

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Bristol Crossings, LLC	
Address (No. & Street, City, State, Zip Code) 61 Bellevue Ave, Bristol, CT 06010	
Type of Facility <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)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2329	RHNS	(Specify)	Medicare Provider 07-5221
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Medicaid Provider Numbers:	CCNH 9043	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) Bristol Crossings, LLC	License No. 2329	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 Bristol Crossings, 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.

(a) Subject to Desk Audit review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Yasmin A Binns			Printed Name (Owner) Marvin J. Ostreicher		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility Bristol Crossings, LLC		Period Covered:	From 10/1/2021 To 9/30/2022
Address of Facility 61 Bellevue Ave, Bristol, CT 06010			
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 2/8/2023
Item	Total	CCNH	RHNS (Specify)
1. Dietary wages paid	\$		
2. Laundry wages paid	\$		
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$		
5. All other wages paid	\$		
6. Total Wages Paid	\$		
7. Total salaries paid	\$		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-589-1682		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Bristol Crossings, LLC		Address (No. & Street, City, State, Zip) 61 Bellevue Ave, Bristol, CT 06010		
License Numbers:	CCNH 2329	RHNS (Specify)	Medicare Provider No. 07-5221	
Type of Facility (Check appropriate box(es))				
<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)				
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.				
N/A				
Administrator				
Name of Administrator Yasmin A Binns		Nursing Home Administrator's License No.:	2163	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

State
Facility

CT
Bristol

Owner	% Ownership
1 Agnes Zitter	2.08%
2 Albert David	1.67%
3 Barry Bokow	1.00%
4 BNB Healthcare Funds LLC	6.67%
5 Chaim Goldenberg	5.00%
6 David Cohen	6.67%
7 Gerald Neuman	3.33%
8 Ira Geffner	1.00%
9 Josef Skoczylas	2.00%
10 Tzivy Roberts	6.67%
11 Magda Manela	5.00%
12 Michael Lipman	5.00%
13 Mordechai Eisen	2.50%
14 Morris Fuchs	8.33%
15 Moshe Shaya-Mograby	1.67%
16 MSO Associates, LLC	30.75%
17 Nathan Pollack	4.17%
18 Shmuel Laufer	2.50%
19 Tali Skoczylas	4.00%
	<hr/>
	100%
	<hr/>

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2022	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire
Individual Proprietorship

Name of Facility Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2022	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
 Related Parties***

Name of Facility Bristol Crossings, LLC	License No. 2329	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? Yes No

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? Yes 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				
Preferred Therapy Solutions	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	PT, OT, ST Services/ Consulting	Various	783,522	737,933
NOA DIAGNOSTICS	6851 Jericho Tpke, Suite 150 Syosset, NY 11791	<input type="radio"/>	<input checked="" type="radio"/>	Radiology	Pg 20 / Line 5h	22,100	19,750
Associates-Aetna 850 Silas Deane Hwy Wethersfield, National HealthCare Associates	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	Health Insurance	Pg. 15 / Line 1a5	541,559	541,559
National HealthCare Associates	46 Stauderman Ave, Lynbrook, NY 11563	<input type="radio"/>	<input checked="" type="radio"/>	Interest on Computer Loan/ Misc.	Pg 27 / 12d	3,418	3,418
National HealthCare Associates	46 Stauderman Ave, Lynbrook, NY 11563	<input type="radio"/>	<input checked="" type="radio"/>	Shared Expenses	Pg 16 / Line m12	644,643	644,643
PROCARE LTC PHARMACY OF CT	1492 Highland Ave Cheshire CT 06410	<input type="radio"/>	<input checked="" type="radio"/>	Drugs/OTC/RX Consult	Various	484,201	451,519
National HealthCare Associates	46 Stauderman Ave, Lynbrook, NY 11563	<input type="radio"/>	<input checked="" type="radio"/>	Consulting Expense	Pg 16 / Line m12	16,294	16,294
PROFESSIONAL SERVICES	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	Nursing Agency	Pg. 13 / Line 11c	266,552	266,552
Various - See Attached	Various	<input type="radio"/>	<input checked="" type="radio"/>	Various	Various	1,422,020	1,422,020

* Use additional sheets if necessary.

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

**General Information and Questionnaire
 Related Parties***

Name of Facility Bristol Crossings, LLC		License No. 2329	Report for Year Ended 9/30/2022	Page 4a	of 37	
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 #	Actual Cost to the Related Party
		Yes	No			
EP Bristol Realty	61 Bellevue Ave, Bristol, CT 06010	<input type="radio"/>	<input checked="" type="radio"/>	0%	Pg 22 / Line 9	1,260,000 ***1,260,000
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	0%	Pg 16 / Line m13	755
Regency House of Wallingford, Inc.	181 East Main Street, Wallingford CT, 06492	<input type="radio"/>	<input checked="" type="radio"/>	0%	Page 13 / b12o	18,270
Riverside Health Care Center, Inc.	745 Main Street, East Hartford CT, 06108	<input type="radio"/>	<input checked="" type="radio"/>	0%	Various	142,995

* Use additional sheets if necessary.

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

*** N/A Medicaid reimbursement is based upon fair rental value system. Replaced during rate setting.

**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	
Bristol Crossings, LLC		2329	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					
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	Ongoing	3,178	3,178
Leaf, P.O. Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/01/19	39 Months	1,124	1,124
Leaf, P.O. Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/16/15	Ongoing	8,932	8,932
The Office Works, PO Box 5066, Hartford, CT 06102	<input type="radio"/>	<input checked="" type="radio"/>	Copier	04/01/22	39 Months	746	746
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***						13,980	

* 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.



SALES ORDER

The Office Works, Inc.
 45 Corporate Avenue
 Plainville, CT 06062
 1-800-634-4810 1-860-793-9994

DATE: 5-19-22

BILL TO:
 Bloomfield Health Care Center
 355 Park Avenue
 Bloomfield, CT 06002

SHIP TO:
 Same

ITEM	DESCRIPTION	QTY	Each	TOTAL
e-Studio 6516ACT	Toshiba 55 ppm color multifunction copier	1		
e-Studio 3518A	Toshiba 35 ppm multifunction copier	1		
MR3031B	Document handler	1		39-month lease
MJ1111B	Document finisher	1		409.35 per month
MJ1042B	Document inner finisher	1		
KD1059B	2,000 sheet paper-feed pedestal	1		
GD1370	Fax Board	1		
M2640idw	Kyocera 42 ppm desktop multifunction copier	1		
			DELIVERY	N/C
			SALES TAX	6.35% on each payment
			TOTAL DUE	N/A

Notes / Provisions

- Delivery, installation, network connection and training is included.
- The cost per page service and maintenance agreement will be billed at \$.0068 for black pages and \$.0490 for color pages for the Toshiba MFP's and \$.0089 for the Kyocera desktop MFP.
- The Office Works will remove the old copiers (ID #'s 8640, 8668 & 8677) and return them to the leasing company at no charge.

CUSTOMER: Bloomfield Health Care Center	The Office Works, Inc.
Authorized Signature <u><i>Michael Baker</i></u>	Accepted By _____
Print Name <u>Michael Baker</u>	Print Name _____
Title <u>Purchasing</u>	Title _____
Date <u>6/8/22</u>	
Phone _____	Sales Associate _____


LESSEE LEGAL NAME: Bloomfield Haealth Care Center		Telephone No:	
Billing Address: 355 Park Avenue, Bloomfield, CT 06002		Equipment Location (If other than Billing Address):	
EQUIPMENT DESCRIPTION: (Indicate quantity, new or used and include make, model, serial # and all attachments - see below and/or attached Schedule A)			
(1) Toshiba e-Studio 6516ACT multifunction copy system (1) Toshiba e-Studio 3518A multifunction Copy system (1) Kyocera M2640idw multifunction copier			
BASE TERM IN MONTHS	TOTAL NUMBER OF LEASE PAYMENTS	END OF LEASE PURCHASE OPTION	
3 9	39 @ \$409.35 (plus taxes) followed by	<input checked="" type="checkbox"/> Fair market value, plus taxes	(a) Advance Payment: \$ N/A
	N/A @ \$ N/A (plus taxes)	<input type="checkbox"/> 10% of Equipment cost, plus taxes <input type="checkbox"/> \$1.00, plus taxes (FMV unless another option is selected. You may not exercise a purchase option if you are in default. If you exercise a purchase option we will convey all of our right, title and interest in such Equipment to you on an AS-IS WHERE IS without warranty.)	(b) Security Deposit: \$ N/A (c) Documentation Fee: \$ 95.00 Total due a + b + c =: \$ 95.00
*If more than one lease payment is required as an Advance Payment, the balance will be applied to lease payments in inverse order, starting with the last lease payment. Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.			

In this agreement ("Lease"), "we," "our," and "us" refers to The Office Works Inc as Lessor and "you" and "your" refer to the Lessee. You agree to lease the Equipment upon the following terms and conditions:

- LEASE PAYMENTS AND TERM:** The Lease is enforceable on you upon your execution. The term of the Lease shall commence on the date the Equipment is delivered to you ("Lease Commencement Date"). The first Lease Payment shall be due on the date we specify in the month following the Lease Commencement Date as set forth in our Invoice, and the remaining Lease Payments will be due on the same day of each subsequent month (each, a "Payment Date") until paid in full. The Base Term shall commence on the date one month prior to the first Payment Date. We may charge you a portion of one Lease Payment for the period from the Lease Commencement Date until the first day of the Base Term ("Interim Rent"). The Interim Rent shall be due as invoiced. We may adjust the Lease Payments up to 15% if the actual costs are different than the estimate used to calculate the Lease Payments.
- DELIVERY, ACCEPTANCE, USE AND REPAIR:** You are responsible for Equipment delivery and installation. You unconditionally accept the Equipment upon the earlier of (a) your oral or written acceptance of the Equipment, or (b) 10 days after delivery of the Equipment. You authorize us to fill in the Lease Commencement Date, serial numbers and other information. You will not move the Equipment from the above location without our written consent and are responsible for maintaining the Equipment in good repair. We are not responsible for Equipment or vendor failures.
- INDEMNIFICATION:** You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, lease, possession, delivery or return of Equipment.
- LEASE EXPIRATION, RENEWAL:** Unless you notify us at least 90 days prior to the expiration of the Lease of your election to return or purchase the Equipment, this lease will renew for successive 12 month periods at the same monthly Lease Payment until you either exercise the purchase option or provide us with at least 90 days notice and return the Equipment. If you return the Equipment, (i) it must be to the location we designate and you are responsible for all return costs and we may charge a Restocking Fee equal to one Lease Payment, and (ii) you must securely remove all data from any and all disk drives or magnetic media prior to returning the Equipment (and you are solely responsible for selecting an appropriate removal standard that meets your business needs and complies with applicable laws). You will pay us for any loss in value resulting from failure to maintain the Equipment in accordance with this Lease or for damages incurred in shipping and handling. If you exercise a purchase option we will convey all of our interest in such Equipment to you on an AS-IS WHERE IS basis without representation or warranty.
- LATE FEES AND CHARGES:** If any amount is not paid within three (3) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount. Amounts which are not paid within 30 days of when due shall accrue interest at 1.5% per month (or if less, the maximum legal rate) until paid. You agree to pay \$25 for each pay by phone and \$35 for each returned payment.
- NO WARRANTY:** We do not manufacture the Equipment and you have selected the Equipment and the supplier. **WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.**
- INSURANCE, RISK OF LOSS:** You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition or purchased by you ("Risk Period"). During the Risk Period you will maintain property and liability insurance on the Equipment acceptable to us, naming us loss payee and additional insured. If you do not provide us with proof of such insurance, we may secure insurance on the Equipment to

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

- OWNERSHIP AND TAXES:** We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment. You authorize us to file UCC financing statements to confirm our interest. You will pay, when due, all taxes, fines and penalties relating to the purchase, use, leasing and/or ownership of the Equipment. If we pay any taxes (including property tax), fees or penalties on your behalf, you will pay us the amount we paid plus an administrative fee. You agree to pay us the documentation fee specified above or if not so specified, the greater of either \$125 or 0.5% of the Equipment cost. If we require an Equipment site inspection, or you request administrative services, you agree to reimburse our costs.
- DEFAULT:** If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Lease, any guaranty or any license relating to the Equipment, you will be in default. If you default, we may require you to do any combination of the following: (a) immediately pay all amounts then due, plus the present value of the remaining Lease Payments, Interim Rent and residual value of the Equipment, as determined by us, discounted at an annual rate of 3%; (b) return all of the Equipment; (c) allow us to repossess the Equipment; or (d) use any and all remedies available to us under applicable law. If you default, you agree to pay the cost of repossession and our attorney's fees and costs. In addition to all other charges and as reimbursement for expenses incurred and not as a penalty, we may require you to reimburse us for the phone calls, letters, and any additional expense incurred in the collection or servicing of this Lease for you. If we take possession of the Equipment, we may sell or otherwise dispose of it with or without notice, at a public or private sale, and apply the net proceeds (after we have deducted all costs related to the sale or disposition of the Equipment) to the amounts that you owe us. You agree that if notice of sale is required by law, 10 days' notice shall constitute reasonable notice. You remain responsible for any amounts that are due after we have applied such net proceeds. We may apply any security deposits to your obligations and if you do not default, the balance will be refunded without interest.
- ASSIGNMENT:** You have no right to sell or assign the Equipment or Lease. We may sell or assign our rights in the Lease and/or Equipment and the new owner will have all our rights but will not be subject to any claim or defense you have against us.
- ARTICLE 2A:** You agree this Lease is a "finance lease" as defined in Article 2A of the Uniform Commercial Code. You waive all rights and remedies conferred upon a lessee by Article 2A (608-622) of the UCC. You have received a copy of the Supply Contract or been informed of the identity of the Supplier and you may have rights under the Supply Contract and may contact the Supplier for a description of those rights.
- CREDIT INFORMATION:** You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.
- CHOICE OF LAW; THIS LEASE WILL BE GOVERNED BY CONNECTICUT LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN CONNECTICUT AND WAIVE ANY RIGHT TO A TRIAL BY JURY.**
- MISCELLANEOUS:** This Lease is the parties' entire agreement and can be amended only in writing signed by both parties. This Lease may be executed in counterparts (manually or by electronic means) and, when transmitted to us shall be binding upon you for all purposes. This Lease is not binding on us until we sign it. You agree not to raise as a defense to the enforcement of this Lease that it was executed or transmitted to us by electronic means. You will use the Equipment only for business purposes and not for personal, family or household use. The USA PATRIOT Act requires us to obtain, verify, and record information that identifies you thus we ask for your name, address and other information or documents that substantiate your identity.

ACCEPTED BY LESSEE:
 Print Name: Michael B. Johnson Title: President
 Lessee Authorized Signature E-Mail Address: Date: 6/2/22

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

SIGNED X Print Name: E-Mail Address:
 Accepted by: The Office Works Inc. By: Title: Date: The Office Works (LEASE 01 2-7-2019)



**SCHEDULE A TO LEASE AGREEMENT
(EQUIPMENT DESCRIPTION)**

Lease Application No.: _____ or Lease No.: _____

- (1) Toshiba e-Studio 6516ACT color multifunction copy system
- (1) Toshiba e-Studio 3518A multifunction copy system
- (1) Kyocera M2640 multifunction copy system

LESSEE: Bloomfield Health Care Center

THE OFFICE WORKS INC.

BY: [Signature]
PRINT NAME: Michael Bohm
TITLE: Director
DATE: 6/7/22

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

General Information and Questionnaire
Accounting Basis

Name of Facility Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2022	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
N/A				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1	Marcum LLP	555 Long Wharf Drive, 8th Floor, New Haven, CT 06511		
2	MARTIN FRIEDMAN CPA	2600 NOSTRAND AVE. BROOKLYN, NY 11210		
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1	Compilation, preparation of Medicare and Medicaid cost reports and YE tax services	\$	28,685	
2	EE RETENTION CREDIT	\$	6,000	
3		\$		
4		\$		
			Charge for Services Provided	
			\$	34,685
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	ROGIN NASSAU, LLC		860-256-6300	
2	Murtha Cullina LLP		203-772-7700	
3	Berchem Moses Pc		203-783-1200	
4	SABATINI AND ASSOCIATES LLC		860-667-0839	
5	Various		Various	
Address (<i>No. & Street, City, State, Zip Code</i>)				
1	185 ASYLYM STREET -22ND FLOOR HARTFORD CT 06103-3460			
2	265 Church St, New Haven, CT 06510			
3	75 Broad Street, Milford, CT 06460			
4	1 Market Square, Newington, CT 06111			
5	Various			
Services Provided by This Firm (<i>describe fully</i>)				
1	WORK WITH EP BRISTOL REALTY MORTGAGE (Disallowed on Pg 28)	\$	2,504	
2	SURVEY ISSUES/DEFICIENCIES IDR AND POC	\$	10,448	
3	Case Settlement (\$1,154 Disallowed on Pg 28)	\$	2,307	
4	Case Settlement (\$6,250 Disallowed on Pg 28)	\$	12,500	
5	Various Non-Allowable Collections / Conservatorship (Disallowed on Pg 28)	\$	15,738	
			Charge for Services Provided	
			\$	43,497
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1e				

Schedule of Resident Statistics

Name of Facility	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	License No.			Report for Year Ended			Page	of		
					2329			9/30/2022					8	37
					Total CCNH	Total RHNS	Total	Period 10/1 Thru 6/30	Period 7/1 Thru 9/30	Total				
1. Certified Bed Capacity														
A. On last day of PREVIOUS report period	132	132			132									
B. On last day of THIS report period	132	132						132						
2. Number of Residents														
A. As of midnight of PREVIOUS report period	117	117			117									
B. As of midnight of THIS report period	122	122								122				
3. Total Number of Days Care Provided During Period														
A. Medicare	3,982	3,982			3,014			968		968				
B. Medicaid (Conn.)	31,747	31,747			23,237			8,510		8,510				
C. Medicaid (other states)														
D. Private Pay	4,465	4,465			3,326			1,139		1,139				
E. State SSI for RCH														
F. Other (Specify) Managed Care	4,418	4,418			3,601			817		817				
G. Total Care Days During Period (3A thru F)	44,612	44,612			33,178			11,434		11,434				
4. 3G for Which Revenue Was Received for Reserved Beds														
A. Medicaid Bed Reserve Days	4	4			4									
B. Other Bed Reserve Days	43	43			27			16		16				
5. Total Resident Days (3G + 4A + 4B)	44,659	44,659			33,209			11,450		11,450				

Schedule of Resident Statistics (Cont'd)

Name of Facility Bristol Crossings, LLC			License No. 2329			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)				
N/A													
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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	10		91		21								
Per Diem Rate													
a. One bed rm.	Various		306.38		551.00								
b. Two bed rms.	Various		306.38		525.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										3,465	3,465		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										9,663	9,663		
D. Total Physical Therapy Treatments										13,128	13,128		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										518	518		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										1,104	1,104		
D. Total Speech Therapy Treatments										1,622	1,622		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										2,900	2,900		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										9,526	9,526		
D. Total Occupational Therapy Treatments										12,426	12,426		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Bristol Crossings, LLC	2329	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)	10,714	48				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	219,514	2,112				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	307,603	12,724				
5. Dietary Service						
a. Head Dietitian	31,748	831				
b. Food Service Supervisor	78,723	1,910				
c. Dietary Workers	392,854	21,507				
6. Housekeeping Service						
a. Head Housekeeper	7,658	328				
b. Other Housekeeping Workers	330,306	18,984				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	80,587	2,078				
b. Other Maintenance Workers	56,865	2,581				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	38,496	2,170				
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	220,327	3,635				
b. RN						
1. Direct Care	606,732	11,459				
2. Administrative**	218,538	4,464				
c. LPN						
1. Direct Care	1,539,648	43,622				
2. Administrative**	89,925	1,701				
d. Aides and Attendants	2,249,562	98,018				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	145,001	6,687				
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	144,785	4,329				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	182,244	4,672				
<i>A-13. Total Salary Expenditures</i>	6,951,830	243,860				

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Bristol Crossings, LLC		2329		9/30/2022		11	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									
Marvin J Ostreicher	10,714		Non Discriminatory	Supervises Operations, Deals with DNS	48	A1	See Attached		
Section II - Other related parties of Operators/Owners employed in and paid by facility EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

	TOTAL	BEDS	AllocatedBenefits	Total w/ Bnft
Augusta	38.75	72	5.41	44.16
Belair	45.50	102	7.67	53.17
Bethel	37.25	161	12.10	49.35
Bloomfield	54.75	120	9.02	63.77
Brattleboro	38.75	80	6.01	44.76
Brentwood	40.75	78	5.86	46.61
Brewer	39.75	111	8.34	48.09
Bristol	37.75	132	9.92	47.67
Cambridge	42.75	160	12.03	54.78
Catskill	37.75	136	10.22	47.97
Colony	47.75	92	6.92	54.67
Country	51.75	111	8.34	60.09
Dover	47.50	112	8.42	55.92
Eastside	44.50	69	5.19	49.69
Eliot	47.00	114	8.57	55.57
Glen Falls	38.00	120	9.02	47.02
Hebrew Home	63.75	257	19.32	83.07
Huntington	40.50	320	24.05	64.55
Kennebunk	46.25	78	5.86	52.11
Ludlowe	37.00	144	10.82	47.82
Maple View	56.75	120	9.02	65.77
Marlborough	40.25	120	9.02	49.27
Maywood	42.00	120	9.02	51.02
Milford	42.50	120	9.02	51.52
Newton Wellseley	49.75	110	8.27	58.02
Norway	41.75	70	5.26	47.01
Poughkeepsie	42.00	200	15.03	57.03
Regency	43.50	130	9.77	53.27
Reservoir	45.75	144	10.82	56.57
Riverside	61.75	345	25.93	87.68
Rutland	41.50	125	9.40	50.90
Sachem	50.00	111	8.34	58.34
Sands Point	48.50	180	13.53	62.03
Utica	45.75	117	8.79	54.54
Village Crest	42.00	95	7.14	49.14
Water's Edge	42.50	150	11.28	53.78
Westgate	44.50	104	7.82	52.32
Winship	45.75	72	5.41	51.16
Vacation	328.00			
Sick	0.00			
Personal	0.00			
Holiday	48.00			
Total	2080.25	5,002	376	2,080.25

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

Name of Facility (as licensed) Bristol Crossings, LLC		License No. 2329		Report for Year Ended 9/30/2022			Page 12	of 37	
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Raymond L. Wilkens (10/1/21-11/19/21)	18,587		Non Discriminatory	Administrator	280	A2			
Karen Chadderton (11/20/21-5/8/22)	137,774		Non Discriminatory	Administrator	992	A2	Riverside Health & Rehab - 745 Main Street, East Hartford, CT 06108	160	32,704
Yasmin A. Binns (5/9/22-9/30/22)	63,153		Non Discriminatory	Administrator	840	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		
Bristol Crossings, LLC	2329	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	8,466	480				
3. Pharmacist	14,771	148				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	362,287	6,070				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	90,000	227				
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	80,338	1,249				
b. Other						
10. Occupational Therapist						
a. Resident Care	341,774	5,894				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	117,215	1,511				
2. Administrative***						
b. LPN						
1. Direct Care	340,613	6,718				
2. Administrative***						
c. Aides	466,549	16,337				
d. Other						
12. Other (Specify)						
See Attached Schedule	40,897	503				
B-13 Total Fees Paid in Lieu of Salaries	1,862,910	39,137				

* 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 Bristol Crossings, LLC		License No. 2329	Report for Year Ended 9/30/2022	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Gerident Solutions, P.O. Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Procure LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist / IV Nursing Consultants	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Preferred Therapy-809 Main St., E.Hartford,CT, 06108	PT, OT, ST / Rehab Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
IPC THE HOSPITALIST COMPANY PO BOX 844929 LOS ANGELES CA 90084	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Masstex Imaging, 3 Electronics Ave #201, Danvers, MA 01923	Speech Therapsit	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
PREFERRED PROFESSIONAL SERVICES 850 Silas Deane Hwy Wethersfield, CT 06109	Contract RNs / LPNs / CNAs	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
The Nurse Network, 653 Main St, Plantsville, CT 06479	Contract RNs / LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
INTELYCARE INC PO BOX 200413 PITTSBURGH PA 15262	Contract RNs / LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
WORLDWIDE STAFFING 2222 SEDWICK RD DURHAM NC 227713	Contract RNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
FIVE STAR CARE 410 MEVILLE AVE LAKEWOOD NY 08701	Contract CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Riverside Health Care Center, Inc. 745 Main Street, East Hartford CT, 06108	Nursing Consultants	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Regency House of Wallingford, Inc. 181 East Main Street, Wallingford CT, 06492	Nursing Consultants	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
		<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"/>		
		<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
Bristol Crossings, LLC	2329	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 350,094	350,094		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 102,018	102,018		
4. Social Security (F.I.C.A.)	\$ 516,591	516,591		
5. Health Insurance	\$ 542,520	542,520		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 158,626	158,626		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 7,008	7,008		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 173,680	173,680		
d. Accounting and Auditing	\$ 34,685	34,685		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 43,497	43,497		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 34,179	34,179		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 35,069	35,069		
2. Cellular Phones	\$ 4,650	4,650		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 115,317	115,317		
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	\$ 764,182	764,182		
Subtotal	\$ 2,882,116	2,882,116		

* 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**

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	-		
Background Checks	\$ 7,008		
Total	\$ 7,008	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2022	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,882,116	2,882,116	
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 5,125	5,125		
3. Gifts to Staff and Residents	\$ 10,808	10,808		
4. Employee Travel	\$ 3,995	3,995		
5. Education Expenses Related to Seminars and Conventions	\$ 14,402	14,402		
6. Automobile Expense (not purchase or depreciation)	\$ 1,875	1,875		
7. Other (Specify) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (all such expenses)	\$ 1,200	1,200		
2. Advertising Telephone Directory (all such expenses)***	\$			
3. Advertising Other (Specify)*** See Attached Schedule	\$ 43,032	43,032		
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	\$ 4,977	4,977		
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 9,333	9,333		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 3,308	3,308		
10. Contributions*** See Attached Schedule	\$ 1,250	1,250		
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 245,188	245,188		
12. Administrative Management Services**	\$ 660,937	660,937		
13. Other (Specify) See Attached Schedule	\$ 378,445	378,445		
C-14 Total Administrative & General Expenditures	\$ 4,265,991	4,265,991		

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Promotional Advertising (Disallowed on Pg 28)	\$ 31,320		
Marketing Supplies (Disallowed on Pg 28)	11,712		
Total Other Advertising	\$ 43,032	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CAHCF Dues	\$ 9,333		
Total Dues	\$ 9,333	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	-		
Political Contributions (Disallowed on Pg 28)	\$ 1,250		
Total Contributions	\$ 1,250	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Resident Refunds-Bristol (Disallowed on Pg 28a)	\$ 1,421		
Computer License Fee-Bristol-Administration	103		
Amort Exp Good Will-Bristol (Disallowed on Pg 28a)	198,939		
Licenses and Permis-Bristol-Administration	2,818		
Penalties-Bristol-Administration (Disallowed on Pg 28a)	136,507		
Bank Charges-Bristol-Administration	16,036		
Misc Expense-Bristol-Administration (Disallowed on Pg 28a)	13,579		
Prior Period Expense-Bristol-Administration (Disallowed on Pg 28a)	9,042		
Total Other Administrative and General	\$ 378,445	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Bristol Crossings, LLC	2329	9/30/2022	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
National Healthcare	660,937	Management Fees	Page 16 / Line 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	License No.	Report for Year Ended	Page	of
Bristol Crossings, LLC	2329	9/30/2022	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 356,863	356,863		
2. Non-Food Supplies	\$ 95	95		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 14,624	14,624		
c. Other (Specify) _____ Supplies / Minor Equipment / Equip Rentals	\$ 32,613	32,613		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 404,195	404,195		
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 Bristol Crossings, LLC		License No. 2329	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. \$	46,344	46,344	
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 (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	161,525	161,525	
c. Other (Specify) Other Laundry Supplies		\$	5,951	5,951	
3D. Total Laundry Expenditures (3a + b + c)		\$	213,820	213,820	
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 Bristol Crossings, LLC		License No. 2329	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					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
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>) Other Housekeeping Supplies	\$	37,958	37,958		
4D. Total Housekeeping Expenditures (4a + b + c)	\$	37,958	37,958		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$	454,635	454,635		
2. Purchased from	\$				
b. Medicine Cabinet Drugs	\$	13,157	13,157		
c. Medical and Therapeutic Supplies	\$	109,907	109,907		
d. Ambulance/Limousine***	\$	12,150	12,150		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	35,438	35,438		
f. X-rays and Related Radiological Procedures***	\$	22,315	22,315		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	41,879	41,879		
i. Recreation	\$	21,441	21,441		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	186,127	186,127		
5M. Total Resident Care Expenditures (5a - 5j)	\$	897,049	897,049		

* 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.

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

Name of Facility Bristol Crossings, LLC		License No. 2329		Report for Year Ended 9/30/2022		Page of 21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			
		Yes	No			CCNH	RHNS (Specify)	Pg	Line
ADM Environmental Group	1370 Coney Island Ave. Brooklyn, NY 11230	O	O	N/A	Waste Services/Monthly Recycling Services	35,831		22	6f
ADP	P.O. Box 842875, Boston, MA 02284	O	O	N/A	Payroll Processing	17,696		16	m11
Med- Apparel Services	Mt Vernon, NY 10550	O	O	N/A	Laundry/Linen	21,691		19	3b
Unitex Textile	Mt Vernon, NY 10550	O	O	N/A	Laundry/Linen	139,834		19	3b
Custom Grounds	111 Mines Road, Bristol, CT 06010	O	O	N/A	Snow Landscaping	16,021		22	6f
EMCORE SERVICES	30 Lindeman Drive, Trumbull, CT 06611	O	O	N/A	HVAC	23,471		22	6f
JUNGA ELECTRIC LLC	19 Candlewood Road Milford, CT 06461	O	O	N/A	Electric	13,525		22	6f
MANHATTAN TECH SUPPORT	55 W 39TH ST, NEW YORK, NY 10018	O	O	N/A	Computer Maintenance System	42,992		16	m11
Smartlinx	333 Thornall St. 4th Floor Edison, NJ 08837	O	O	N/A	Time & Attendance	14,115		16	m11
Iron Mountain	PO Box 27128 New York NY 10087	O	O	N/A	Record Management	32,091		16	m11
OTIS ELEVATOR	PO BOX 13716 NEWARK NJ 07188	O	O	N/A	Elevator Maintenance	13,646		22	6f
MARTIN LAVIERO CONTRACTOR INC.	611 N MAIN ST BRISTOL CT 06010	O	O	N/A	Snow Landscaping	12,762		22	6f
SMART CARE EQUIPMENT SOLUTIONS EEC ACQUISITION	PO BOX 74008980 CHICAGO IL 60674	O	O	N/A	Dietary Equipment Repair	14,225		18	2b

* 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
Bristol Crossings, LLC	2329	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$					
b. Heat	\$ 42,207	42,207				
c. Light & Power	\$ 145,117	145,117				
d. Water	\$ 15,775	15,775				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 13,980	13,980				
f. Other (<i>itemize</i>)	\$ 174,471	174,471				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 391,550	391,550				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 347,473	347,473				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 103,486	103,486				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 450,959	450,959				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 42,090	42,090				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 42,090	42,090				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,260,000	1,260,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 228,309	228,309				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 15,230	15,230				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,996,588	1,996,588				

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

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended				Page	of
Bristol Crossings, LLC		2329		9/30/2022				23	37
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
									Is a mileage logbook maintained?
Yes	No	Month	Year						
A. Land Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									
B. Building and Building Improvements									
1. Acquired prior to this report period	7,055,034		7,055,034	3,104,250	S/L	Various	347,473		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal									
C. Non-Movable Equipment									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a.									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
Acquired during this report period (attach schedule):									
c. Administrative	68,967		68,967		S/L	Various	15,644		
d. Standard Resident	7,510		7,510		S/L	Various	1,329		
e. Specialized Resident									
Total Acquired during this report period	76,477		76,477				16,973		
D-3. Subtotal									
E. Total Depreciation									
								103,486	
								450,959	

Total deletions for Leasehold Improvemen	\$ -	\$ -
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*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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

Amortization Schedule*

Name of Facility Bristol Crossings, LLC	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	Page 24	of 37		
											Item	
											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.	Var	Var	306,450	126,724	S/L	Various	38,245				
	2.											
	3.											
C-4.	Subtotal		Var	34,854		S/L	Various	3,845		42,090		
D.	Total Amortization									42,090		

* 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.

The Pines at Bristol
FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2020 Deprec.	2020 A/D	2021 Deprec.	2021 A/D	2022 Deprec.	2022 A/D	NBV
LEASEHOLD IMPROVEMENTS												
LI	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	136,705	8,709	83,199	11,442	94,641	8,964	103,605	33,100
2019 Additions												
LI	Qty 4 zoneless Heat pump	12/31/2018	S/L	10	3,003	300	600	300	900	300	1,200	1,803
LI	install 16 rooms nurse call	12/31/2018	S/L	10	4,132	413	826	413	1,239	413	1,652	2,480
LI	Hood Cleaning	5/31/2019	S/L	10	718	72	144	72	216	72	288	450
LI	Sliding Doors	5/31/2019	S/L	10	1,133	113	226	113	339	113	452	681
LI	Wall Covering Project	8/31/2019	S/L	5	17,017	3,403	6,806	3,403	10,209	3,403	13,612	3,405
LI	IT Setup-Passport Unit	9/30/2019	S/L	10	1,840	184	368	184	552	184	736	1,104
LI	IT Set up	9/30/2019	S/L	10	4,950	495	990	495	1,485	495	1,980	2,970
LI	Roof repair	9/30/2019	S/L	10	4,450	445	890	445	1,335	445	1,780	2,670
LI	Kitchen Drains	9/30/2019	S/L	20	1,024	51	102	51	153	51	204	820
2020 Additions												
LI	HVAC Repair	11/30/2019	S/L	10	2,609	261	261	261	522	261	783	1,826
LI	HVAC repair	2/29/2020	S/L	10	2,968	297	297	297	594	297	891	2,077
LI	Wall Protection	7/31/2020	S/L	5	709	142	142	142	284	142	426	283
LI	Compressor Repair	8/31/2020	S/L	10	7,619	762	762	762	1,524	762	2,286	5,333
2021 Additions												
LI	Carpet Replacement	3/31/2021	S/L	5	105,848	-	-	12,349	12,349	21,170	33,519	72,329
LI	Fire Range Guard System	4/30/2021	S/L	10	2,334	-	-	117	117	233	350	1,985
LI	Elevator Car Controller	5/31/2021	S/L	10	4,355	-	-	181	181	436	617	3,738
LI	AC HVAC Repair	8/31/2021	S/L	10	5,036	-	-	84	84	504	588	4,448
2022 Additions												
LI	PTAC Pumps	10/31/2021	S/L	10	1,808	-	-	-	-	181	181	1,627
LI	HVAC	11/30/2021	S/L	10	12,815	-	-	-	-	1,282	1,282	11,533
LI	Install Luxury Vinyl Tile	12/1/2021	S/L	10	2,738	-	-	-	-	274	274	2,464
LI	Replace Boiler-Supervisory Con	2/28/2022	S/L	20	9,556	-	-	-	-	478	478	9,078
LI	Corridor Carpeting-asset 1281	2/28/2022	S/L	4	5,575	-	-	-	-	1,394	1,394	4,181
LI	Qty 9 Fire Damper Access Panels	7/31/2022	S/L	10	2,362	-	-	-	-	236	236	2,126
TOTAL LEASEHOLD IMPROVEMENTS					341,304	15,647	95,613	31,111	126,724	42,990	168,814	172,490
Building Improvements												
Bldg Imp	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	7,055,033	368,569	2,735,681	368,569	3,104,250	347,473	3,451,723	3,603,310
TOTAL Building Improvements					7,055,033	368,569	2,735,681	368,569	3,104,250	347,473	3,451,723	3,603,310
MOVABLE EQUIPMENT												
MME	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	1,226,987	98,210	914,423	90,197	1,004,620	65,629	1,070,249	156,738
2019 Additions												
MME	floor bed w mattress & rail	11/30/2018	S/L	10	2,551	255	510	255	765	255	1,020	1,531
MME	light commercial washer	11/30/2018	S/L	10	1,846	185	370	185	555	185	740	1,106
MME	HP 260 Desktop mini PC	12/31/2018	S/L	3	775	258	516	258	774	1	775	0
MME	top freezer refrigerator	2/28/2019	S/L	10	565	56	112	56	168	56	224	341
MME	HP260 G3 desktop mini pc	2/28/2019	S/L	3	772	257	514	257	771	1	772	0
MME	4 Air conditioners	4/30/2019	S/L	5	3,127	625	1,250	625	1,875	625	2,500	627
MME	Heavy Duty Vacuum	4/30/2019	S/L	8	635	79	158	79	237	79	316	319
MME	10 VAC Freedom Wound Monitors	5/31/2019	S/L	7	700	100	200	100	300	100	400	300
MME	12 VAC Freedom Wound Monitors	5/31/2019	S/L	7	748	107	214	107	321	107	428	320
MME	16 VAC Freedom Wound Monitors	5/31/2019	S/L	7	1,119	160	320	160	480	160	640	479
MME	21 VAC Freedom Wound Monitors	5/31/2019	S/L	7	1,469	210	420	210	630	210	840	629
MME	28 VAC Freedom Wound Monitors	5/31/2019	S/L	7	1,959	280	560	280	840	280	1,120	839
MME	3 Toshiba Copiers	7/31/2019	S/L	8	668	134	268	134	402	134	536	132
MME	Ice & Water Dispenser	7/31/2019	S/L	8	6,152	769	1,538	769	2,307	769	3,076	3,076
MME	Patient Lift	8/31/2019	S/L	10	2,695	270	540	270	810	270	1,080	1,615
MME	Heat Pump	8/31/2019	S/L	10	1,555	155	310	155	465	155	620	935
MME	Laundry Press Machine	8/31/2019	S/L	12	1,015	85	170	85	255	85	340	675
MME	Sprint Equipment	9/30/2019	S/L	10	1,014	101	202	101	303	101	404	610
2019 Disposals												
	Prior Period Disposal				(1,236)	-	(41)	-	(41)	-	(41)	(1,195)
2020 Additions												
MME	Compressor	10/31/2019	S/L	15	7,821	522	522	522	1,044	522	1,566	6,258
MME	Convention Oven	10/31/2019	S/L	10	6,763	676	676	676	1,352	676	2,028	4,735
MME	Snow blower	10/31/2019	S/L	5	1,702	340	340	340	680	340	1,020	682
MME	Heavy Duty Floor Machine	11/30/2019	S/L	5	704	141	141	141	282	141	423	281
MME	TV with pillow speaker port	1/31/2020	S/L	5	544	109	109	109	218	109	327	217
MME	4 TVs pillow speaker ports	1/31/2020	S/L	5	2,128	426	426	426	852	426	1,278	850
MME	Vacuum Cleaner	1/31/2020	S/L	8	2,140	267	267	267	534	267	801	1,339
MME	6 Mattresses	2/29/2020	S/L	5	1,329	266	266	266	532	266	798	531
MME	Commercial Toaster	2/29/2020	S/L	5	823	165	165	165	330	165	495	328
MME	2 Air Conditioners	3/31/2020	S/L	5	1,636	327	327	327	654	327	981	655
MME	Hand-held Thermometer	3/31/2020	S/L	5	591	118	118	118	236	118	354	237
MME	10 Mattresses	4/30/2020	S/L	5	2,180	436	436	436	872	436	1,308	872
MME	32" Healthcare Television	7/31/2020	S/L	5	1,982	396	396	396	792	396	1,188	794
MME	Sigma APM with LAL Mattress	8/31/2020	S/L	5	3,404	699	699	699	1,398	699	2,097	1,397
MME	PTAC Heat Pump	9/30/2020	S/L	10	1,636	164	164	164	328	164	492	1,144
2021 Additions												
MME	Fridge Coolant	2/28/2021	S/L	10	5,796	-	-	386	386	580	966	4,830
MME	6 Mattresses	2/28/2021	S/L	5	1,308	-	-	174	174	262	436	872
MME	Heat Pump-Air Conditioner	2/28/2021	S/L	10	1,704	-	-	114	114	170	284	1,420
MME	Meridian Ice & Water Dispenser	2/28/2021	S/L	10	12,244	-	-	816	816	1,224	2,040	10,204
MME	Steamer-Boilerless	2/28/2021	S/L	10	8,856	-	-	590	590	886	1,476	7,380
MME	Generator Fuel Pump & Injector	3/31/2021	S/L	10	20,301	-	-	1,184	1,184	2,030	3,214	17,087
MME	Desktop Computer	3/31/2021	S/L	3	1,967	-	-	383	383	656	1,039	929
MME	4 Dell Computers	4/30/2021	S/L	3	3,425	-	-	571	571	1,142	1,713	1,712
MME	6 Redline Max Mattresses	5/31/2021	S/L	5	1,308	-	-	169	169	262	371	937
MME	Dell Computer & Monitor	5/31/2021	S/L	3	1,213	-	-	109	109	404	573	641
MME	Dell Laptop & Monitor	6/30/2021	S/L	3	1,183	-	-	131	131	394	525	658
MME	Dell Laptop & Monitor	6/30/2021	S/L	3	1,184	-	-	34	34	395	429	755
MME	Heat Pump-Air Conditioner	6/30/2021	S/L	10	1,704	-	-	132	132	170	302	1,402
MME	Patient Lift	7/31/2021	S/L	10	1,721	-	-	33	33	172	205	1,516
MME	Defibrillator	7/31/2021	S/L	5	1,499	-	-	32	32	300	332	1,168
MME	MX95 Firewall Security	7/31/2021	S/L	5	8,083	-	-	57	57	1,617	1,674	6,410
MME	Dell Computer	7/31/2021	S/L	3	1,235	-	-	43	43	412	455	780

The Pines at Bristol
FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2020 Deprec.	2020 A/D	2021 Deprec.	2021 A/D	2022 Deprec.	2022 A/D	NBV
MME	Dell Desktop Computer	9/30/2021	S/L	3	1,216	-	-	75	75	405	480	736
MME	Dell Desktop Computer	9/30/2021	S/L	3	1,191	-	-	404	404	397	801	390
MME	Dell Laptop	9/30/2021	S/L	3	1,143	-	-	103	103	381	484	659
2022 Additions												
MME	APC UPS System	10/31/2021	S/L	5	1,359	-	-	-	-	272	272	1,087
MME	Desktop	11/30/2021	S/L	3	1,268	-	-	-	-	423	423	845
MME	Digital Scale	11/30/2021	S/L	10	3,594	-	-	-	-	359	359	3,235
MME	UPS System	11/30/2021	S/L	5	1,881	-	-	-	-	376	376	1,505
MME	Sigma DS1 Printer	12/31/2021	S/L	5	1,658	-	-	-	-	332	332	1,326
MME	Patient Lift	12/31/2021	S/L	5	1,721	-	-	-	-	344	344	1,377
MME	Foe recoz kiosk	12/31/2021	S/L	5	1,669	-	-	-	-	334	334	1,335
MME	Dell Desktop/Monitor	1/31/2022	S/L	3	1,295	-	-	-	-	432	432	863
MME	43 LED TV	1/31/2022	S/L	5	2,081	-	-	-	-	416	416	1,665
MME	Qty5- HP Chromebook	2/28/2022	S/L	3	1,157	-	-	-	-	386	386	771
MME	Dell Desktop	2/28/2022	S/L	3	1,235	-	-	-	-	412	412	823
MME	Dell Laptop	2/28/2022	S/L	3	1,190	-	-	-	-	397	397	793
MME	Dell Desktop	2/28/2022	S/L	3	1,327	-	-	-	-	442	442	885
MME	Dell Laptop	3/31/2022	S/L	3	1,474	-	-	-	-	491	491	983
MME	Dell Desktop	3/31/2022	S/L	3	1,313	-	-	-	-	438	438	875
MME	Patient Lift	4/30/2022	S/L	10	1,912	-	-	-	-	172	172	1,549
MME	Food Processor	4/30/2022	S/L	10	1,912	-	-	-	-	191	191	1,721
MME	DVR-Honeywell Hybrid Replacem	4/30/2022	S/L	5	3,175	-	-	-	-	635	635	2,540
MME	Dell Desktop & Laptop	4/30/2022	S/L	3	2,508	-	-	-	-	836	836	1,672
MME	Dell Desktop	4/30/2022	S/L	3	1,326	-	-	-	-	442	442	884
MME	Qty5- Mattress	4/30/2022	S/L	5	1,356	-	-	-	-	271	271	1,085
MME	Qty5- Mattress	4/30/2022	S/L	5	1,356	-	-	-	-	271	271	1,085
MME	Qty5- Mattress	4/30/2022	S/L	5	1,356	-	-	-	-	271	271	1,085
MME	Dell Desktop	4/30/2022	S/L	3	1,318	-	-	-	-	439	439	879
MME	Dell Laptop	4/30/2022	S/L	3	1,739	-	-	-	-	580	580	1,159
MME	New PRI-Phone System/Router	5/31/2022	S/L	10	1,800	-	-	-	-	180	180	1,620
MME	Dell Desktop	5/31/2022	S/L	3	1,763	-	-	-	-	588	588	1,175
MME	Qty2- Tray Delivery Cart	6/30/2022	S/L	10	5,985	-	-	-	-	599	599	5,386
MME	Qty2-Tray Delivery Cart/Bumper	6/30/2022	S/L	10	9,594	-	-	-	-	959	959	8,635
MME	Qty 2- Heat Pump/AC	7/31/2022	S/L	10	1,842	-	-	-	-	184	184	1,658
MME	Dell laptop/Qty3 HP Chromebook	7/31/2022	S/L	3	2,928	-	-	-	-	976	976	1,952
MME	Qty3- Dell Laptop	7/31/2022	S/L	3	3,565	-	-	-	-	1,188	1,188	2,377
MME	Dell Laptop	8/31/2022	S/L	3	1,453	-	-	-	-	484	484	969
MME	Qty4- Dell Desktop	9/30/2022	S/L	3	4,194	-	-	-	-	1,398	1,398	2,796
MME	Dell Desktop	9/30/2022	S/L	3	1,364	-	-	-	-	455	455	909
TOTAL MOVABLE EQUIPMENT					1,445,355	107,348	927,696	104,875	1,032,481	103,486	1,135,967	309,388
TOTAL ASSETS PER CR SCHEDULE					8,841,691	491,564	3,758,900	504,555	4,263,455	493,049	4,756,504	4,085,187
TOTAL ASSETS PER TRIAL BALANCE					1,786,656	145,576	1,304,707	145,576	1,304,707	145,576	1,304,707	481,949
LESS REALTY ASSETS					(7,085,033)		(2,735,681)		(3,104,250)		(3,451,723)	(3,603,210)
ROUNDING												
VARIANCE					2	345,988	(281,488)	358,979	(145,502)	347,473	74	(72)

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

Name of Facility Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2022	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*			<input type="radio"/> Yes	<input checked="" type="radio"/> No
			If "Yes," complete Part B. If "No," complete Part C.	
*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	06/16/66			
2. Date Structure Completed	09/01/72			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	09/01/72			
5. Total Licensed Bed Capacity	132			
6. Square Footage	51,083			
7. Acquisition Cost				
a. Land	67,917			
b. Building	1,467,953			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable			
b. Date Mortgage Obtained	02/09/16			
c. Interest Rate for the Cost Year	Libor + 275 basis			
d. Term of Mortgage (number of years)	7			
e. Amount of Principal Borrowed	10,469,500			
f. Principal balance outstanding as of 9/30/22	8,060,000			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Bristol Crossings, LLC		2329	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			Page	of
Bristol Crossings, LLC		2329		9/30/2022			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)				\$	4,535	4,535		
Admin / Computer Loan Interest								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	4,535	4,535		
14. Insurance								
a. Insurance on Property (buildings only)				\$	16,581	16,581		
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	87	87		
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$	78,412	78,412		
Liability / Crime Insurance								
14d. Total Insurance Expenditures (14a + b + c)				\$	95,080	95,080		
15. Total All Expenditures (A-13 thru C-14)				\$	17,121,506	17,121,506		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Bristol Crossings, LLC			2329	9/30/2022	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 36,449	36,449		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 341,774	341,774		
7.			Other - See attached Schedule	\$ 40,897	40,897		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 173,680	173,680		
10.			Accounting	\$			
10a.			Legal	\$ 25,646	25,646		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,850	1,850		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 10,808	10,808		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 37	37		
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 1,875	1,875		
18.	16	m2/3	Unallowable Advertising *	\$ 43,032	43,032		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 115,067	115,067		
20.	16	m10	Fund Raising / Contributions	\$ 1,250	1,250		
21.	16	m12	Unallowable Management Fees	\$ 340,673	340,673		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 366,517	366,517		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,499,555	1,499,555		

* 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.

National Health Care Associates, Inc. (CT)
Disallowance Schedule for Cell Phones
September 30, 2022

Pg. 28b

	<u>Amount</u>
Total Cell Phone Expense	4,650 TB Linked
Total Allowable Cost	\$ 2,800
Days in Cost Report (365out of 365 Days)	365
Days in Cost Report Year	<u>365</u>
Partial Year Allowable %	100%
Revised Allowable Cost	\$ 2,800
Disallowed Cell Phone (Page 28, Line 12)	<u><u>\$ 1,850</u></u>

**The Pines at Bristol
 Calculation of Allowable Management Fee
 September 30, 2022**

<u>Description</u>	<u>Amount</u>	
Management fees Charged	660,937	Page 16, Line m12
Accounting Charges	34,685	Page 15, Line 1d
Total Management Fees Per Agreement	<u>695,622</u>	
Patient Days	44,659	Page 8 of C/R
Imputed Days - 90% Occupancy (365/365 Days)	<u>43,362</u>	Calculation
Amount Per Patient Day (Greater of 90% or Actaul Days)	\$ 16.04	
PPD Allowance Per Client 2021	7.84	
2022 CPI Increase %	<u>1.07</u>	J.01b
PPD Allowance 9/30/2022	<u>8.41</u>	
Amount over (Under)	\$ 7.6283	
Total Days	44,659	Page 8 of C/R
Disallowed Management Fee	<u><u>\$ 340,673</u></u>	

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bristol Crossings, LLC			2329	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,499,555	1,499,555		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 454,635	454,635		
28.			Ambulance/Limousine	\$ 12,150	12,150		
29.			X-rays, etc	\$ 22,315	22,315		
30.			Laboratory	\$ 41,879	41,879		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 35,438	35,438		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 128,283	128,283		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 7,175	7,175		
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.	\$			
44.			Other - Miscellaneous Administrative	\$ 3,964	3,964		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 2,205,394	2,205,394		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5l	IV Thy Supplies-Bristol-Rehab Tpy and Ancllry	\$ 7,165		
20	5l	Physician Fees-Bristol-Medical Services	118		
20	5l	Equip Rental-Bristol-Rehab Tpy and Ancllry	10,171		
20	5l	Equip Rental-Bristol-Respiratory	36,184		
20	5l	Minor Equip-Bristol-Nursing	2,212		
20	5l	Equip Rental-Bristol-Nursing	39,325		
20	5i	Cable Television Disallowance	6,955		
20	5c	Med B Nursing Supplies	26,153		
Total Other Ancillary Costs			\$ 128,283	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Non Allowable Depreciation on Movable Equipment	\$ 7,175		
Total Excess Movable Equipment Depreciation			\$ 7,175	\$ -	\$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Rebates / Refunds	\$ 2,377		
30	IV 8	Misc Income	1,113		
30	IV 8	Medical Record Income	474		
Total Other Adjustments			\$ 3,964	\$ -	\$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

National Health Care Associates, Inc. (CT)
Cable TV Disallowance
September 30, 2022

Pg. 29b

Total Cable TV Expense	14,155	TB Linked
Total Monthly Fee Allowed	\$ 600	
Total Months	12	
Total Allowable Expense	<u>\$ 7,200</u>	
Partial Year Cost Report (365 out of 365 Days)	\$ 365	
Days in Cost Report Year	<u>365</u>	
Partial Year Allowable %	100.00%	
Revised Allowable Cost	\$ 7,200	
Disallowed Expense	<u><u>\$ 6,955</u></u>	{a}

Tickmark

{a}

Ties to page 29a

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Bristol Crossings, LLC	2329	9/30/2022		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 13,655,478	13,655,478			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,171,444)	(5,171,444)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,081,032	2,081,032			
b. Medicare Room and Board Contractual Allowance **	\$ (1,776,876)	(1,776,876)			
4. a. Private-Pay Residents and Other	\$ 5,543,208	5,543,208			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,304,111)	(1,304,111)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 317,777	317,777			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (375,008)	(375,008)			
c. Prescription Drugs - Non-Medicare	\$ 446,155	446,155			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (489,585)	(489,585)			
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	\$ 315,549	315,549			
b. Physical Therapy - Medicare Contractual Allowance **	\$ 132,409	132,409			
c. Physical Therapy - Non-Medicare	\$ 406,725	406,725			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (303,038)	(303,038)			
4. a. Speech Therapy - Medicare	\$ 109,370	109,370			
b. Speech Therapy - Medicare Contractual Allowance **	\$ 98,423	98,423			
c. Speech Therapy - Non-Medicare	\$ 95,485	95,485			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (58,769)	(58,769)			
5. a. Occupational Therapy - Medicare	\$ 325,055	325,055			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ 92,986	92,986			
c. Occupational Therapy - Non-Medicare	\$ 407,748	407,748			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (316,500)	(316,500)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 1,521,411	1,521,411			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 699,189	699,189			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 16,452,669	16,452,669			
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>)	\$ 1,373	1,373			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 144,589	144,589			
V. Total Other Revenue (1 thru 8)	\$ 145,962	145,962			
VI. Total All Revenue (III +V)	\$ 16,598,631	16,598,631			

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings, LLC	2329	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	302,387
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,236,034
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	50,067
5. Prepaid Expenses			\$	189,742
a. _____				
b. _____				
c. _____				
d. See Schedule		189,742		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,778,230
B. Fixed Assets				
1. Land			\$	225,000
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>341,304</u>		\$	172,490
	Accum. Depreciation <u>168,814</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>1,445,355</u>		\$	309,388
	Accum. Depreciation <u>1,135,967</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	71
F/S vs C/R NBV		72		
See Schedule		(1)		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	706,949

* 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	
31	A5	Prepaid Workers Comp-Bristol	\$ 81,278
31	A5	Prepaid Gen. Ins-Bristol	25,528
31	A5	Prepaid Expense Other-Bristol	6,360
31	A5	Prepaid Real Estate Taxes-Bristol	57,077
31	A5	Prepaid Personal Property Taxes-Bristol	4,437
31	A5	Prepaid Mgmt Assets-Bristol	15,062
Total Prepaid Expenses			\$ 189,742

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

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

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

Page Ref	Line Ref	Description	
31	B9	Rounding	\$ (1)
Total Other Fixed Assets (Itemize)			\$ (1)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Loans and Exchange-Bristol	\$ (1,542)
33	A12	Unclaimed ADP checks-Bristol	15,592
33	A12	Patients Fund-Bristol	50,260
33	A12	Accrued Expenses-Bristol	228,673
33	A12	Accrued Pension-Bristol	158,626
33	A12	Accrued Worker's Comp-Bristol	71,168
33	A12	Accrued Vacation-Bristol	314,056
33	A12	CT PET Tax Accrued Expense-Bristol	29,847
Total Other Current Liabilities (Itemize)			\$ 866,680

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings, LLC	2329	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$	2,485,179
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
Accum. Depreciation _____			Net	
3. Buildings			*Historical Cost 7,055,034	
Accum. Depreciation 3,451,723			Net	
			\$	3,603,311
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)			\$	3,603,311
D. Investment and Other Assets				
1. Deferred Deposits			\$	(13,702)
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost 89,389	
Accum. Depreciation 53,634			Net	
			\$	35,755
4. Goodwill (Purchased Only)			\$ 760,000	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$ 1,425,049	
Name and Address		Amount	Loan Date	
Due from Related		1,425,049		
7. Other Assets (<i>itemize</i>)			\$	
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	2,207,102
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	8,295,592

* 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
Bristol Crossings, LLC		2329	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,006,355
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	20,310
Name of Lender		Purpose	Amount	Date Due	
		Equipment Obligation	20,310		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	103,942
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	866,680

See Schedule				866,680	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,997,287

* 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 Bristol Crossings, LLC		License No. 2329	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,997,287	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	31,418
Name of Lender	Purpose	Amount	Date Due		
	Equipment Obligation LT	31,418			
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	2,152,123
Name and Address of Lender	Amount	Loan Date			
Due to Realty / Related	2,152,123				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
_____ _____ _____ See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	2,183,541
C. Total All Liabilities (Lines A-13 + B-5)				\$	4,180,828


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

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings, LLC	2329	9/30/2022	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	3,603,311
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			\$	3,603,311
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	686,855
6. Gain or Loss for Period			\$	(175,402)
	10/1/2021	thru 9/30/2022		
7. Total Net Worth			\$	511,453
C. Total Reserves and Net Worth			\$	4,114,764
D. Total Liabilities, Reserves, and Net Worth			\$	8,295,592

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings, LLC	2329	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	1,335,311
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	16,598,631
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	16,774,033
D. Net Income or Deficit			\$	(175,402)
E. Balance			\$	1,159,909
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenses Per Page 27			\$17,121,506	
F/S vs C/R Depreciation			(347,473)	
Total Expenses Per FS			\$16,774,033	
2. Other <i>(itemize)</i>				
Prior Period Adjustments			1,544	
F-3. Total Additions			\$	1,544
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	650,000
Purpose		Amount		
Partner Drawings		650,000		
3. Total Deductions			\$	650,000
H. Balance at End of Period			\$	511,453
				09/30/22

I. Preparer's/Reviewer's Certification

Name of Facility Bristol Crossings, LLC		License No. 2329	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					
<p>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.</p>					
Signature of Preparer 		Title PRINCIPAL		Date Signed 2/9/23	
Printed Name of Preparer Matthew S. Bovolack					
Address Address 555 Long Wharf Drive, New Haven, CT 06511				Phone Number 203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report John Phelps				Phone Number 516-705-4813	
Contact Email Address jphelps@nathealthcare.com					