

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Lord Chamberlain Nursing & Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 7003 Main Street, Stratford, CT 06614	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 968C	RHNS	(Specify)	Medicare Provider 07-5339
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 9688	RHNS	ICF-IID
----------------------------	--------------	------	---------

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) Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2022	Page 1	of 37
------------------------------------------------------------------------------------	---------------------	------------------------------------	-----------	----------

Administrator's/Owner's Certification

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

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

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

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

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

(Notary Seal)

Table of Contents

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

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Lord Chamberlain Nursing & Rehabilitation Center	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 7003 Main Street, Stratford, CT 06614				
Report Prepared By Ryders Health Management	Phone Number 203-381-1327	Date 2/1/2023		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

	Phone No. of Facility 203-318-1327	Report for Year Ended 9/30/2022	Page 2
Name of Facility (as shown on license) Lord Chamberlain Nursing & Rehabilitation Center		Address (No. & Street, City, State, Zip) 7003 Main Street, Stratford, CT 06614	
License Numbers:	CCNH 968C	RHNS	(Specify)
Medicare Provider No. 07-5339			
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)			
Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust			
If this facility opened or closed during report year provide:		Date Opened	Date Closed
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
		If "Yes," explain fully.	
Administrator			
Name of Administrator James Bergers		Nursing Home Administrator's License No.:	578
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name N/A		License No.:	

General Information and Questionnaire Partners/Members

General Information and Questionnaire
Corporate Owners

Name of Facility Lord Chamberlain Nursing & Rehabilitation C	License No. 968C	Report for Year Ended 9/30/2022	Page of 3A 37
If this facility is owned or operated as a corporation, provide the following information:			
Legal Name of Corporation Lord Chamberlain, Inc.	Business Address 7003 Main St., Stratford, CT 06614	State(s) in Which Incorporated CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Robert Sbriglio, MD, MPH, NHA	7003 Main St., Stratford, CT 06614	Secretary	25
Martin Sbriglio, RN, NHA	7003 Main St., Stratford, CT 06614	Treasurer	25
The Dr. Robert Sbriglio 2009 Trust	7003 Main St., Stratford, CT 06614		25
The Martin Sbriglio 2009 Trust	7003 Main St., Stratford, CT 06614		25
Names of Stockholders Owning at Least 10% of Shares			
Robert Sbriglio, MD, MPH, NHA	7003 Main St., Stratford, CT 06614	Secretary	25
Martin Sbriglio, RN, NHA	7003 Main St., Stratford, CT 06614	Treasurer	25
The Dr. Robert Sbriglio 2009 Trust	7003 Main St., Stratford, CT 06614		25
The Martin Sbriglio 2009 Trust	7003 Main St., Stratford, CT 06614		25

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitation Center	968C	9/30/2022	3B	37

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

Owner(s) of Facility

N/A

General Information and Questionnaire

Related Parties*

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center		License No. 968C	Report for Year Ended 9/30/2022			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.				
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:				
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See Attached		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

Lord Chamberlain
Cost Report 9/30/2022
List of Related Parties
Page 4 Attachment

Name of Related Individual or Company	Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Services Provided	Indicate Where Costs are Included in Annual Report Page #/ Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%				
Ryders Health Management (RHM)	88 Ryders Lane, Suite 208, Stratford, CT 06614	X			Financial and Managerial Support	16/m12	797,425.56	797,425.56
Due from Bel-Air	254 New Britain Ave., Newington CT	X			Loan to Facility	32/D7, 34/B4	3,696.56	3,696.56
Due from Cheshire House	3396 East Main St., Waterbury, CT 06705	X			Loan to Facility	32/D7, 34/B4	14,505	14,505
Due from Greentree Manor	4 Greentree Drive, Waterford, CT 06385	X			Loan to Facility	32/D7, 34/B4	155,180	155,180
Due from Mystic Healthcare	475 High St., Mystic, CT 06355	X			Loan to Facility	32/D7, 34/B4	360,289	360,289
Due from Ryders Health	88 Ryders Lane, Suite 208, Stratford, CT 06614	X			Loan to Facility	32/D7, 34/B4	213,995	213,995
Due from Lighthouse	88 Ryders Lane, Stratford, CT 06614	X			Loan to Facility	32/D7, 34/B4	669,364	669,364
Due from Ryders Rehab	88 Ryders Lane, Stratford, CT 06614				Loan to Facility	32/D7, 34/B4	76,144	76,144
ValueRx	54 Tuttle Place, Middletown, CT	X			Pharmacy Expenses	20/5a2	322,787	Disallowed
ValueRx	54 Tuttle Place, Middletown, CT	X			House Drugs	20/5b	74,003	74,003
Due to Aaron Manor	3 South Wig Hill Road, Chester, CT 06412	X			Loan from Facility	34/B4	326,489	326,489
Due from Douglas Manor	104 North Rd., Windham, CT	X			Loan from Facility	32/D7, 34/B4	813	813
Due to LC Realty	7003 Main St., Stratford, CT 06614	X			Loan from Facility	34/B4	3,160,843	3,160,843

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Lord Chamberlain Nursing & Rehabilitation Cen	License No. 968C	Report for Year Ended 9/30/2022	Page 5	of 37
-------------------------------------------------------------------	---------------------	------------------------------------	-----------	----------

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire

Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Lord Chamberlain Nursing & Rehabilitation Center		968C		9/30/2022			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
LEAF	<input type="radio"/>	<input checked="" type="radio"/>	Copiers			1,610	1,610	
Wells Fargo	<input type="radio"/>	<input checked="" type="radio"/>	Copiers			19,859	19,859	
BBI	<input type="radio"/>	<input checked="" type="radio"/>	Copiers			8,493	8,493	
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		Total ***	29,962	

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire

Accounting Basis

Name of Facility Lord Chamberlain Nursing & Rehab	License No. 968C	Report for Year Ended 9/30/2022	Page 7	of 37
------------------------------------------------------	---------------------	------------------------------------	-----------	----------

The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

Is the accounting basis for this

period the same as for the Yes If "No," explain.
previous period? No

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 Tax Returns, Year end financial statement review, Consulting	\$ 6,656
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 6,656

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

Yes No |Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See Attached 2 3 4 5	Telephone Number
----------------------------------------------------------------------------------	------------------

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

1	\$
2	\$
3	\$
4	\$
5	\$

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$

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

Yes No

Schedule of Resident Statistics

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C				Report for Year Ended 9/30/2022				Page 8	of 37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					190	190						
A. On last day of PREVIOUS report period	190	190										
B. On last day of THIS report period	190	190							190	190		
2. Number of Residents					183	183						
A. As of midnight of PREVIOUS report period	183	183										
B. As of midnight of THIS report period	186	186							186	186		
3. Total Number of Days Care Provided During Period					3,431	3,431			1,018	1,018		
A. Medicare	4,449	4,449										
B. Medicaid (Conn.)	47,297	47,297			35,159	35,159			12,138	12,138		
C. Medicaid (other states)												
D. Private Pay	8,702	8,702			6,546	6,546			2,156	2,156		
E. State SSI for RCH												
F. Other (Specify) Managed Care	4,966	4,966			3,693	3,693			1,273	1,273		
G. Total Care Days During Period (3A thru F)	65,414	65,414			48,829	48,829			16,585	16,585		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds					549	549			186	186		
A. Medicaid Bed Reserve Days	735	735										
B. Other Bed Reserve Days	146	146			76	76			70	70		
5. Total Resident Days (3G + 4A + 4B)	66,295	66,295			49,454	49,454			16,841	16,841		

Schedule of Resident Statistics (Cont'd)

Name of Facility Lord Chamberlain Nursing & Rehabilitation C	License No. 968C	Report for Year Ended 9/30/2022	Page 9	of 37
-----------------------------------------------------------------	---------------------	------------------------------------	-----------	----------

4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

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

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
2nd change						
3rd change						
4th change						

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	12	136		38				
Per Diem Rate								
a. One bed rm.	Various	286.85		\$545/\$537				
b. Two bed rms.				\$495/\$474				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		4,111	4,111		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other		16,087	16,087		
D. Total Physical Therapy Treatments		20,198	20,198		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		353	353		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other		1,189	1,189		
D. Total Speech Therapy Treatments		1,542	1,542		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		1,928	1,928		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other		15,321	15,321		
D. Total Occupational Therapy Treatments		17,249	17,249		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		968C	9/30/2022		10
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes		<input type="radio"/> No	
		Total Cost and Hours			
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	135,696	2,088			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	131,961	1,440			
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	442,176	19,577			
5. Dietary Service					
a. Head Dietitian	80,851	2,914			
b. Food Service Supervisor	63,561	1,584			
c. Dietary Workers	807,979	46,984			
6. Housekeeping Service					
a. Head Housekeeper	86,686	3,190			
b. Other Housekeeping Workers	464,626	27,000			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	38,370	1,223			
b. Other Maintenance Workers	83,105	3,213			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	51,710	2,993			
9. Barber and Beautician Services					
10. Protective Services	9,965	842			
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	249,147	4,682			
b. RN					
1. Direct Care	1,253,535	26,430			
2. Administrative**					
c. LPN					
1. Direct Care	2,557,832	82,166			
2. Administrative**					
d. Aides and Attendants	3,545,151	170,567			
e. Physical Therapists	548,075	17,104			
f. Speech Therapists	137,996	2,600			
g. Occupational Therapists	167,415	4,330			
h. Recreation Workers	177,629	7,627			
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	424,478	18,449			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	70,953	3,979			
<i>A-13. Total Salary Expenditures</i>	11,528,895	450,982			

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

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and

Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Schedule of Other Salaries and Wages (Page 10)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C		Report for Year Ended 9/30/2022			Page 11	of 37
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section I - Operators/Owners									
Martin Sbriglio							Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	3,652	245,192
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Lord Chamberlain Nursing & Rehabilitation Center				968C		9/30/2022			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
James Bergers	131,961			Non Discriminatory	Administrative	2,088	A2			
Section IV - Assistant Administrators										
Dr. Robert Sbriglio, MD, MPH, NHA	135,696			Non Discriminatory	Administrative	1,440	A3			

*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
	968C	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	8,865				
3. Pharmacist	2,676				
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	39,261				
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) Medical Staff	1,200				
9. Speech Therapist					
a. Resident Care	1,425				
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	342,434	2,962			
2. Administrative***					
b. LPN					
1. Direct Care	728,111	8,772			
2. Administrative***					
c. Aides	329,949	7,072			
d. Other					
12. Other (Specify) See Attached Schedule	42,779				
B-13 Total Fees Paid in Lieu of Salaries	1,496,701	18,807			

* 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 Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	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		
Dr. Scifo, Trumbull, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
George Goldfarb, MD	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Das, Fairfield, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Douglas Duchen, Bridgeport, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. J.B. Bharucha, Trumball, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Leonard Karkanista, Milford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Charles Kochan, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Anthony Arslan, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Mogelof, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Robert Prewitt, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Carlos Schweitzer, Derby, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Phillip Simlovitz, Trumball, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Wound Care Consultants	Wound Care Services	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Brijesh Chandwani, Fairfield, CT	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>		
ValueRx	Pharmacy Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Ranno Goldrard Assoc	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
JP American Staffing & Health Services	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Executive Care	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Dedicated Nursing Assoc	Nurse Pool	<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
Lord Chamberlain Nursing & Rehabilitation Cen	968C	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 473,205	473,205		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 971,352	971,352		
5. Health Insurance	\$ 816,968	816,968		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 20,614	20,614		
8. Uniform Allowance	\$ 28,724	28,724		
9. Other (Specify) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 190,387	190,387		
d. Accounting and Auditing	\$ 6,656	6,656		
e. Legal (Services should be fully described on Page 7)	\$ 33,494	33,494		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 24,233	24,233		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 20,041	20,041		
2. Cellular Phones	\$ 6,404	6,404		
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes (franchise tax)	\$			
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,185,592	1,185,592		
Subtotal	\$ 3,777,670	3,777,670		

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		16	37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		3,777,670	3,777,670		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 7,315	7,315			
2. Holiday Parties for Staff	\$ 15,505	15,505			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 573	573			
5. Education Expenses Related to Seminars and Conventions	\$ 38,614	38,614			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 4,026	4,026			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 4,484	4,484			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 26,128	26,128			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 17,192	17,192			
4. Fund-Raising***	\$				
5. Medical Records	\$ 27,360	27,360			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 4,169	4,169			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,852	12,852			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 224,893	224,893			
12. Administrative Management Services**	\$ 797,426	797,426			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 83,473	83,473			
<i>C-14 Total Administrative & General Expenditures</i>	\$ 5,041,680	5,041,680			

* 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)
Meals & Entertainment	\$ 4,484		
Total Other Travel and Entertainment	\$ 4,484	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Adv Pub Rel Donations	\$ 17,192		
Total Other Advertising	\$ 17,192	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CSMS	\$ 436		
AMDA	\$ 288		
CAHCF	\$ 12,128		
Total Dues	\$ 12,852	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Physician Care - Employees	\$ 28,167		
Fees & License	\$ 5,009		
Bank Charges	\$ 16,824		
Bank Charges - Lease	\$ 19,209		
Fines & Penalties	\$ 169		
Bookkeeping Services	\$ 1,809		
Unemployment Tax Management	\$ 3,090		
HR Consultant	\$ 9,161		
American Express Renewal	\$ 35		
Total Other Administrative and General	\$ 83,473	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Lord Chamberlain Nursing & Rehabilitati	License No. 968C	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	797,426	Financial and Managerial Support Services	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
		9/30/2022		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 466,509	466,509		
2. Non-Food Supplies	\$ 104,559	104,559		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ _____			
c. Other (Specify) _____	\$ _____			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 571,068	571,068		
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 Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2022		Page of 19 37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$	389	389	
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	214,143	214,143	
c. Other (Specify) Laundry Supplies	\$	2,699	2,699	
3D. Total Laundry Expenditures (3a + b + c)	\$	217,232	217,232	
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	License No.	Report for Year Ended		Page	of
		9/30/2022		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced				
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	81,615	81,615		
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
C. Other (Specify)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	81,615	81,615		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from ValueRx	\$	322,787	322,787		
b. Medicine Cabinet Drugs	\$	74,003	74,003		
c. Medical and Therapeutic Supplies	\$				
d. Ambulance/Limousine***	\$	5,517	5,517		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	44,248	44,248		
f. X-rays and Related Radiological Procedures***	\$	9,568	9,568		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	55,583	55,583		
i. Recreation	\$	25,231	25,231		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	593,568	593,568		
5M. Total Resident Care Expenditures (5a - 5j)	\$	1,130,505	1,130,505		

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

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

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

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

Schedule of Other Resident Care

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

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	236,168	236,168			
b. Heat	\$	156,709	156,709			
c. Light & Power	\$	97,857	97,857			
d. Water	\$	55,353	55,353			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	29,962	29,962			
f. Other <i>(itemize)</i>	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	576,050	576,050			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	376,332	376,332			
c. Non-Movable Equipment	\$	72,336	72,336			
d. Movable Equipment	\$	117,403	117,403			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	566,071	566,071			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	373,108	373,108			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	315,660	315,660			
c. Personal property taxes	\$	37,636	37,636			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,292,475	1,292,475			

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

Schedule of Other Repairs and Maintenance

Depreciation Schedule

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center				License No. 968C			Report for Year Ended 9/30/2022				Page 23	of 37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period				50,531		50,531	11,837	S/L	Various				
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				5,751,531		5,751,531	3,823,894	S/L	Various				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				46,575		46,575		S/L	Various	3,957			
B-4. Subtotal											3,957		
C. Non-Movable Equipment													
1. Acquired prior to this report period				1,525,029		1,525,029	1,326,107	S/L	Various				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				158,181		158,181		S/L	Various	15,322			
C-4. Subtotal											15,322		
D. Movable Equipment	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
	Yes	No	Month	Year	Exclusive of Land								
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Various Vehicles	X				261,848		261,848	231,970	S/L	Various			
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period					2,653,064		2,653,064	2,451,996	S/L	Various			
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative													
d. Standard Resident					63,506		63,506		S/L	Various	8,274		
e. Specialized Resident													
Total Acquired during this report period					63,506		63,506				8,274		
D-3. Subtotal													
E. Total Depreciation												8,274	
												27,552	

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/1/2021	Stairwell Locks	\$ 2,461	10	\$ 246
10/1/2021	Stairwell Locks	\$ 2,461	10	\$ 246
11/1/2021	Carpeting	\$ 24,697	10	\$ 2,264
11/1/2021	Main Logic Board	\$ 2,825	10	\$ 259
11/1/2021	Camera Replacement	\$ 5,414	10	\$ 496
3/1/2022	Doors	\$ 3,430	10	\$ 200
4/1/2022	Doors	\$ 2,986	10	\$ 149
5/1/2022	Carpeting	\$ 2,300	10	\$ 96
Total additions for Building Improvement:		\$ 46,575		\$ 3,957
Deletions:				
Total deletions for Building Improvement:		\$ -		\$ -

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/1/2021	Fire Sprinkler	\$ 2,445	5	\$ 489
11/1/2021	Fire Sprinkler	\$ 2,274	5	\$ 417
12/1/2021	Fire Alarm Panel	\$ 9,502	5	\$ 1,584
12/1/2021	Control Board	\$ 2,032	5	\$ 339
10/1/2021	Door Motor	\$ 1,230	5	\$ 246
12/1/2021	Laundry Repairs	\$ 1,130	5	\$ 188
1/1/2022	Dish Machine	\$ 3,177	5	\$ 477
2/1/2022	Nurse Call System	\$ 39,775	5	\$ 5,303
11/1/2021	Hot Water Recirculation Pump	\$ 2,285	5	\$ 419
3/1/2022	Motor, Gasket, Coupler, Bearing Assembly	\$ 4,288	5	\$ 500
3/1/2022	Dish Machine	\$ 1,546	5	\$ 180
4/1/2022	Fire Sprinkler	\$ 1,603	5	\$ 160
4/1/2022	Roof Repairs	\$ 1,773	5	\$ 177
3/1/2022	Valve Actuator in RTU	\$ 2,151	5	\$ 251
5/1/2022	Generator Repairs	\$ 4,177	5	\$ 348

5/1/2022	Repair on AC Unit	\$ 1,679	5	\$ 140
5/1/2022	Mixing Valve	\$ 6,009	5	\$ 501
5/1/2022	Roof Repairs	\$ 5,050	5	\$ 421
4/1/2022	LCD Annunciator	\$ 9,996	5	\$ 1,000
6/1/2022	Door Sescurity	\$ 3,127	5	\$ 208
6/1/2022	Door Sescurity	\$ 1,945	5	\$ 130
6/1/2022	Backflow Repair	\$ 1,096	5	\$ 73
4/1/2022	Corridor Automatic Operator	\$ 6,600	5	\$ 660
7/1/2022	Condensor Fan Motor	\$ 1,541	5	\$ 77
8/1/2022	Evaporator Coil & Condensing Unit	\$ 5,925	5	\$ 198
8/1/2022	TSTAT	\$ 1,372	5	\$ 46
8/1/2022	Remote Thermostat for Steam Well	\$ 1,136	5	\$ 38
7/1/2022	Evaporator Coil & Condensing Unit	\$ 5,925	5	\$ 296
9/1/2022	Porch Repair	\$ 1,602	5	\$ 27
9/1/2022	Roofing Membrane	\$ 1,635	5	\$ 27
9/1/2022	Roof Air Conditioning Unit	\$ 20,470	5	\$ 341
9/1/2022	Metal Door & Frame	\$ 3,685	5	\$ 61
Total additions for Non-Movable Equipment		\$ 158,181		\$ 15,322
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ -

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
10/1/2021	TV's	Standard Resident	\$ 2,134	3	\$ 711
10/1/2021	Under Counter Ice Machine	Standard Resident	\$ 3,628	5	\$ 726
11/1/2021	BP Spot Monitor	Standard Resident	\$ 2,553	5	\$ 468
12/1/2021	Catch Basin	Standard Resident	\$ 5,500	5	\$ 917
12/1/2021	BP Spot Monitor	Standard Resident	\$ 2,218	5	\$ 370
11/1/2021	Overbed Tables	Standard Resident	\$ 1,767	5	\$ 324
1/1/2022	TV's	Standard Resident	\$ 2,232	3	\$ 558
1/1/2022	TV's	Standard Resident	\$ 2,232	3	\$ 558
2/1/2022	Single/Dual Bedside Stations	Standard Resident	\$ 1,380	5	\$ 184
2/1/2022	Series 8 Pillow Speakers	Standard Resident	\$ 1,237	5	\$ 165
2/1/2022	Coaguchek	Standard Resident	\$ 1,502	5	\$ 200
3/1/2022	TV's	Standard Resident	\$ 1,484	3	\$ 289
4/1/2022	Beds	Standard Resident	\$ 6,109	5	\$ 611
5/1/2022	Lift Recliner Chair	Standard Resident	\$ 1,677	5	\$ 140
5/1/2022	Steam Table	Standard Resident	\$ 1,819	5	\$ 152
6/1/2022	Series 8 Pillow Speakers	Standard Resident	\$ 1,269	5	\$ 85
6/1/2022	Series 8 Pillow Speakers	Standard Resident	\$ 1,721	5	\$ 115
5/1/2022	TV's	Standard Resident	\$ 4,453	3	\$ 619
6/1/2022	TV's	Standard Resident	\$ 6,105	3	\$ 678
7/1/2022	Lift Recliner Chair	Standard Resident	\$ 1,507	5	\$ 75
8/1/2022	Ice Bin & Ice Maker	Standard Resident	\$ 5,527	5	\$ 184
8/1/2022	Pillow Speakers	Standard Resident	\$ 2,395	5	\$ 80
9/1/2022	Shelving	Standard Resident	\$ 1,678	5	\$ 28
9/1/2022	TV's	Standard Resident	\$ 1,376	3	\$ 38
Total additions for Movable Equipment			\$ 63,506		\$ 8,274
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

*

**

*

**

*

**

*

**

*

**

Amortization Schedule*

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Lord Chamberlain Nursing & Rehabili	License No. 968C	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?*

Yes

No

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

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

Description	Total			
1. Date Land Purchased	05/21/05			
2. Date Structure Completed	1968/1976/1994			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	190			
6. Square Footage	71,118			
7. Acquisition Cost				
a. Land				
b. Building				

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	Variable		
b. Date Mortgage Obtained	02/01/15	11/20/11		
c. Interest Rate for the Cost Year	3.56%	;3.64%		
d. Term of Mortgage (number of years)	7			
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 9/30/2022				

Complete if Mortgage was Refinanced

During Current Cost Year

g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

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

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

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

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

(Carry Subtotals forward to next page)

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

Name of Facility Lord Chamberlain Nursing & Rehab	License No. 968C	Report for Year Ended 9/30/2022			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$	108,323	108,323		
Interest Expense						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	108,323	108,323		
14. Insurance						
a. Insurance on Property (buildings only)		\$	33,228	33,228		
b. Insurance on Automobiles		\$	8,180	8,180		
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$	196,775	196,775		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	238,182	238,182		
15. Total All Expenditures (A-13 thru C-14)		\$	22,282,725	22,282,725		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.		968C	9/30/2022	28 37	
			Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<i>Page 10 - Salaries and Wages</i>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<i>Page 13 - Professional Fees</i>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<i>Pages 15 & 16 - Administrative and General</i>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
<i>Page 18 - Dietary Expenditures</i>							
24.			Meals to employees, guests and others who are not residents	\$			
<i>Page 19 - Laundry Expenditures</i>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<i>Page 20 - Housekeeping Expenditures</i>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$				

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.	968C	9/30/2022		29 37
Item Description			Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward			\$			
Page 20 - Resident Care Supplies***						
27.		Prescription Drugs	\$			
28.		Ambulance/Limousine	\$			
29.		X-rays, etc	\$			
30.		Laboratory	\$			
31.		Medical Supplies	\$			
32.		Oxygen (non emergency)	\$			
33.		Occupational Therapy	\$			
34.		Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property						
35.		Excess Movable Equipment Depreciation				
		See Attached Schedule	\$			
36.		Depreciation on Unallowable Motor Vehicles	\$			
37.		Unallowable Property and Real Estate Taxes	\$			
38.		Rental of Building Space or Rooms	\$			
39.		Other - See Attached Schedule	\$			
Page 27 - Insurance						
40.		Mortgage Insurance	\$			
41.		Property Insurance	\$			
Other - Miscellaneous						
42.		Other - Indirect	\$			
43.		Interest Income on Account Rec.	\$			
44.		Other - Miscellaneous Administrative	\$			
45.		Management Fees Direct	\$			
46.		Management Fees Indirect	\$			
47.		Other - Direct	\$			
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)			\$			

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

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 21,599,224	21,599,224				
b. Medicaid Room and Board Contractual Allowance **	\$ (8,523,084)	(8,523,084)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,359,167	2,359,167				
b. Medicare Room and Board Contractual Allowance **	\$ 626,853	626,853				
4. a. Private-Pay Residents and Other	\$ 5,982,825	5,982,825				
b. Private-Pay Room and Board Contractual Allowance **	\$ (669,177)	(669,177)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 323,069	323,069				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (323,069)	(323,069)				
c. Prescription Drugs - Non-Medicare	\$ 82,382	82,382				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 19,123	19,123				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (19,123)	(19,123)				
c. Medical Supplies - Non-Medicare	\$ 71,718	71,718				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 601,360	601,360				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (601,360)	(601,360)				
c. Physical Therapy - Non-Medicare	\$ 275,427	275,427				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 79,836	79,836				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (79,836)	(79,836)				
c. Speech Therapy - Non-Medicare	\$ 62,723	62,723				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 283,666	283,666				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (283,666)	(283,666)				
c. Occupational Therapy - Non-Medicare	\$ 216,735	216,735				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (0)	(0)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 107,352	107,352				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 22,192,146	22,192,146				
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>)	\$ 152	152				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 37,895	37,895				
V. Total Other Revenue (1 thru 8)	\$ 38,047	38,047				
VI. Total All Revenue (III +V)	\$ 22,230,193	22,230,193				

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

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

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

Page Ref	Description	CCNH	RHNS	(Specify)
	Oxygen	\$ 8,050		
	Respiratory Therapy	\$ 14,005		
	X-Ray	\$ 9,223		
	Lab	\$ 38,264		
	Contractual Allowances	\$ (69,542)		
Total Other Resident Revenue - Medicare		\$ (0)	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
	Optum Care Stipend	\$ 106,254		
	X-Ray - Managed Care	\$ 130		
	Respiratory Therapy - Private	\$ 90		
	Lab - Managed Care	\$ 816		
	Oxygen - Private Pay	\$ 62		
Total Other Resident Revenue		\$ 107,352	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income	\$ 152			
Total Interest Income		\$ 152	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Misc Income	\$ 185		
	Handivan	\$ 37,710		
Total Other Revenue		\$ 37,895	\$ -	\$ -

G. Balance Sheet

Name of Facility Lord Chamberlain Nursing & Rehabilita	License No. 968C	Report for Year Ended 9/30/2022	Page 31	of 37
Account		Amount		
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)		\$ 878,700		
2. Resident Accounts Receivable (Less Allowance for Bad Debts)		\$ 6,628,232		
3. Other Accounts Receivable (Excluding Owners or Related Parties)		\$		
4. Inventories		\$ 11,000		
5. Prepaid Expenses		\$ 160,730		
a. Exchange	37,248			
b. Prepaid Insurance	9,125			
c. Prepaid Expenses	114,358			
d. See Schedule				
6. Interest Receivable		\$		
7. Medicare Final Settlement Receivable		\$		
8. Other Current Assets (<i>itemize</i>)		\$ (389,123)		
Loans & Exchanges	(398,055)			
Refunds	8,932			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)		\$ 7,289,539		
B. Fixed Assets				
1. Land		\$		
2. Land Improvements	*Historical Cost 50,531	\$ 38,010		
	Accum. Depreciation 12,521	Net		
3. Buildings	*Historical Cost 5,799,788	\$ 1,598,668		
	Accum. Depreciation 4,201,121	Net		
4. Leasehold Improvements	*Historical Cost	\$		
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost 1,724,207	\$ 293,038		
	Accum. Depreciation 1,431,169	Net		
6. Movable Equipment	*Historical Cost 2,678,675	\$ 153,462		
	Accum. Depreciation 2,525,213	Net		
7. Motor Vehicles	*Historical Cost 261,848	\$ 18,011		
	Accum. Depreciation 243,838	Net		
8. Minor Equipment-Not Depreciable		\$		
9. Other Fixed Assets (<i>itemize</i>)		\$ 6,000		
Work in Progress	6,000			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)		\$ 2,107,188		

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

Total Prepaid Expenses		\$ -

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

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

Total Other Other Fixed Assets (Itemize)		\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

Due from Douglas Manor	\$ 813
Due from Greentree Manor	\$ 155,180
Due form Mystic Manor	\$ 360,289
Due from Ryders Health Management	\$ 213,995
Due from Ryders Rehab	\$ 76,144
Due from Lighthouse Home Health	\$ 669,364
Investment in Subsidiary	\$ 1,000
Due to/from Subsidiary	\$ (582,732)
Total Other Assets	\$ 894,054

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

Total Other Current Liabilities (Itemize)		\$ -

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
		9/30/2022	32 37
Account		Amount	
		Total Brought Forward:	\$ 9,396,727
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			\$
2. Land Improvements	*Historical Cost _____ Accum. Depreciation _____	Net	\$
3. Buildings	*Historical Cost _____ Accum. Depreciation _____	Net	\$
4. Non-Movable Equipment	*Historical Cost _____ Accum. Depreciation _____	Net	\$
5. Movable Equipment	*Historical Cost _____ Accum. Depreciation _____	Net	\$
6. Motor Vehicles	*Historical Cost _____ Accum. Depreciation _____	Net	\$
7. Minor Equipment-Not Depreciable			\$
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$
D. Investment and Other Assets			
1. Deferred Deposits			\$
2. Escrow Deposits			\$
3. Organization Expense	*Historical Cost _____ Accum. Depreciation _____	Net	\$
4. Goodwill (Purchased Only)			\$
5. Investments Related to Resident Care (<i>itemize</i>)			\$
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$
Name and Address	Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$ 912,255
Due from Bel-Air Manor	3,697		
Due from Cheshire House	14,505		
See Schedule	894,054		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 912,255
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 10,308,983

* 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 Lord Chamberlain Nursing & Rehabilitation C	License No. 968C	Report for Year Ended 9/30/2022	Page 33	of 37																
Account				Amount																
Liabilities																				
A. Current Liabilities																				
1. Trade Accounts Payable				\$ 2,045,227																
2. Notes Payable (<i>itemize</i>) LOC - Peoples Bank				\$ 2,223,150																
See Schedule																				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Name of Lender</th> <th style="text-align: left; padding: 2px;">Purpose</th> <th style="text-align: left; padding: 2px;">Amount</th> <th style="text-align: left; padding: 2px;">Date Due</th> <th style="text-align: left; padding: 2px;"></th> </tr> </thead> </table>					Name of Lender	Purpose	Amount	Date Due												
Name of Lender	Purpose	Amount	Date Due																	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 275,117																
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>)				\$ 138,106																
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$																
11. Accrued Income Taxes*				\$																
12. Other Current Liabilities (<i>itemize</i>)				\$ 6,302,746																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;">Aflac - Individual</td> <td style="width: 33.33%;">47,551</td> <td style="width: 33.33%;">Accrued PTO</td> <td style="width: 33.33%;">482,669</td> </tr> <tr> <td>Patient Fund</td> <td>85,279</td> <td>Property Tax Payable</td> <td>197,263</td> </tr> <tr> <td>Accrued Expenses</td> <td>399,621</td> <td>Due to LC Realty</td> <td>3,160,843</td> </tr> <tr> <td>Accrued User Fee Tax</td> <td>1,929,521</td> <td>See Schedule</td> <td></td> </tr> </table>				Aflac - Individual	47,551	Accrued PTO	482,669	Patient Fund	85,279	Property Tax Payable	197,263	Accrued Expenses	399,621	Due to LC Realty	3,160,843	Accrued User Fee Tax	1,929,521	See Schedule		
Aflac - Individual	47,551	Accrued PTO	482,669																	
Patient Fund	85,279	Property Tax Payable	197,263																	
Accrued Expenses	399,621	Due to LC Realty	3,160,843																	
Accrued User Fee Tax	1,929,521	See Schedule																		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 10,984,346																

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

(Carry Total forward to next page)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility Lord Chamberlain Nursing & Rehabilitation	License No. 968C	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			10,984,346	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable			\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)			\$ 326,489	
Due to Aaron Manor				
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$ 326,489	
C. Total All Liabilities (Lines A-13 + B-5)			\$ 11,310,836	

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

Name of Facility	License No.	Report for Year Ended	Page of
Lord Chamberlain Nursing & Rehabilit	968C	9/30/2022	35 37
Account			Amount
A. Reserves			
1. Reserve for value of leased land			\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$
4. Reserve for leasehold real properties on which fair rental value is based			\$
5. Reserve for funds set aside as donor restricted			\$
6. Total Reserves			\$
B. Net Worth			
1. Owner's Capital			\$
2. Capital Stock			\$ 10,000
3. Paid-in Surplus			\$
4. Treasury Stock			\$
5. Cumulated Earnings			\$ (959,320)
6. Gain or Loss for Period 10/1/2021 thru 9/30/2022			\$ (52,533)
7. Total Net Worth			\$ (1,001,853)
C. Total Reserves and Net Worth			\$ (1,001,853)
D. Total Liabilities, Reserves, and Net Worth			\$ 10,308,983

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Lord Chamberlain Nursing & Rehabilitation	968C	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ (949,320)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 22,230,193		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 22,282,725		
D. Net Income or Deficit				\$ (52,533)		
E. Balance				\$ (1,001,853)		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
2. Other (<i>itemize</i>)						
F-3. Total Additions				\$		
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$		
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings (<i>Specify</i>)				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. Balance at End of Period				\$ (1,001,853)		

I. Preparer's/Reviewer's Certification

Name of Facility Lord Chamberlain Nursing &	License No. 968C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		

Preparer/Reviewer Certification

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

Signature of Preparer	Title	Date Signed
Printed Name of Preparer Ryders Health Management		
Address 88 Ryders Lane, Stratford, CT 06614		Phone Number 203-381-1327
Contacted Person Regarding Additional Information Needed Regarding This Report Elizabeth Maglio		Phone Number 203-381-1327
Contact Email Address emaglio@rydershealth.com		