Schedule of Land Improvements Acquired during this report period**

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

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

**Schedule of Building Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
12/31/2021	Chiller Repairs	\$ 8,209		
12/31/2021	Sprinkler Repairs	\$ 3,141		
3/3/2022	Parking Lot	\$ 33,190		
5/17/2022	Maglocks/Installation	\$ 4,621		
6/15/2022	Install Locks	\$ 2,063		
6/1/2022	Install Frames, Doors & Hardware	\$ 2,129		
7/1/2022	Stair Wleding	\$ 3,696		
7/1/2022	Elevator	\$ 7,934		
7/1/2022	A/C	\$ 12,930		
<b>Total additions for Building Improvements</b>		\$ 77,912		\$ 608*
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ -

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

<b>Total deletions for Non-Movable Equipment</b>	\$ -	\$ -	**4
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\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

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**Schedule of Movable Equipment Acquired during this report period**

Acquisition Date	Description of Item	Pick One	Useful Life		Depreciation
		Movable Category	Cost	Life	
<b>Additions:</b>					
4/28/2022	4 Beds & Mattress	Standard Resident	\$ 4,270		
10/6/2021	Bed and Bariatric Mattress	Standard Resident	\$ 2,437		
6/22/2022	Shredder	Administrative	\$ 3,500		
6/27/2022	Computer	Administrative	\$ 1,061		
7/28/2022	Wander Guards	Standard Resident	\$ 1,310		
8/28/2022	Freezer	Standard Resident	\$ 828		
8/28/2022	Wander Guards	Standard Resident	\$ 611		
<b>Total additions for Movable Equipment</b>			\$ 14,018		\$ 2,550
<b>Deletions:</b>					
<b>Total deletions for Movable Equipment</b>			\$ -		\$ -

\*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 Life			Depreciation
		Cost	Life		
<b>Additions:</b>					
<b>Total additions for Leasehold Improvement</b>		\$ -			\$ -
<b>Deletions:</b>					
<b>Total deletions for Leasehold Improvement</b>		\$ -			\$ -

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility St. Camillus Stamford OPCO LLC			License No. 2322-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. <b>Organization Expense</b>										
1. Start Up Costs	10	2020	15	10,676	712				712	
2.										
3.										
A-4. Subtotal									712	
B. <b>Mortgage Expense</b>										
1.										
2.										
3.										
B-4. Subtotal										
C. <b>Leasehold Improvements and Other</b>										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
D. <b>Total Amortization</b>									712	

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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

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

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page 25	of 37	
11. Property Questionnaire					
<b>Part A</b>					
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.	
*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					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		124			
6. Square Footage					
7. Acquisition Cost a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		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 _____					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
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					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
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 St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022			Page 26   37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage		\$			
Name of Lender	Rate				
Address of Lender					
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. <b>Total Building Interest Expense</b> (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)	\$	2,056	2,056			
Interest						
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$	2,056	2,056			
14. Insurance						
a. Insurance on Property (buildings only)	\$	107,443	107,443			
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. <b>Total Insurance Expenditures (14a + b + c)</b>	\$	107,443	107,443			
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$	13,651,109	13,651,109			

## **D. Adjustments to Statement of Expenditures**

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.	2322-C	9/30/2022		28   37	
				Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	10a	Occupational Therapy	\$	285,257	285,257	
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$	219,352	219,352	
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$	17,692	17,692	
19.	15	j	Income Tax / Corporate Business Tax	\$	126,000	126,000	
20.	16	m10	Fund Raising / Contributions	\$	639	639	
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$	10,376	10,376	
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$	659,316	659,316		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

## Schedule of Fees Adjustments

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

## **Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	LATE FEES	\$ 326		
16	m13	PENALTIES	\$ 10,050		
<b>Total Other A&amp;G Adjustments</b>			\$ 10,376	\$ -	\$ -

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-29 Rev. 9/2018

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

Name of Facility St. Camillus Stamford OPCO LLC				License No. 2322-C	Report for Year Ended 9/30/2022		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
Subtotals Brought Forward				\$ 659,316	659,316			
<b>Page 20 - Resident Care Supplies***</b>								
27.	20	5a	Prescription Drugs	\$ 184,331	184,331			
28.	20	5d	Ambulance/Limousine	\$ 6,075	6,075			
29.	20	5f	X-rays, etc	\$ 4,926	4,926			
30.	20	5h	Laboratory	\$ 24,196	24,196			
31.			Medical Supplies	\$				
32.	20	5e	Oxygen (non emergency)	\$ 13,235	13,235			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 2,182	2,182			
<b>Page 22 - Maintenance and Property</b>								
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	\$				
<b>Page 27 - Insurance</b>								
40.			Mortgage Insurance	\$				
41.			Property Insurance	\$				
<b>Other - Miscellaneous</b>								
42.			Other - Indirect	\$				
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$				
45.			Management Fees Direct	\$				
46.			Management Fees Indirect	\$				
47.			Other - Direct	\$				
<b>Not For Profit Providers Only</b>								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$				
49.	<b>Total Amount of Decrease (Items 1 - 48)</b>			\$ 894,261	894,261			

\*\*\* 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   37
Item		Total	CCNH	RHNS	(Specify)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 15,140,392	15,140,392			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,354,823)	(5,354,823)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,377,872	2,377,872			
b. Medicare Room and Board Contractual Allowance **	\$ 993,483	993,483			
4. a. Private-Pay Residents and Other	\$ 1,367,030	1,367,030			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,558)	(1,558)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 84,719	84,719			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 50,909	50,909			
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	\$ 198,108	198,108			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (36,524)	(36,524)			
c. Physical Therapy - Non-Medicare	\$ 216,094	216,094			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (87,140)	(87,140)			
4. a. Speech Therapy - Medicare	\$ 85,990	85,990			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 13,956	13,956			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 297,245	297,245			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 55,870	55,870			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (471,114)	(471,114)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (221,834)	(221,834)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,708,677	14,708,677			
<b>IV. Other Revenue*</b>					
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> )	\$ 21,443	21,443			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 2,292,016	2,292,016			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 2,313,459	2,313,459			
<b>VI. Total All Revenue</b> (III +V)	\$ 17,022,135	17,022,135			

\* 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)
	LAB - MED A	\$ 14,055		
	RADIOLOGY - MED A	\$ 1,605		
	C/A MEDICARE A - ANCILLARIES	\$ (100,397)		
	C/A MEDICARE A - THERAPY	\$ (386,377)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (471,114)</b>	<b>\$ -</b>	<b>\$ -</b>

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

Page Ref	Description	CCNH	RHNS	(Specify)
	LAB MEDICAID	\$ 9,766		
	LAB - OTHER	\$ 110		
	LAB - MANAGED CARE	\$ 2,162		
	RADIOLOGY - MANAGED CARE	\$ 239		
	C/A MEDICAID - ANCILLARIES	\$ (210,222)		
	C/A MANAGED CARE - ANCILLARIES	\$ (23,889)		
<b>Total Other Resident Revenue</b>		<b>\$ (221,834)</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30/IV5	INTEREST INCOME	\$ 21,443			
<b>Total Interest Income</b>		<b>\$ 21,443</b>	<b>\$ -</b>	<b>\$ -</b>	

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30/IV8	MEDICARE SETTLEMENT	\$ 1		
30/IV8	MISCELLANEOUS INCOME	\$ (112,032)		
30/IV8	OTHER INCOME	\$ 684,138		
30/IV8	PPP LOAN FORGIVENESS	\$ 1,509,305		
30/IV8	HHS STIMULUS	\$ 210,604		
<b>Total Other Revenue</b>		<b>\$ 2,292,016</b>	<b>\$ -</b>	<b>\$ -</b>

**G. Balance Sheet**

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page 31	of 37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$ 640,646	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 2,575,350	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$ 55,610	
a. _____				
b. _____				
c. _____				
d. See Schedule		55,610		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$ 3,271,605	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	107,025	\$ 105,054	
	Accum. Depreciation	1,971 Net		
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
6. Movable Equipment	*Historical Cost	90,753	\$ 62,663	
	Accum. Depreciation	28,090 Net		
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$ 22,110	
See Schedule		22,110		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$ 189,827	

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

(Carry Total forward to next page )

**G. Balance Sheet (cont'd)**

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page 32	of 37
Account			Amount	
			Total Brought Forward:	\$ 3,461,432
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 <b>Total Leasehold or Like Properties</b> (C1 thru 7)				\$
D. Investment and Other Assets				
1. Deferred Deposits				\$ 32,155
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost Accum. Depreciation	10,676 1,423 Net		\$ 9,252
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care ( <i>itemize</i> )				\$
6. Loans to Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )				\$ 4,783,845
See Schedule	4,783,845			
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)				\$ 4,825,252
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)				\$ 8,286,685

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

**Schedule of Prepaid Expenses Page 31 Line A5**

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

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			\$ -

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

**Schedule of Other Assets Page 32 Line D7**

Page Ref	Line Ref	Description	
		ESCROW - COMPLETION/REPAIR	\$ 18,820
		ESCROW - TAX	\$ 45,572
		ESCROW - INSURANCE	\$ 219,453
		ESCROW - CAPEX RESERVE	\$ 1,500,000
		ESCROW - EARNOUT RESERVE	\$ 2,500,000
		ESCROW - SBA HOLDBACK	\$ 500,000
<b>Total Other Assets</b>			\$ 4,783,845

**Schedule of Notes Payable (Itemize) Page 33 Line A2**

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			\$ -

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

Page Ref	Line Ref	Description	
		DUE FROM MEDICARE	\$ (31,620)
		DUE FROM SIMSBURY	\$ (185,175)
		DUE FROM ABH OPCO	\$ (10,067)
		DUE FROM ABH PHARMACY	\$ (5,998)
		DUE FROM PREVIOUS OWNER	\$ 80,032
		PATIENT REFUND	\$ (18,923)
		ACCRUED EXPENSES AND OTHER	\$ 3,460
		ACCRUED EXPENSES INSURANCE	\$ 11,721
		ACCRUED NURSING HOME USER FEE	\$ 57,469
		PPP LOAN	\$ 1,078,075
		EIDL	\$ 499,900
		DUE TO STAMFORD PROCO	\$ 10,398,970
		DUE TO ARK MANAGEMENT	\$ 145,591
		DUE TO SIMSBURY	\$ 125,703
		DUE TO PREVIOUS OWNER	\$ (50,483)
		AMERICAN EXPRESS	\$ (43,974)
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 12,054,682</b>

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

**G. Balance Sheet (cont'd)**

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page 33	of 37
Account			Amount	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$ 1,163,230	
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> )			\$ (1,364,061)	
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	
6. Accrued Payroll Taxes Payable			\$ 46,135	
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> )			\$ 12,054,682	
See Schedule			12,054,682	
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)			\$ 11,899,986	

\* 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 St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				11,899,986
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ (2)
Rounding				(2)
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ (2)
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 11,899,984

## G. Balance Sheet (cont'd)

### Reserves and Net Worth

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page 35	of 37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	486,177
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(7,470,503)
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ 3,371,027
7. Total Net Worth			\$	(3,613,299)
<b>C. Total Reserves and Net Worth</b>			\$	(3,613,299)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	8,286,685

## H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
St. Camillus Stamford OPCO LLC	2322-C	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ 565,905		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$ 17,022,135		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$ 13,651,109		
D. Net Income or Deficit				\$ 3,371,027		
E. Balance				\$ 3,936,932		
F. Additions						
1. Additional Capital Contributed ( <i>itemize</i> )						
2. Other ( <i>itemize</i> )						
F-3. Total Additions				\$		
G. Deductions						
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )				\$		
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings ( <i>Specify</i> )				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. <b>Balance at End of Period</b>				\$ 3,936,932		

## I. Preparer's/Reviewer's Certification

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		

### Preparer/Reviewer Certification

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

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
CJLC LLC		
Address Address 225 Pitkin St., East Hartford, CT 06108		Phone Number 860-610-9009
Contacted Person Regarding Additional Information Needed Regarding This Report CJLC		Phone Number 860-610-9009
Contact Email Address annualreports@cjlc.com		