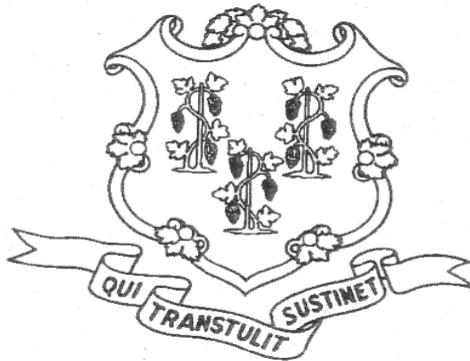


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Universal Healthcare Holdings LLC		
Address (No. & Street, City, State, Zip Code) 5 Greenwood Street, Hartford, CT 06106		
Type of Facility		
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022	

License Numbers:	CCNH 2541	RHNS	Other	Medicare Provider 07-5250A
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Medicaid Provider Numbers:	CCNH 2081	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) Universal Healthcare Holdings LLC	License No. 2541	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 Universal Healthcare Holdings LLC [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)	Date	Signed (Owner)	Date	
Printed Name (Administrator) Laurie Cianci		Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Universal Healthcare Holdings LLC	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 5 Greenwood Street, Hartford, CT 06106				
Report Prepared By iCare Management, LLC	Phone Number 860-570-2140	Date 2/15/2023		
Item	Total	CCNH	RHNS	Other
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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

**General Information and Questionnaire
Partners/Members**

Name of Facility	License No.	Report for Year Ended	Page of
Universal Healthcare Holdings LLC	2541	9/30/2022	3 37
Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered	
Universal Healthcare Holdings LLC	5 Greenwood Street, Hartford, CT 06106	CT	
Name of Partners/Members	Business Address	Title	% Owned
Creative Investment LLC	341 Bidwell Street, Manchester, CT 06040	Member	45
Silver Investment LLC	341 Bidwell Street, Manchester, CT 06040	Member	45
Vantage Capital Investors LLC	341 Bidwell Street, Manchester, CT 06040	Member	8
Active Investments LLC	341 Bidwell Street, Manchester, CT 06040	Member	1
B&M Advisors LLC	341 Bidwell Street, Manchester, CT 06040	Member	1

General Information and Questionnaire

Corporate Owners

General Information and Questionnaire

Individual Proprietorship

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	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

General Information and Questionnaire

Related Parties*

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	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			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.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

1. In the preparation of this Report, were all costs allocated as required?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If "No," explain fully why such allocation was not made.
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.		
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)		
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.		

General Information and Questionnaire

Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page of
Universal Healthcare Holdings LLC		2541		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					
ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	<input type="radio"/>	<input checked="" type="radio"/>	Time Clocks and Payroll Punch Equip	02/01/19	60 months & automatic	2,612	2,612
Pitney-Bowes P.O. Box 856390, Louisville, KY 40285-6390	<input type="radio"/>	<input checked="" type="radio"/>	Postage Rental	02/01/19		796	796
CBS Connecticut Business Systems LLC CBS Looms P.O. Box 936745, Atlanta GA 31193	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/14/19	60 months & automatic	8,939	8,939
CBS Connecticut Business Systems LLC CBS Looms P.O. Box 936745, Atlanta GA 31193	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/01/19	60 months & automatic	3,632	3,632
	<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 ?

 Yes No**Total *****

15,979

* 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 Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

⊕ Accrual ○ Cash ○ Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 O'Connor, Davies LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109
--	---

Services Provided by This Firm (*describe fully*)

1	Taxes, financial statements, accounting support	\$ 4,165
2		\$
3		\$
4		\$
	Charge for Services Provided	
		\$ 4,165

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

Yes No 15D

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 iCare Health Management, LLC	860-570-2140
2 Robinson & Cole, LLP	860-275-8200
3 Various others (American Arbitration , Various Arbitration, Murtha Cullina)	
4	
5 iCare Health Management LLC	860-678-7775 & 860-570-2140

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

1 341 Bidwell Street, Manchester CT
2 280 Trumbull St, Hartford, CT
3
4
5 341 Bidwell Street, Manchester CT

Services Provided by This Firm (*describe fully*)

1	Lease and contract issues, general legal advice, Labor Law	\$	415
2	General legal advice, union funds advice, employment law	\$	
3	Employment Arbitrations, healthcare law & Conservatorships	\$	574
4		\$	
5	Collections	\$	0

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

Are These Charges Reflected in the Expenditure?

Schedule of Resident Statistics

Name of Facility Universal Healthcare Holdings LLC			License No. 2541			Report for Year Ended 9/30/2022				Page 8 of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	150	150			150	150						
B. On last day of THIS report period	150	150							150	150		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	114	114			114	114						
B. As of midnight of THIS report period	124	124							124	124		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,552	1,552			1,271	1,271			281	281		
B. Medicaid (Conn.)	41,063	41,063			30,375	30,375			10,688	10,688		
C. Medicaid (other states)												
D. Private Pay	781	781			510	510			271	271		
E. State SSI for RCH												
F. Other (Specify) Insurance	7	7			7	7						
G. Total Care Days During Period (3A thru F)	43,403	43,403			32,163	32,163			11,240	11,240		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	43,403	43,403			32,163	32,163			11,240	11,240		

Schedule of Resident Statistics (Cont'd)

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other		
				(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	Other
	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	Other	R.C.H.	ICF-MR
No. of Residents	6	115		3				
Per Diem Rate								
a. One bed rm.	559.00	297.00		353.00				
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	1,662	1,662	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	1,191	1,191	
2. Restorative Treatments	863	863	
C. Other	2,664	2,664	
D. Total Physical Therapy Treatments	6,380	6,380	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	215	215	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	232	232	
2. Restorative Treatments	33	33	
C. Other	315	315	
D. Total Speech Therapy Treatments	795	795	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	2,998	2,998	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	2,093	2,093	
2. Restorative Treatments	955	955	
C. Other	3,797	3,797	
D. Total Occupational Therapy Treatments	9,843	9,843	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of	
		2541	9/30/2022		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
Item	CCNH	Hours	RHNS	Hours	Other	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)	131,260	1,745				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	183,250	9,029				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	54,446	2,136				
c. Dietary Workers	404,900	19,285				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	62,311	2,108				
b. Other Maintenance Workers	48,763	2,760				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	288,351	4,147				
b. RN						
1. Direct Care	594,603	8,401				
2. Administrative**	251,256	5,692				
c. LPN						
1. Direct Care	1,554,046	41,272				
2. Administrative**	14,897	387				
d. Aides and Attendants	2,158,366	100,899				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	153,413	7,644				
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	152,109	4,113				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	72,542	4,390				
A-13. Total Salary Expenditures	6,124,511	214,009				

* 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)

Position	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
UNIT SECRETARIES SALARIES	\$ -	-			\$ -	-
MEDICAL RECORDS SALARIES	\$ 49,516	2,999			\$ -	-
CENTRAL SUPPLY SALARIES	\$ 22,363	1,349			\$ -	-
RESPIRATORY THERAPY SALARIES	\$ -	-			\$ -	-
PLANT SECURITY SALARIES	\$ 663	42			\$ -	-
MEDICAL RECORDS SALARIES SPCL	\$ -	-			\$ -	-
Total	\$ 72,542	4,390	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$ 52,957	-			\$ -	-
ADMISSIONS C/S LABOR	\$ 53,234	966			\$ -	-
CENTRAL SUPPLY CONTRACT SERVICE	\$ 7,220	192			\$ -	-
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 175,500	4,268			\$ -	-
RESPIRATORY THERAPY CONTRACT SERVICES	\$ 465	-			\$ -	-
PHYSICAL THERAPY C/S MEDICIAD	\$ -	-			\$ -	-
SPEECH THERAPY C/S Medicaid	\$ -	-			\$ -	-
OCCUPATIONAL THERAPY C/S MEDICIAD	\$ -	-			\$ -	-
Total	\$ 289,376	5,427	\$ -	-	\$ -	-

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 Universal Healthcare Holdings LLC			License No. 2541		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	Other							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* 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	
Universal Healthcare Holdings LLC			2541		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	Other							
Section III - Administrators***										
Angela Perry	119,493			same as employees less union funds	Administrator	1,665	A2			
George Kingston	11,767			same as employees less union funds	Administrator	80	A2			
				same as employees less union funds	Administrator		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 Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2022		Page 13	of 37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Other
*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					
3. Pharmacist	28,345	192			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	109,524	2,098			
b. Other					
6. Social Worker	2,136	1			
7. Recreation Worker	18,122	16 Hours +C			16 Hours +C
8. Physicians					
a. Medical Director (entire facility)	57,600	336			
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)					
Physician Care Contract Services	17,205	36			
9. Speech Therapist					
a. Resident Care	22,764	436			
b. Other					
10. Occupational Therapist					
a. Resident Care	168,163	3,222			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	89,200	641			
2. Administrative***	16,870	266			
b. LPN					
1. Direct Care	57,511	925			
2. Administrative***					
c. Aides	105,545	3,097			
d. Other					
12. Other (Specify)					
See Attached Schedule	289,376	5,427			
B-13 Total Fees Paid in Lieu of Salaries	982,362	16,678			

* 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

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2022		Page 15	of 37
Item		Total	CCNH	RHNS	Other
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 75,268	75,268			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 518,247	518,247			
5. Health Insurance	\$ 1,012,711	1,012,711			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 340,255	340,255			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 39,199	39,199			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 324,983	324,983			
d. Accounting and Auditing	\$ 4,165	4,165			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 989	989			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 13,334	13,334			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 20,564	20,564			
2. Cellular Phones	\$ 431	431			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 876,360	876,360			
Subtotal	\$ 3,226,506	3,226,506			

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
UNION TRAINING	\$ 39,199		\$ -
Total	\$ 39,199	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	Other
Total	\$ -	\$ -	\$ -

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

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2022	Page 16	of 37
Item	Total	CCNH	RHNS	Other
<i>Subtotals Brought Forward:</i>	3,226,506	3,226,506		
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 18	18		
5. Education Expenses Related to Seminars and Conventions	\$ 879	879		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 20	20		
7. Other (<i>Specify</i>) See Attached Schedule	\$ 124	124		
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 17,517	17,517		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 15,115	15,115		
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 1,440	1,440		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 10,174	10,174		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 737	737		
10. Contributions*** See Attached Schedule	\$ 250	250		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 110,954	110,954		
12. Administrative Management Services**	\$ 397,384	397,384		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 13,008	13,008		
<i>C-14 Total Administrative & General Expenditures</i>	\$ 3,794,126	3,794,126		

* 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	Other
MEALS	\$ 124		\$ -
Total Other Travel and Entertainment	\$ 124	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
COMMUNICATIONS SPECIAL EVENTS	\$ 15,115		\$ -
Total Other Advertising	\$ 15,115	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
ALTCFM			
CAHCF Dues	\$ 10,174		\$ -
OTHER DUES			
Total Dues	\$ 10,174	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
CONTRIBUTIONS	\$ 250		\$ -
Total Contributions	\$ 250	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
SOCIAL SERVICE SUPPLIES	\$ -		\$ -
SOC SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 1,147		\$ -
EMPLOYEE RELATIONS	\$ 949		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 246		\$ -
PERMITS & LICENSES	\$ 962		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 4,818		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ -		\$ -
LATE FEES	\$ 55		\$ -
INTERNET EXPENSES	\$ 4,831		\$ -
Rounding	\$ -		
Total Other Administrative and General	\$ 13,008	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Universal Healthcare Holdings LLC	2541	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 #
iCare Management, LLC/iCare Health Management, LLC	397,384	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	156,147	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	37,535	MANAGEMENT FEES- INDIRECT CARE	Pg 20 k

* 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
	2541	9/30/2022		18 37
Item	Total	CCNH	RHNS	Other
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 321,638	321,638		
2. Non-Food Supplies	\$ 32,208	32,208		
3. Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 35,957	35,957		
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 26,705	26,705		
c. Other (Specify) _____ DIETARY MINOR EQUIPMENT	\$ 3,274	3,274		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 419,783	419,783		
2E. Dietary Questionnaire	Total	CCNH	RHNS	Other
F. Resident Meals: Total no. of meals served per day:*	357	357		
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 Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2022		Page 19	of 37
Item	Total	CCNH	RHNS	Other	
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. \$	2,582	2,582		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	319,925	319,925		
c. Other (<i>Specify</i>) LAUNDRY MINOR EQUIPMENT	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	322,507	322,507		
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 Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	Other
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 22,086	22,086		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt.	\$ 459,872	459,872		
C. Other (<i>Specify</i>)	\$				
HOUSEKEEPING MINOR EQUIPMENT					
4D. Total Housekeeping Expenditures (4a + b + c)	\$	481,958	481,958		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from PHARMACY	\$	86,702	86,702		
b. Medicine Cabinet Drugs	\$	2,605	2,605		
c. Medical and Therapeutic Supplies	\$	114,777	114,777		
d. Ambulance/Limousine***	\$	5,660	5,660		
e. Oxygen					
1. For Emergency Use	\$	1,479	1,479		
2. Other***	\$				
f. X-rays and Related Radiological Procedures***	\$	630	630		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	11,355	11,355		
i. Recreation	\$				
j. Direct Management Services*	\$	156,147	156,147		
k. Indirect Management Services*	\$	37,535	37,535		
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	81,999	81,999		
5M. Total Resident Care Expenditures (5a - 5j)	\$	498,889	498,889		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Other
NURSING ADMIN SUPPLIES	\$ 1,009		\$ -
NURSING MINOR EQUIP	\$ 3,226		\$ -
MEDICAL RECORDS SUPPLIES	\$ (278)		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
NON-COVERED PPS DR. VISITS	\$ 307		\$ -
RESIDENT CARE SUPPLIES	\$ 49		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 10,055		\$ -
PERSONAL CARE SUPPLIES	\$ 739		\$ -
INCONTINENCY SUPPLIES	\$ 31		\$ -
VACCINE RESIDENTS	\$ 4,663		\$ -
PATIENT SPECIAL NEEDS	\$ -		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 47,934		\$ -
EQUIPMENT RENTAL: AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 53		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ 1,525		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ -		\$ -
IV THERAPY SUPPLIES	\$ 7,134		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 1,526		\$ -
ACTIVITIES SUPPLIES	\$ 4,027		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS			
STRIKE COSTS NON REIMBURSABLE	\$ -		\$ -
COVID NON REIMBURSABLE	\$ -		\$ -
Total Other Resident Care	\$ 81,999	\$ -	\$ -

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

Name of Facility Universal Healthcare Holdings LLC			License No. 2541		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	Other	Pg
									Line
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Housekeeping Services	459,872			20 4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Laundry Services	319,925			19 3b
Eagle Elevator		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Elevator Contract				22 6F
Brightview Landscapes LLC		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Landscaping	11,652			22 6F
Peter Marcue		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Snow Removal	31,299			22 6F
All Waste Inc		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Trash removal	22,667			22 6F
Facility Complaince		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Plant Contract Services	11,526			22 6F
American HealthTech	P.O. Box 9001006, Louisville, KY 40290	<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Software Maintenance Contract	17,129			16 M11
Automatic Data Processing		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Payroll Services	33,667			16 M11
National Datacare Corp		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Resident Trust Software	3,766			16 M11
Prime Care Technologuy services		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Computer Consulting Services	35,778			16 M11
Priotiry Express		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Courier Services	3,141			16 M11
Point Right Inc		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Nursing Software	5,011			16 M11
		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR					

* 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 Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2022			Page 22 37
Item	Total	CCNH	RHNS	Other	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 26,824	26,824			
b. Heat	\$ 28,957	28,957			
c. Light & Power	\$ 185,903	185,903			
d. Water	\$ 64,041	64,041			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 15,979	15,979			
f. Other (<i>itemize</i>)	\$ 119,875	119,875			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 441,578	441,578			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 3,615	3,615			
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 45,833	45,833			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 49,448	49,448			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 40,154	40,154			
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 40,154	40,154			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 283,992	283,992			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 264,865	264,865			
c. Personal property taxes	\$ 11,403	11,403			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 649,861	649,861			

* 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

Description	CCNH	RHNS	Other
PLANT SUPPLIES	\$ 7,754		\$ -
PLANT CONTRACT SERVICE LABOR	\$ -		\$ -
ELEVATOR CONTRACT SERVICE	\$ -		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 5,215		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 11,652		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 31,299		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 22,667		\$ -
PLANT (POOL) CONTRACT SERVICES OTHER	\$ 11,526		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 19,895		\$ -
PLANT MINOR EQUIPMENT	\$ 7,533		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ 2,334		\$ -
RENT OTHER	\$ -		\$ -
Total Other Repairs and Maintenance	\$ 119,875	\$ -	\$ -

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

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

*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:				
1/15/2021	Hot Water Heater: Saucier Mechanical	\$ 14,836	180	\$ 1,813
7/4/2021	Nurse Call Upgrades	\$ 23,163	180	\$ 1,802
Total additions for Building Improvements		\$ 37,999		\$ 3,615
Deletions:				
Total deletions for Building Improvements		\$ -		\$ -

*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:				
Total additions for Non-Movable Equipment		\$ -		\$ -
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

***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:				
2/1/2022	Lighting Project: JK Energy Solutions	\$ 223,748	120	\$ 13,052
2/28/2022	Repair Fire Sprinkler: Facilities Comp	\$ 3,267	300	\$ 76
2/14/2022	Replaced Water Tank: Advanced Power Services	\$ 10,635	120	\$ 620
4/7/2022	Replaced Water Heater: Saucier Mechanical	\$ 16,298	120	\$ 679
9/28/2021	Hotwater Heater: Saucier Mechanical SRv	\$ 7,930	120	\$ 793
4/12/2022	Garbage disposal: Direct Supply	\$ 3,142	60	\$ 262
5/2/2022	Doors: S&S Wired	\$ 6,531	120	\$ 218
8/15/2022	Repair AC: Saucier Mechanical	\$ 2,882	120	\$ 24
3/2/2022	Hotwater Heater: Saucier Mechanical SRv	\$ 25,405	120	\$ 1,270
9/6/2022	Air Handler, Exhaust Fans: Saucier	\$ 32,590	240	\$ -
3/22/2022	Air Handler system: Saucier	\$ 7,440	240	\$ 186
Total additions for Leasehold Improvement		\$ 339,867		\$ 17,180 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

****Ties to Page 24, Line C2**

Amortization Schedule*

Name of Facility Universal Healthcare Holdings LLC			License No. 2541		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				259,731	28,787			22,974	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				339,867				17,180	
C-4. Subtotal									40,154
D. Total Amortization									40,154

* 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 Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2022	Page 25	of 37																				
11. Property Questionnaire																								
Part A																								
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.																				
<small>*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.</small>																								
<table border="1"> <thead> <tr> <th>Description</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1. Date Land Purchased</td> <td></td> </tr> <tr> <td>2. Date Structure Completed</td> <td></td> </tr> <tr> <td>3. If NOT Original Owner, Date of Purchase</td> <td>01/11/19</td> </tr> <tr> <td>4. Date of Initial Licensure</td> <td>01/11/19</td> </tr> <tr> <td>5. Total Licensed Bed Capacity</td> <td>150</td> </tr> <tr> <td>6. Square Footage</td> <td>54,138</td> </tr> <tr> <td>7. Acquisition Cost</td> <td></td> </tr> <tr> <td> a. Land</td> <td></td> </tr> <tr> <td> b. Building</td> <td></td> </tr> </tbody> </table>		Description	Total	1. Date Land Purchased		2. Date Structure Completed		3. If NOT Original Owner, Date of Purchase	01/11/19	4. Date of Initial Licensure	01/11/19	5. Total Licensed Bed Capacity	150	6. Square Footage	54,138	7. Acquisition Cost		a. Land		b. Building				
Description	Total																							
1. Date Land Purchased																								
2. Date Structure Completed																								
3. If NOT Original Owner, Date of Purchase	01/11/19																							
4. Date of Initial Licensure	01/11/19																							
5. Total Licensed Bed Capacity	150																							
6. Square Footage	54,138																							
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) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of _____																								
Complete if Mortgage was Refinanced During Current Cost Year																								
g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off																								
Part C - Arms-Length Leases for Real Property Improvements Only																								
Name and Address of Lessor		Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																			

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

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	Other	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount		\$				
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 27	of 37
Item			Total	CCNH	RHNS	Other
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)			\$	3,656	3,656	
INTEREST						
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	3,656	3,656	
14. Insurance						
a. Insurance on Property (buildings only)			\$	7,356	7,356	
b. Insurance on Automobiles			\$			
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)			\$	99,883	99,883	
2. Fire and Extended Coverage			\$			
3. Other (Specify)			\$	15,504	15,504	
Other insurance, crime						
14d. Total Insurance Expenditures (14a + b + c)			\$	122,743	122,743	
15. Total All Expenditures (A-13 thru C-14)			\$	13,841,974	13,841,974	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.		2541	9/30/2022	28 37
			Item Description	Total Amount of Decrease	CCNH	RHNS
						Other
Page 10 - Salaries and Wages						
1.			Outpatient Service Costs	\$		
2.			Salaries not related to Resident Care	\$		
3.			Occupational Therapy	\$		
4.			Other - See attached Schedule	\$		
Page 13 - Professional Fees						
5.			Resident Care Physicians **	\$		
6.			Occupational Therapy	\$		
7.			Other - See attached Schedule	\$		
Pages 15 & 16 - Administrative and General						
8.			Discriminatory Benefits	\$		
9.	15	C	Bad Debts	\$ 324,983	324,983	
10.			Accounting	\$		
10a.			Legal	\$		
11.			Telephone	\$		
12.			Cellular Telephone	\$		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$		
14.			Gifts, flowers and coffee shops	\$		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$		
17.			Automobile Expense (e.g. personal use)	\$		
18.	16	m3	Unallowable Advertising *	\$ 15,115	15,115	
19.			Income Tax / Corporate Business Tax	\$		
20.			Fund Raising / Contributions	\$		
21.			Unallowable Management Fees	\$		
22.			Barber and Beauty	\$		
23.			Other - See attached Schedule	\$ 55	55	
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)			\$ 340,154	340,154		

* 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	Other
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16a		PENALTIES	\$ -		\$ -
16a		LATE FEES	\$ 55		\$ -
16a		PRIOR PERIOD EXPENSES			
		rounding			
Total Other A&G Adjustments			\$ 55	\$ -	\$ -

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

Name of Facility Universal Healthcare Holdings LLC				License No. 2541	Report for Year Ended 9/30/2022		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other	
Subtotals Brought Forward				\$ 340,154	340,154			
Page 20 - Resident Care Supplies***								
27.			Prescription Drugs	\$				
28.	20	5d	Ambulance/Limousine	\$ 5,660	5,660			
29.	20	5f	X-rays, etc	\$ 630	630			
30.	20	5h	Laboratory	\$ 11,355	11,355			
31.			Medical Supplies	\$				
32.			Oxygen (non emergency)	\$				
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 307	307			
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)				\$ 358,106	358,106			

*** 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	Other
20	5J	Non Covered PPS Visits	307.06		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	-		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
Total Other Ancillary Costs			\$ 307	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Attachment Page 29

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ -		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ -		
22	6B	Heat (for outpatient Therapy see schedule)	\$ -		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ -		
22	6D	water (for outpatient therapy see schedule)	\$ -		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ -		
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30 37	
		Item	Total	CCNH	RHNS	Other
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$	11,969,043	11,969,043			
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$	971,786	971,786			
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$	346,881	346,881			
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$	61,953	61,953			
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(61,603)	(61,603)			
c. Prescription Drugs - Non-Medicare	\$	20,403	20,403			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(20,403)	(20,403)			
2. a. Medical Supplies - Medicare	\$	2,179	2,179			
b. Medical Supplies - Medicare Contractual Allowance **	\$	(2,179)	(2,179)			
c. Medical Supplies - Non-Medicare	\$	2,525	2,525			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$	(2,525)	(2,525)			
3. a. Physical Therapy - Medicare	\$	86,758	86,758			
b. Physical Therapy - Medicare Contractual Allowance **	\$	(59,956)	(59,956)			
c. Physical Therapy - Non-Medicare	\$	83,635	83,635			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(83,635)	(83,635)			
4. a. Speech Therapy - Medicare	\$	13,665	13,665			
b. Speech Therapy - Medicare Contractual Allowance **	\$	(7,618)	(7,618)			
c. Speech Therapy - Non-Medicare	\$	25,275	25,275			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(25,275)	(25,275)			
5. a. Occupational Therapy - Medicare	\$	110,298	110,298			
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(72,042)	(72,042)			
c. Occupational Therapy - Non-Medicare	\$	129,128	129,128			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(126,623)	(126,623)			
6. a. Other (<i>Specify</i>) - Medicare	\$	51,463	51,463			
b. Other (<i>Specify</i>) - Non-Medicare	\$	154,088	154,088			
III. Total Resident Revenue (Section I. thru Section II.)	\$	13,567,221	13,567,221			
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>)	\$	123	123			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$	94,209	94,209			
V. Total Other Revenue (1 thru 8)	\$	94,333	94,333			
VI. Total All Revenue (III +V)	\$	13,661,554	13,661,554			

* 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	Other
	Lab Medicare	\$ 3,185		
	Lab Medicare CA	\$ (3,185)		
	Oxygen Medicare	\$ 463		
	Oxygen Medicare CA	\$ (463)		
	Equipment rental	\$ -		
	Equipment rental CA	\$ -		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 693		
	Radiology Medicare CA	\$ (693)		
	IV Therapy	\$ 19,258		
	IV Therapy CA	\$ (19,258)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ -		
	MEDICAID COVID REVENUE	\$ -		
	CRF MEDICAID REVENUE	\$ 100,324		
	MEDICAID WAGE & ENHANCEMENT RESERVE	\$ (48,861)		
	Total Other Resident Revenue - Medicare	\$ 51,463	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	Lab	874		
	Lab CA	(874)		
	Oxygen	\$ 4,850	\$ -	
	Oxygen CA	\$ (4,850)	\$ -	
	Equipment rental	\$ 4,410		
	Equipment rental CA	\$ (4,410)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 146		
	Radiology CA	\$ (146)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 5,086	\$ -	
	IV therapy CA	\$ (5,086)	\$ -	
	Flu shot revenue	\$ 2,100		
	Outpatient therapy	\$ -		
	prior period revenue	\$ 24,951		
	Optum B	\$ 253,883		
	Optum B CA	\$ (126,858)		
	C/A VBP	\$ 14		
	rounding	\$ (2)		
	Total Other Resident Revenue	\$ 154,088	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
	INTEREST INCOME	\$ 123			

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	OTHER INCOME: DMHAS OPERATING REVENUE	\$ -		
	OTHER INCOME: DMHAS ORGANIZATIONAL REV	\$ -		
	OTHER INCOME: DEFERRED REVENUE	\$ 20,625		
	MEDICARE COVID STIMULUS REVENUE	\$ -		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ -		
	OPTUM DIVIDENDS REVENUE	\$ 19,850		
	OPTUM OUTLIERS	\$ -		
	HHS GENERAL FUND REVENUE	\$ -		
	HHS INFECTION CONTROL REVENUE	\$ 53,735		
	CARES ACT REVENUE	\$ -		
	EMPLOYEE TESTING REVENUE	\$ -		
	COVID ECHO TRAINING REVENUE	\$ -		
	Total Other Revenue	\$ 94,209	\$ -	\$ -

G. Balance Sheet

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	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>)			\$ 373,925	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 2,169,995	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$ (316,771)	
a. Prepaid Insurance	57,050			
b. Prepaid Property Taxes	59,994			
c. Prepaid Expenses Other	(433,815)			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$ (853,683)	
Due From (to) Related Parties	(90,338)			
Other Owners reserves	(763,346)			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 1,373,465	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	37,999	\$ 34,385	
	Accum. Depreciation	3,615	Net	
4. Leasehold Improvements	*Historical Cost	599,598	\$ 530,657	
	Accum. Depreciation	68,941	Net	
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation	Net		
6. Movable Equipment	*Historical Cost	348,212	\$ 224,293	
	Accum. Depreciation	123,919	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$ 14,480	
Construction in Progress	14,480			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 803,814	

* 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

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

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 Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2022	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	2,177,279
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>)			\$	88,491
Patient Trust Funds	75,291			
Long Term Deposit - primecare	13,200			
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	88,491
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,265,770

* 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
		9/30/2022	33	37
Account		Amount		
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	478,476
2. Notes Payable (<i>itemize</i>) Working Capital Line of Credit			\$	
See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	543,720
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>)			\$	581,142
Related Party Payables				
Accrued Expenses				
Accrued Resident User Fees				
Accrued Workers Comp Expense			See Schedule	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,603,338

* 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 Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,603,338	
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>)			\$ 75,291	
Patient Trust Funds				
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$ 75,291	
C. Total All Liabilities (Lines A-13 + B-5)			\$ 1,678,630	

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

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2022	Page 35	of 37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 767,560
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ (180,420)
7. Total Net Worth				\$ 587,141
C. Total Reserves and Net Worth				\$ 587,141
D. Total Liabilities, Reserves, and Net Worth				\$ 2,265,770

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Universal Healthcare Holdings LLC	2541	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 13,661,554		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 13,841,974		
D. Net Income or Deficit				\$ (180,420)		
E. Balance				\$ (180,420)		
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				\$ (180,420)		

I. Preparer's/Reviewer's Certification

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	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 checked="" type="checkbox"/> Other		

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 iCare Management, LLC		
Address Address 341 Bidwell Street, Manchester, CT 06040		Phone Number 860-570-2140
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