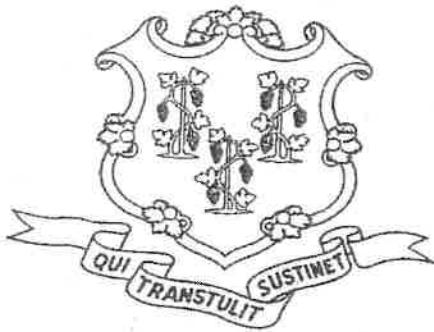


# State of Connecticut



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

Name of Facility (as licensed) New Milford Crossings, LLC / DBA Village Crest Center for Health and Rehabilitation				
Address (No. & Street, City, State, Zip Code) 19 Poplar Street, New Milford, CT 06776				
Type of Facility				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)		
Report for Year Beginning 10/1/2021		Report for Year Ending 9/30/2022		

License Numbers:		CCNH 2330	RHNS	(Specify)	Medicare Provider 07-5208
Medicaid Provider Numbers:		CCNH 8771	RHNS	ICF-IID	

### For Department Use Only

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

State of Connecticut

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

CSP-1 Rev.9/2002

**General Information**

Name of Facility (as licensed) New Milford Crossings, LLC / DBA Village Crest Ce	License No. 2330	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 New Milford Crossings, LLC / DBA Village Crest Center for Health and Rehabilitation [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

(a) Subject to Desk Audit review

Signed (Administrator)	Date	Signed (Owner)	Date
Printed Name (Administrator) Timothy J Flaherty Sr.		Printed Name (Owner) Marvin J. Ostreicher	
Subscribed and Sworn to before me:	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
<b>A. Report of Expenditures - Salaries &amp; Wages</b>	<b>10</b>
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>B. Report of Expenditures - Professional Fees</b>	<b>13</b>
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
<b>C. Expenditures Other than Salaries - Administrative and General</b>	<b>15</b>
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
<b>D. Adjustments to Statement of Expenditures</b>	<b>28</b>
D. Adjustments to Statement of Expenditures (Cont'd)	29
<b>F. Statement of Revenue</b>	<b>30</b>
<b>G. Balance Sheet</b>	<b>31</b>
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
<b>H. Changes in Total Net Worth</b>	<b>36</b>
<b>I. Preparer's/Reviewer's Certification</b>	<b>37</b>

State of Connecticut

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

CSP-1A Rev. 6/95

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

<b>Data Required for Real Wage Adjustment</b>		Page 1A	of 37																																													
Name of Facility New Milford Crossings, LLC / DBA Village Crest Center for Health and Rehabilitation	Period Covered: From 10/1/2021 To 9/30/2022																																															
Address of Facility 19 Poplar Street, New Milford, CT 06776																																																
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 2/8/2023																																														
<table><thead><tr><th>Item</th><th>Total</th><th>CCNH</th><th>RHNS</th><th>(Specify)</th></tr></thead><tbody><tr><td>1. Dietary wages paid</td><td>\$</td><td></td><td></td><td></td></tr><tr><td>2. Laundry wages paid</td><td>\$</td><td></td><td></td><td></td></tr><tr><td>3. Housekeeping wages paid</td><td>\$</td><td></td><td></td><td></td></tr><tr><td>4. Nursing wages paid</td><td>\$</td><td></td><td></td><td></td></tr><tr><td>5. All other wages paid</td><td>\$</td><td></td><td></td><td></td></tr><tr><td>6. <b>Total Wages Paid</b></td><td>\$</td><td></td><td></td><td></td></tr><tr><td>7. Total salaries paid</td><td>\$</td><td></td><td></td><td></td></tr><tr><td>8. <b>Total Wages and Salaries Paid (As per page 10 of Report)</b></td><td>\$</td><td></td><td></td><td></td></tr></tbody></table>				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. <b>Total Wages Paid</b>	\$				7. Total salaries paid	\$				8. <b>Total Wages and Salaries Paid (As per page 10 of Report)</b>	\$			
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. <b>Total Wages Paid</b>	\$																																															
7. Total salaries paid	\$																																															
8. <b>Total Wages and Salaries Paid (As per page 10 of Report)</b>	\$																																															

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 203-354-9365	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) New Milford Crossings, LLC / DBA Village Crest Center for	Address (No. & Street, City, State, Zip ) 19 Poplar Street, New Milford, CT 06776			
License Numbers: CCNH 2330	RHNS	(Specify)		Medicare Provider No. 07-5208
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 <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input checked="" 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.				
N/A				
<b>Administrator</b>				
Name of Administrator Timothy J Flaherty Sr.		Nursing Home Administrator's License No.:		002115
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

State of Connecticut  
**Annual Report of Long-Term Care Facility**  
CSP-3 Rev. 10/2005

## General Information and Questionnaire Partners/Members

**Village Crest Center for Health & Rehab**

**Page 3 Attachment**

**9/30/2022**

<b>Owner</b>	<b>Ownership Percentage</b>
Agnes Zitter	2.083%
Albert David	1.667%
Barry Bokow	1.000%
BNB Healthcare Funds LLC	6.667%
Chaim Goldenberg	5.000%
David Cohen	6.667%
Gerald Neuman	3.333%
Ira Geffner	1.000%
Josef Skocylas	2.000%
Tzivy Roberts	6.667%
Magda Manela	5.000%
Marvin J. Ostreicher	30.749%
Michael Lipman	5.000%
Mordechai Eisen	2.500%
Morris Fuchs	8.333%
Moshe Shaya-Mograby	1.667%
Nathan Pollack	4.167%
Shmuel Rubenstein	2.500%
Tali Skocylas	4.000%
	<hr/>
	100.000%

State of Connecticut

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

CSP-3A Rev. 10/2005

**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility New Milford Crossings, LLC / DBA Village	License No. 2330	Report for Year Ended 9/30/2022	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation N/A	Business Address	State(s) in Which Incorporated	
Name of Directors, Officers N/A	Business Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares N/A			

# General Information and Questionnaire

## Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA Village Crest	2330	9/30/2022	3B	37

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 New Milford Crossings, LLC / DBA Village Crest Cen	License No. 2330	Report for Year Ended 9/30/2022			Page 4	Page 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 type="radio"/> Yes <input checked="" 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 #	
		Yes	No		Cost Reported	Actual Cost to the Related Party
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	Consulting Fees	Pg 16 / Line m12	9,234
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	Interest Expense	Pg 27 Line 12d	2,716
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	Shared Expense	Pg 16 / Line m12	451,910
850 SILAS DEANE	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	Rent	Pg 16 / Line m12	1,286
20Sunrise	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	Rent	Pg 16 / Line m12	13,817
Preferred Therapy Solutions	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	PT, OT, ST Services/Consulting	Various	605,555
NOA DIAGNOSTICS	6851 Jericho Tpke, Suite 150 Syosset, NY 11791	<input type="radio"/>	<input checked="" type="radio"/>	Radiology	Pg. 20 / Line 5f	12,299
PROCARE LTC	1492 Highland Ave Cheshire CT 06410	<input type="radio"/>	<input checked="" type="radio"/>	Drug/OTC/Rx Consulting	Various	355,393
PHARMACY OF CT	See Attached for Continued List	<input type="radio"/>	<input checked="" type="radio"/>	Various	Various	331,405
						1,360,949
						1,360,949

\* Use additional sheets if necessary.

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

**General Information and Questionnaire**  
**Related Parties\***

Name of Facility Village Crest Center for Health & Rehab	Business Address	License No. 2330		Report for Year Ended 9/30/2022	Report for Year Ended 9/30/2022	Page 4a	Page of 37
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**	Page # / Line #		
National HealthCare Associates-Aetna	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	0%	Health Insurance	Page 15 / Line 1a5	567,230
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	0%	Bank Charges	Page 16 / Line m13	14,914
EP New Milford Acquisitions, LLC	850 SILAS DEANE HWY, WETHERSFIELD CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	0%	Facility Lease	Page 22 / Line 9	***372,000
Preferred Professional Services	20 Sunrise Highway, Valley Stream NY 11581	<input type="radio"/>	<input checked="" type="radio"/>	0%	Nursing Agency Various	406,805	406,805

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.  
\*\*\* N/A Medicaid reimbursement is based upon fair rental value system. Replaced during rate setting.

State of Connecticut

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

CSP-5 Rev. 9/2002

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility New Milford Crossings, LLC / DBA Village Cre	License No. 2330	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

N/A

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

N/A

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.

N/A

## General Information and Questionnaire Leases (Excluding Real Property)

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

Is a Mileage Log Book Maintained for All Leased Vehicles?

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

Atmospheric samples are newly atmospheric masses.

Amount should agree to Page 22, Line 6e.

140

Total \*\*\* 44,217

## General Information and Questionnaire Accounting Basis

Name of Facility New Milford Crossings, LLC / DB	License No. 2330	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.

N/A

## Independent Accounting Firm

Name of Accounting Firm 1    Marcum LLP 2    MARTIN FRIEDMAN CPA 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, 8th Floor, New Haven, CT 06511 2600 NOSTRAND AVE. BROOKLYN, NY 11210
--	--

Services Provided by This Firm (*describe fully*)

1	Compilation, preparation of Medicare and Medicaid cost reports and YE tax services	\$ 28,685
2	EE RETENTION CREDIT	\$ 6,000
3		\$
4		\$
	Charge for Services Provided	
		\$ 34,685

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

Yes  No | Page 15, Line 1d

### Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Rogin Nassau, LLC	860-278-7480
2 Corporation Service Company	800-927-9800
3 CHUBB	888-259-6445
4 BERCHEM MOSES PC	203-783-1200
5 Various - See Attached	Various

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

- 1 185 Asylum Street -22nd Floor Hartford CT 06103-3460
- 2 251 Little Falls Drive, Wilmington, DE 19808-1674
- 3 202A Hall's Mill Rd., Whitehouse Station, NJ08889
- 4 75 Broad St, Milford CT 06460
- 5 Various

Services Provided by This Firm (*describe fully*)

1	Refinancing (Disallowed on Pg 28)	\$ 2,005
2	Statutory Representation	\$ 164
3	Brown vs New Milford (Disallowed on Pg 28)	\$ 5,124
4	Eileen Knauf-Coon (Case Ongoing)	\$ 15,501
5	Various - See Attached (\$29,461 Disallowed on Pg 28)	\$ 29,821
		Charge for Services Provided
		\$ 52,615

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

Page 15, Line 1e

Yes       No

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility New Milford Crossings, LLC / DBA Villa	License No. 8771	Report for Year Ended 9/30/2022	Page 7a	of 37
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 CONA ELDER LAW PLLC	631-390-5000			
2 GOLDMAN GRUDER & WOOD	203-899-8900			
3 TREASURER STATE OF CT	860-702-3000			
4 Marshall Fee	N/A			
5				
Address (No. & Street, City, State, Zip Code)				
1 225 Broadhollow Rd, Suite 200 Melville, NY11747				
2 200 CONNECTICUT AVENUE NORWALK CT 06854				
3 55 Elm St #2, Hartford, CT 06106				
4 N/A				
5				
Services Provided by This Firm ( <i>describe fully</i> )				
1 Bank Search	\$ 360			
2 Collections (Disallowed on Pg 28)	\$ 27,661			
3 Conservatorship (Disallowed on Pg 28)	\$ 1,500			
4 Conservatorship (Disallowed on Pg 28)	\$ 300			
5	\$			
			Charge for Services Provided \$ 29,821	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. Page 15, Line 1e				
<input checked="" type="radio"/> Yes <input type="radio"/> No				

## Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended			Report for Year Ended			Page 8	Page of 37		
		9/30/2022			6/30						
		Total All Levels	Total CCNH Level	Total RHNS Level (Specify)	Total	CCNH	RHNS (Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity											
A. On last day of PREVIOUS report period	95	95			95	95					
B. On last day of THIS report period	95	95									
2. Number of Residents											
A. As of midnight of PREVIOUS report period	76	76			76	76					
B. As of midnight of THIS report period	88	88									
3. Total Number of Days Care Provided During Period											
A. Medicare	4,735	4,735			3,535	3,535			1,200	1,200	
B. Medicaid (Conn.)	18,603	18,603			13,895	13,895			4,708	4,708	
C. Medicaid (other states)											
D. Private Pay	3,344	3,344			2,496	2,496			848	848	
E. State SSI for RCH											
F. Other (Specify) Managed Care / Hospice	2,424	2,424			1,637	1,637			787	787	
G. Total Care Days During Period (3A thru F)	29,106	29,106			21,563	21,563			7,543	7,543	
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)	29,106	29,106			21,563	21,563			7,543	7,543	

State of Connecticut  
**Annual Report of Long-Term Care Facility**  
CSP-9 Rev. 9/2002

**Schedule of Resident Statistics (Cont'd)**

Name of Facility New Milford Crossings, LLC / DBA Village C	License No. 2330	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	16	53		19				
Per Diem Rate								
a. One bed rm.	Various	306.66		485.00				
b. Two bed rms.	Various	306.66		455.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,102	2,102		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	9,050	9,050		
<b>D. Total Physical Therapy Treatments</b>	<b>11,152</b>	<b>11,152</b>		

8. Total Number of Speech Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	268	268		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,157	1,157		
<b>D. Total Speech Therapy Treatments</b>	<b>1,425</b>	<b>1,425</b>		

9. Total Number of Occupational Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,464	1,464		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	9,781	9,781		
<b>D. Total Occupational Therapy Treatments</b>	<b>11,245</b>	<b>11,245</b>		

State of Connecticut

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

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended		Page	of
New Milford Crossings, LLC / DBA Village Crest Center for	2330	9/30/2022		10	37
Are time records maintained by all individuals receiving compensation?	<input type="radio"/> Yes <input type="radio"/> No				
		Total Cost and Hours			
Item	CCNH	Hours	RHNS	Hours	(Specify)
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)	8,314	49			
2. Administrator(s) (Complete also Sec. III of Schedule A1)	145,622	2,080			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	271,367	11,253			
5. Dietary Service					
a. Head Dietitian	35,345	723			
b. Food Service Supervisor	69,948	2,180			
c. Dietary Workers	316,728	16,886			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	339,380	19,059			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	84,176	2,196			
b. Other Maintenance Workers	55,007	3,094			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	87,233	5,023			
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	162,938	2,160			
b. RN					
1. Direct Care	602,813	11,149			
2. Administrative**	251,633	4,455			
c. LPN					
1. Direct Care	921,645	26,883			
2. Administrative**					
d. Aides and Attendants	1,039,167	52,957			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	191,607	7,992			
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	92,559	2,790			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	72,896	2,203			
<b>A-13. Total Salary Expenditures</b>	<b>4,748,378</b>	<b>173,132</b>			

\* 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)**

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

\*\* 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.

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

**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				
New Milford Crossings, LLC / DBA Village Crest Center for Health at		2330		9/30/2022		12 of 37				
Name	CCNH	RHNS	(Specify)	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
<b>Section III - Administrators***</b>										
Ann Callahan (10/1/2021 - 1/3/2022)	33,000			Non Discriminatory	Administrator	528	A2			
Timothy J Flaherty Sr. (1/4/2022 - 9/30/2022)	112,622			Non Discriminatory	Administrator	1,552	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

State of Connecticut

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

CSP-13 Rev. 9/2002

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended		Page	of
	2330	9/30/2022		13	37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>					
1. Dietitian					
2. Dentist	7,083	71			
3. Pharmacist	17,234	172			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	268,761	4,343			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	81,225	243			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	67,097	1,018			
b. Other					
10. Occupational Therapist					
a. Resident Care	272,498	4,834			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	81,221	1,185			
2. Administrative***					
b. LPN					
1. Direct Care	80,566	1,545			
2. Administrative***					
c. Aides	315,674	8,949			
d. Other					
12. Other (Specify)					
See Attached Schedule	13,999	137			
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,205,358</b>	<b>22,497</b>			

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

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

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Gerident Solutions, P.O. Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Procare LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist / IV Nursing Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Preferred Thearpy-850 Silas Deane HWY Wethersfield CT	PT, OT, ST	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
NEW MILFORD MEDICAL GROUP LLC 11 Old Park Lane Road New Milford, CT 06776	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. John Mullen - 131 Kent Road, New Milford, CT 06776	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
DANBURY HOSPITAL po box 21278 NEW YORK NY 10087	Physician Fees	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
SDX/SWALLOWING DIAGNOSTICS, LLC, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
MassTex Imaging LLC- 3 Electronics Avenue Suite # 201 Danvers, MA 01923-1099	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Preferred Professional Service - 850 Silas Deane Highway, Wethersfield, CT 06109	Contract RNs / LPNs / CNAs	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
AAA Nursing Care - 3303 Main Street, Stratford, CT 06614	Contract RNs / LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
The Nurse Network - 653 Main Street, Plantsville, CT 06479	Contract RNs / LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
FIVE STAR CARE 410 MEVILLE AVE LAKEWOOD NY 08701	Contract RNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
MAS MEDICAL STAFFING PO BOX 4473 HOUSTON TX 77210	Contract RNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
GERONNURSING REGISTRY NORTHWEST INC-P.O. Box 552-New Milford,CT 06776	Contract RNs / LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

\* Use additional sheets if necessary.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA Village Cre	2330	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 224,237	224,237		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 56,594	56,594		
4. Social Security (F.I.C.A.)	\$ 350,538	350,538		
5. Health Insurance	\$ 567,230	567,230		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 113,644	113,644		
8. Uniform Allowance	\$			
9. Other (Specify) See Attached Schedule	\$ 1,825	1,825		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 240,033	240,033		
d. Accounting and Auditing	\$ 34,685	34,685		
e. Legal (Services should be fully described on Page 7)	\$ 52,615	52,615		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 22,526	22,526		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 43,670	43,670		
2. Cellular Phones	\$ 1,926	1,926		
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*	\$ 59,549	59,549		
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 472,908	472,908		
<b>Subtotal</b>	<b>\$ 2,241,980</b>	<b>2,241,980</b>		

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
Background Checks	\$ -	1,825	
<b>Total</b>	<b>\$ 1,825</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Taxes**

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

### 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)
	<b><i>Subtotals Brought Forward:</i></b>	2,241,980	2,241,980		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	3,515	3,515		
3. Gifts to Staff and Residents	\$	25,150	25,150		
4. Employee Travel	\$	941	941		
5. Education Expenses Related to Seminars and Conventions	\$	15,436	15,436		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$	1,402	1,402		
7. Other (Specify) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	1,200	1,200		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other (Specify)*** See Attached Schedule	\$	60,126	60,126		
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	\$	1,778	1,778		
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$	6,833	6,833		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	300	300		
9. Subscriptions	\$	12,916	12,916		
10. Contributions*** See Attached Schedule	\$	1,250	1,250		
11. Services Provided by Contract (Specify and Complete <i>Schedule C-2, Page 21 for each firm or individual</i> )	\$	146,861	146,861		
12. Administrative Management Services**	\$	476,247	476,247		
13. Other (Specify) See Attached Schedule	\$	163,941	163,941		
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$	<b>3,159,876</b>	<b>3,159,876</b>		

\* Do not include Subscriptions, which should go in item 9.

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

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

## Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	-		
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Promotional Advertising (Disallowed on Pg 28)	\$ 53,505		
Marketing Supplies (Disallowed on Pg 28)	6,621		
<b>Total Other Advertising</b>	<b>\$ 60,126</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CAHCF Dues	\$ 6,833		
<b>Total Dues</b>	<b>\$ 6,833</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Contributions

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

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Amort Exp Good Will-Village Crest (Disallowed on Pg 28a)	\$ 79,000		
Licenses and Permits-Village Crest-Administration	2,514		
Bank Charges-Village Crest-Administration	27,209		
Misc. Expense-NewMilford-Administration (Disallowed on Pg 28a)	22,620		
Prior Period Expense-Village Crest-Administration (Disallowed on Pg 28a)	32,598		
<b>Total Other Administrative and General</b>	<b>\$ 163,941</b>	<b>\$ -</b>	<b>\$ -</b>

State of Connecticut

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

CSP-17 Rev. 10/97

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

Name of Facility	License No.	Report for Year Ended	Page of
New Milford Crossings, LLC / DBA Villa	2330	9/30/2022	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
National Healthcare	476,247	Shared Expenses	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 New Milford Crossings, LLC / DBA Village Crest Cen	License No. 2330	Report for Year Ended 9/30/2022		Page of 18   37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 218,117	218,117		
2. Non-Food Supplies	\$ 42,533	42,533		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 12,984	12,984		
c. Other (Specify) _____ Dietary Equipment Rental	\$ 1,623	1,623		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 275,257	275,257		
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	License No.	Report for Year Ended		Page of
	2330	9/30/2022		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. \$	10,232	10,232	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) Other Supplies / Diapers	\$	23,583	23,583	
<b>3D. Total Laundry Expenditures (3a + b + c )</b>	<b>\$</b>	<b>33,815</b>	<b>33,815</b>	
<b>3E. Laundry Questionnaire</b>				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3D.

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

State of Connecticut

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

CSP-20 Rev. 9/2018

**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 by Personnel				
a. In-House Care	Amt.	\$ 30,797	30,797		
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.	\$ 53	53		
C. Other ( <i>Specify</i> )	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	<b>30,850</b>	<b>30,850</b>		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$	322,210	322,210		
2. Purchased from	\$				
b. Medicine Cabinet Drugs	\$	15,825	15,825		
c. Medical and Therapeutic Supplies	\$	74,089	74,089		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	4,305	4,305		
f. X-rays and Related Radiological Procedures***	\$	12,323	12,323		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	32,153	32,153		
i. Recreation	\$	18,187	18,187		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other ( <i>Specify</i> )**** See Attached Schedule	\$	91,526	91,526		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>570,618</b>	<b>570,618</b>		

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

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

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

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

### **Schedule of Other Resident Care**

**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	\$					
b. Heat	\$	20,433	20,433			
c. Light & Power	\$	153,835	153,835			
d. Water	\$	46,460	46,460			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	44,217	44,217			
f. Other <i>(itemize)</i>	\$	127,803	127,803			
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$	392,748	392,748			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	42,224	42,224			
*7e. <b>Total Depreciation Costs (7a + b + c + d)</b>	\$	42,224	42,224			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$	9,432	9,432			
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	119,937	119,937			
d. Other <i>(Specify)</i>	\$					
*8e. <b>Total Amortization Costs (8a + b + c + d)</b>	\$	129,369	129,369			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	372,000	372,000			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	81,404	81,404			
c. Personal property taxes	\$	5,018	5,018			
11. <b>Total Property Expenses (7e + 8e + 9 + 10)</b>	\$	630,015	630,015			

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

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

## Depreciation Schedule

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

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

\*Ties to Page 23, Line B3

**\*\*Ties to Page 23, Line B2**

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One Movable Category	Cost		Useful Life	Depreciation
			Cost	Depreciation		
1/31/2022	Desktop	Administrative	\$ 1,294	3	\$ 431	
1/31/2022	Desktop	Administrative	1,272	3	424	
2/28/2022	Dell Desktop	Administrative	1,327	3	442	
2/28/2022	Dell Desktop	Administrative	1,059	3	353	
4/30/2022	Oven-Casters-Gas conn. Hose	Administrative	5,415	10	542	
6/30/2022	Gas Oven/6 Burners/Griddle	Administrative	12,618	10	1,262	
6/30/2022	ECG-Basic Main Unit w/ Trolley	Standard Resident	2,644	7	378	
8/31/2022	Dell Desktop/LG Monitor	Administrative	1,628	3	543	
8/31/2022	Qty12-Surrey Chair	Standard Resident	4,541	15	303	
9/30/2022	Qty2- Electric Expandable Bed	Standard Resident	2,873	12	239	
<b>Total additions for Movable Equipment</b>			<b>\$ 34,671</b>			<b>\$ 4,917</b>
<b>Deletions:</b>						
<b>Total deletions for Movable Equipment</b>			<b>\$ -</b>			<b>\$ -</b>

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life		Depreciation
			Cost	Depreciation	
11/23/2021	Emcor - Water Heater	\$ 5,228	10	\$ 523	
11/1/2021	Emcor - Water Heater	3,821	10	382	
12/31/2021	T&S Single reel faucet	1,552	5	310	
1/31/2022	Wireless Transmitter for door	1,763	3	588	
5/31/2022	Hot Water Heater Replacement	18,779	10	1,878	
6/30/2022	Door- Repair Wiring/ADA Button	3,666	10	367	
6/30/2022	HVAC-Rplic Heating elemnts/Fuses	3,916	10	392	
9/30/2022	Replacement-Grease Trap	4,090	20	204	
<b>Total additions for Leasehold Improvements</b>		<b>\$ 42,815</b>			<b>\$ 4,644</b>
<b>Deletions:</b>					
<b>Total deletions for Leasehold Improvements</b>		<b>\$ -</b>			<b>\$ -</b>

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility		License No.		Report for Year Ended		Page			
New Milford Crossings, LLC / DBA Village Crest Center for		2330		9/30/2022		24			
Item	Date of Acquisition	Month	Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate of Amortization for This Year	Page of 37
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	Var	Var	Various	1,387,699	708,695	S/L	Variol	115,293	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	Various	42,815	S/L	Variol	4,644	119,937	
C-4. Subtotal									
D. <b>Total Amortization</b>									119,937

\* Straight-line method must be used.

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

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

**Village Crest Center for Health & Rehab**  
FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2020 Deprec.	2020 A/R	2021 Deprec.	2021 A/R	2022 Deprec.	2022 A/R	2023 Deprec.
<b>LEASEHOLD IMPROVEMENTS</b>												
111	Prior Period Acquisitions (Per 9/30/18 CR)	Various	\$L	Various	1,255,968	121,956	553,544	10,670	674,214	97,626	771,840	484,065
<b>2019 Additions</b>												
111	PAINTING PROJECT	10/31/2018	\$L	5	1,950	378	756	378	1,134	378	1,512	378
111	Q1-2019 HVAC Heat pump	1/1/2019	\$L	15	1,045	160	280	160	309	160	1,102	
111	PAINTING PROJECT	1/1/2019	\$L	5	2,918	584	1,168	584	1,752	584	2,336	584
111	PAINTING PROJECT	1/21/2019	\$L	5	765	153	306	153	459	153	612	153
111	Storage Under designation	1/31/2019	\$L	5	2,032	406	812	406	1,218	406	1,624	406
111	IT Set up	9/30/2019	\$L	3	1,990	663	1,326	663	1,989	1	1,990	-
111	IT Setup-Processor Unit	9/30/2019	\$L	3	1,610	537	1,074	536	1,610	-	1,610	-
111	HVAC	9/30/2019	\$L	15	2,313	154	308	154	462	154	616	1,697
111	FACILITY PAINTING PROJECT	9/30/2019	\$L	5	23,382	4,676	9,352	4,676	14,028	4,676	18,704	4,678
<b>2020 Additions</b>												
111	PAINTING PROJECT	1/31/2019	\$L	5	16,108	3,220	3,222	3,222	6,644	3,222	9,666	6,412
111	PAINTING PROJECT	1/31/2019	\$L	5	3,952	784	784	784	1,568	784	2,352	1,570
111	House Repair	1/31/2019	\$L	15	1,102	70	73	73	146	73	219	883
111	Fire Door Replacement	8/31/2020	\$L	10	3,431	343	343	343	886	343	1,029	2,402
111	HVAC Repair	9/30/2020	\$L	15	2,742	183	183	183	366	183	549	2,193
<b>2021 Additions</b>												
111	Fire Door Replacement	1/31/2021	\$L	10	3,841	-	-	-	288	384	672	3,169
111	House - HVAC Unit	1/31/2021	\$L	10	23,466	-	-	-	1,353	1,353	3,247	4,600
111	AC Split system	6/30/2021	\$L	10	5,398	-	-	-	180	180	540	720
111	HVAC Repair-Radon cap/cool	6/30/2021	\$L	10	11,797	-	-	-	393	393	1,179	1,522
111	HVAC Condenser & Handler	9/30/2021	\$L	10	12,595	-	-	-	105	105	1,260	1,365
<b>2022 Additions</b>												
111	Entire - Noise Heater	1/31/2021	\$L	10	5,228	-	-	-	-	523	523	4,765
111	Entire - Noise Heater	1/31/2021	\$L	10	3,821	-	-	-	-	382	382	3,439
111	T-Bolt Single exit front	1/21/2021	\$L	5	1,552	-	-	-	-	310	310	1,242
111	Wireless Transmitter for door	1/31/2021	\$L	3	1,763	-	-	-	-	588	588	1,173
111	Hot Water Heater Replacement	5/31/2022	\$L	10	18,779	-	-	-	-	1,879	1,879	16,900
111	Door Repair-Wing ADA Buttons	6/30/2022	\$L	10	2,666	-	-	-	-	369	369	2,399
111	HVAC-Replace HVAC vent/Plants	6/30/2022	\$L	10	5,916	-	-	-	-	392	392	3,524
111	Replacement-Ground Trap	9/30/2022	\$L	20	4,090	-	-	-	-	204	204	3,886
<b>TOTAL LEASEHOLD IMPROVEMENTS</b>					<b>1,409,612</b>	<b>134,212</b>	<b>\$13,481</b>	<b>135,244</b>	<b>708,649</b>	<b>119,937</b>	<b>\$16,613</b>	<b>#01,081</b>
<b>Motor Vehicles</b>												
NAME	Prior Period Acquisitions (Per 9/30/18 CR)	Various	\$L	Various	15,661	-	15,661	-	15,661	-	15,661	-
<b>TOTAL Motor Vehicles</b>					<b>15,661</b>	<b>-</b>	<b>15,661</b>	<b>-</b>	<b>15,661</b>	<b>-</b>	<b>15,661</b>	<b>-</b>
<b>MOVABLE EQUIPMENT</b>												
111	Prior Period Acquisitions (Per 9/30/18 CR)	Various	\$L	Various	326,418	37,551	224,379	34,430	248,109	21,084	279,893	46,525
<b>2019 Additions</b>												
MME	What Tris system-CarpetCleaner	10/31/2018	\$L	5	4,207	841	1,642	841	2,523	841	3,764	843
MME	Nobles vacuum	10/31/2018	\$L	10	1,213	121	242	121	363	121	484	729
MME	Convey/center/education/Chrg/	1/31/2019	\$L	10	2,059	206	412	206	618	206	824	1,235
MME	Food Processor, Wax base*	1/31/2019	\$L	10	1,801	180	360	180	546	180	720	1,084
MME	reconditioning machine parts	2/28/2019	\$L	10	5,466	255	10	255	310	255	1,020	1,526
MME	Qty 3 Chrome Book Laptops	2/28/2019	\$L	3	134	278	256	278	834	-	834	(9)
MME	Vital Monitor	4/30/2019	\$L	3	2,033	407	814	407	1,221	407	1,623	405
MME	Desktop Mini PC	5/31/2019	\$L	1	772	251	514	257	771	1	772	0
MME	24 VAC Freedom Wound Monitor	5/31/2019	\$L	5	1,496	299	598	299	897	299	1,196	300
MME	28 VAC Freedom Wound Monitor	5/31/2019	\$L	1	1,434	287	575	287	861	287	1,146	286
MME	Fire Alarm System	6/30/2019	\$L	10	2,047	2,005	4,010	2,005	6,015	2,005	8,028	12,027
MME	Doorstop	7/31/2019	\$L	3	1,501	500	1,000	500	1,500	1	1,501	0
MME	Electric Fridge	8/31/2019	\$L	12	607	51	102	51	153	51	204	403
MME	1 Heavy Duty Feed Blender	8/31/2019	\$L	10	1,267	127	254	127	381	127	508	759
MME	Laptop	9/30/2019	\$L	3	846	282	564	282	846	-	846	(9)
MME	Air Conditioning Unit	9/30/2019	\$L	10	1,563	156	312	156	468	156	624	919
MME	Bed Control Monitor	9/30/2019	\$L	12	654	54	108	54	162	54	216	434
<b>2020 Additions</b>												
MME	Plant Furniture	1/31/2019	\$L	10	903	90	90	90	180	90	270	633
MME	Vinyl Spot Mover	1/30/2019	\$L	7	2,034	291	291	291	533	291	877	1,161
MME	Floor Mop	1/31/2020	\$L	10	757	76	76	76	153	76	228	529
MME	All Purpose Disinfectant w/	1/23/2019	\$L	5	782	156	156	156	312	156	468	314
MME	Keeps Mantle/Mantel	1/31/2020	\$L	8	2,570	322	322	322	644	322	966	1,607
MME	Box Diving Equipment	1/23/2019	\$L	5	2,918	584	584	584	1,168	584	1,752	1,166
MME	Balance Chair	4/30/2020	\$L	5	6,672	1,334	1,334	1,334	2,668	1,334	4,002	2,670
MME	Fridge Freezer	1/23/2019	\$L	10	1,412	141	141	141	344	141	499	955
MME	Laptop/MacBook Laptop	4/30/2020	\$L	3	445	282	282	282	564	281	845	0
MME	Fridge Freezer	1/23/2019	\$L	10	702	70	70	70	149	70	210	492
MME	Plastic Shower Chair	5/31/2020	\$L	5	1,021	204	204	204	408	204	612	409
MME	Gill Zandina PTA/for sanitizing	6/30/2020	\$L	10	819	82	82	82	164	82	246	373
MME	Paper Kit Easy Clean	9/30/2020	\$L	5	1,123	225	225	225	450	225	675	444
<b>2021 Additions</b>												
MME	Laptop	1/26/2020	\$L	3	1,270	-	-	-	388	388	412	459
MME	Color Printer	2/28/2021	\$L	8	1,521	-	-	-	203	203	307	1,014
MME	7/2 Dell Computers	4/30/2021	\$L	3	5,973	-	-	-	995	995	1,991	2,946
MME	Firewall	8/31/2021	\$L	3	8,083	-	-	-	206	206	2,694	5,183
MME	Blade Scanner	6/30/2021	\$L	7	4,334	-	-	-	449	449	619	1,064
MME	Dell Computer	8/31/2021	\$L	3	1,257	-	-	-	70	70	419	419
MME	Dell Computer	8/31/2021	\$L	3	1,321	-	-	-	73	73	440	513
MME	Dell Computer	8/31/2021	\$L	3	1,458	-	-	-	81	81	486	567
<b>2022 Additions</b>												
MME	Desktop	1/21/2022	\$L	3	1,294	-	-	-	-	431	431	867
MME	Computer	1/28/2022	\$L	3	1,725	-	-	-	-	424	424	414
MME	Dell Desktop	2/28/2022	\$L	3	1,327	-	-	-	-	342	442	885
MME	Dell Desktop	2/28/2022	\$L	3	1,059	-	-	-	-	353	353	706
MME	Oven-Casters-Gas can Hone	4/30/2022	\$L	10	5,415	-	-	-	-	542	542	4,173
MME	Gas Oven & Burners/Gasle	6/30/2022	\$L	10	12,618	-	-	-	-	1,262	1,262	11,356
MME	EGC-Basic Main Unit w/ Trolley	6/30/2022	\$L	7	2,644	-	-	-	-	378	378	2,266
MME	Dell Desktop/LG Monitor	8/31/2022	\$L	3	1,628	-	-	-	-	543	543	1,045
MME	Qty 12-Surrey Chair	8/31/2022	\$L	15	4,541	-	-	-	-	303	303	4,231
MME	Qty 2-Electric Expendable Bed	9/30/2022	\$L	12	2,873	-	-	-	-	219	219	2,634
<b>TOTAL MOVABLE EQUIPMENT</b>					<b>453,751</b>	<b>47,714</b>	<b>243,848</b>	<b>47,898</b>	<b>287,997</b>	<b>43,224</b>	<b>310,131</b>	<b>311,618</b>
<b>TOTAL ASSETS PER CR SCHEDULE</b>					<b>1,899,935</b>	<b>181,926</b>	<b>\$19,960</b>	<b>182,103</b>	<b>1,012,263</b>	<b>162,161</b>	<b>1,174,424</b>	<b>725,501</b>
<b>TOTAL ASSETS PER TRIAL BALANCE</b>					<b>1,900,021</b>	<b>181,161</b>	<b>1,171,139</b>	<b>182,161</b>	<b>1,012,193</b>	<b>162,161</b>	<b>1,172,139</b>	<b>727,892</b>
<b>VARIANCE:</b>					( <b>96</b> )	<b>19,765</b>	<b>(341,179)</b>	<b>20,143</b>	<b>(159,876)</b>	<b>-</b>	<b>2,245</b>	<b>(2,381)</b>

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

Name of Facility New Milford Crossings, LLC / DBA V	License No. 2330	Report for Year Ended 9/30/2022	Page 25	of 37
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**11. Property Questionnaire**

**Part A**

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

Yes

No

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

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

Description	Total			
1. Date Land Purchased	08/01/68			
2. Date Structure Completed	06/01/71			
3. If NOT Original Owner, Date of Purchase	02/01/08			
4. Date of Initial Licensure	06/01/71			
5. Total Licensed Bed Capacity	95			
6. Square Footage	44,020			
7. Acquisition Cost				
a. Land	59,000			
b. Building	533,000			

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	07/01/16			
c. Interest Rate for the Cost Year	4.85%			
d. Term of Mortgage (number of years)	5			
e. Amount of Principal Borrowed	1,325,000			
f. Principal balance outstanding as of 09/30/2022	871,890			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	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. <i>Total Building Interest Expense (A1 - A4 + B5)</i>		\$				

(Carry Subtotals forward to next page )

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify) Property / Admin / Computer Loan Interest		\$	40,725	40,725		
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>		\$	40,725	40,725		
14. Insurance						
a. Insurance on Property (buildings only)		\$	12,936	12,936		
b. Insurance on Automobiles		\$	1,484	1,484		
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage )		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify) Liability / Crime Insurance		\$	53,567	53,567		
14d. <b>Total Insurance Expenditures (14a + b + c)</b>		\$	67,987	67,987		
15. <b>Total All Expenditures (A-13 thru C-14)</b>		\$	11,155,627	11,155,627		

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

Name of Facility New Milford Crossings, LLC / DBA Village Crest Center for Health				License No. 2330	Report for Year Ended 9/30/2022		Page of 28   37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b><i>Page 10 - Salaries and Wages</i></b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 14,579	14,579		
<b><i>Page 13 - Professional Fees</i></b>							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 272,498	272,498		
7.			Other - See attached Schedule	\$ 13,999	13,999		
<b><i>Pages 15 &amp; 16 - Administrative and General</i></b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 240,033	240,033		
10.			Accounting	\$			
10a.	15	1e	Legal	\$ 36,590	36,590		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 25,150	25,150		
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.	16	L6	Automobile Expense (e.g. personal use)	\$ 1,402	1,402		
18.	16	m2/3	Unallowable Advertising *	\$ 60,126	60,126		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 1,250	1,250		
21.	16	m12	Unallowable Management Fees	\$ 248,356	248,356		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 197,171	197,171		
<b><i>Page 18 - Dietary Expenditures</i></b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b><i>Page 19 - Laundry Expenditures</i></b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b><i>Page 20 - Housekeeping Expenditures</i></b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,111,154	1,111,154		

\* 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	(Specify)
10	B12o	Admissions Salary Relating to Marketing	\$ 14,579		
<b>Total Other Salaries Adjustment</b>			\$ 14,579	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12o	IV Nursing Consultant	\$ 13,736		
13	B12o	Physician Fees	263		
<b>Total Other Fees Adjustments</b>			\$ 13,999	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Amort Exp Good Will-Village Crest	\$ 79,000		
16	m13	Misc. Expenses-NewMilford-Administration	22,620		
16	m13	Prior Period Expense-Village Crest-Administration	32,598		
15	1k1	CT PET Tax	59,549		
15	Var	Benefits Associated with Marketing Salary	3,104		
16	m8a	Chamber Dues	300		
<b>Total Other A&amp;G Adjustments</b>			\$ 197,171	\$ -	\$ -

**Village Crest Center for Health & Rehab**  
**Calculation of Allowable Management Fee**  
**September 30, 2022**

**Pg. 28c**

<u>Description</u>	<u>Amount</u>
Management fees Charged	476,247 <small>Page 16, Line m12</small>
Accounting Charges	34,685 <small>Page 15, Line 1d</small>
Total Management Fees Per Agreement	<u>510,932</u>
 Patient Days	 29,106 <small>Page 8 of C/R</small>
Imputed Days - 90% Occupancy (365/365 Days)	<u>31,208</u> <small>Calculation</small>
Amount Per Patient Day (Greater of 90% or Actual Days)	\$ <u>16.37</u>
 PPD Allowance Per Client 2021	 7.84
2022 CPI Increase %	<u>1.07</u> <small>J.01b</small>
PPD Allowance 9/30/2022	<u>8.41</u>
 Amount over (Under)	 \$ <u>7.9582</u>
Total Days	<u>31,208</u> <small>Page 8 of C/R</small>
Disallowable Management Fee	<u><u>\$ 248,356</u></u>

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.	2330	9/30/2022		29   37
			Total Amount of Decrease	CCNH	RHNS	
			Subtotals Brought Forward	\$ 1,111,154	1,111,154	
<b><i>Page 20 - Resident Care Supplies***</i></b>						
27.			Prescription Drugs	\$ 322,210	322,210	
28.			Ambulance/Limousine	\$		
29.			X-rays, etc	\$ 12,323	12,323	
30.			Laboratory	\$ 32,153	32,153	
31.			Medical Supplies	\$		
32.			Oxygen (non emergency)	\$ 4,305	4,305	
33.			Occupational Therapy	\$		
34.			Other - See Attached Schedule	\$ 83,861	83,861	
<b><i>Page 22 - Maintenance and Property</i></b>						
35.			Excess Movable Equipment Depreciation			
			See Attached Schedule	\$ 470	470	
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	\$ 1,484	1,484	
<b><i>Page 27 - Insurance</i></b>						
40.			Mortgage Insurance	\$		
41.			Property Insurance	\$		
<b><i>Other - Miscellaneous</i></b>						
42.			Other - Indirect	\$		
43.			Interest Income on Account Rec.	\$		
44.			Other - Miscellaneous Administrative	\$ 1,285	1,285	
45.			Management Fees Direct	\$		
46.			Management Fees Indirect	\$		
47.			Other - Direct	\$		
<b><i>Not For Profit Providers Only</i></b>						
48.			Building/Non Movable Eq. Depreciation			
			Unallowable Building Interest -			
			See Attached Schedule	\$		
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,569,245	1,569,245	

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

### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	Supplies-Village Crest-Rehab Tpy and Anclrry	\$ 180		
20	51	IV Thy Supplies-Village Crest-Rehab Tpy and Anclrr	5,272		
20	51	Equip Rental-Village Crest-Rehab Tpy and Anclrry	10,307		
20	51	Equip Rental-Village Crest-Respiratory	15,311		
20	51	Equip Rental-Village Crest-Nursing	26,478		
20	5i	Cable Television Disallowance (See Attached)	2,734		
20	5c	Med B Nursing Supplies	23,579		
<b>Total Other Ancillary Costs</b>			\$ 83,861	\$ -	\$ -

### 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**

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

**Pg. 29b**

Total Cable TV Expense	9,934	TB Linked
Total Monthly Fee Allowed	\$ 600	
Total Months	12	
Total Allowable Expense	\$ 7,200	
Partial Year Cost Report (365 out of 365 Days)	\$ 365	
Days in Cost Report Year	365	
Partial Year Allowable %	100.00%	
Revised Allowable Cost	\$ 7,200	
<b>Disallowable Expense</b>	<b><u>\$ 2,734</u></b>	<b>{a}</b>

**Tickmark**

{a}

Ties to page 29a

**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)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 7,429,776	7,429,776				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,161,554)	(2,161,554)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,150,514	2,150,514				
b. Medicare Room and Board Contractual Allowance **	\$ (1,743,773)	(1,743,773)				
4. a. Private-Pay Residents and Other	\$ 2,688,330	2,688,330				
b. Private-Pay Room and Board Contractual Allowance **	\$ (285,947)	(285,947)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 343,836	343,836				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (335,708)	(335,708)				
c. Prescription Drugs - Non-Medicare	\$ 283,528	283,528				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (280,737)	(280,737)				
2. a. Medical Supplies - Medicare	\$ 7,472	7,472				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (7,472)	(7,472)				
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 336,135	336,135				
b. Physical Therapy - Medicare Contractual Allowance **	\$ 208,812	208,812				
c. Physical Therapy - Non-Medicare	\$ 224,950	224,950				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (170,587)	(170,587)				
4. a. Speech Therapy - Medicare	\$ 102,401	102,401				
b. Speech Therapy - Medicare Contractual Allowance **	\$ 160,951	160,951				
c. Speech Therapy - Non-Medicare	\$ 70,339	70,339				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (55,449)	(55,449)				
5. a. Occupational Therapy - Medicare	\$ 353,702	353,702				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ 128,216	128,216				
c. Occupational Therapy - Non-Medicare	\$ 242,144	242,144				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (193,390)	(193,390)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 1,632,172	1,632,172				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 281,690	281,690				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 11,410,351	11,410,351				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 475	475				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 272,886	272,886				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 273,361	273,361				
<b>VI. Total All Revenue</b> (III +V)	\$ 11,683,712	11,683,712				

\* 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)
30 II 6a	Medicare A NTA Contra-Village Crest	\$ 596,474		
30 II 6a	Medicare A Nsng Comp Contra-Village Crest	1,004,195		
30 II 6a	Medicare Pt A Lab-Village Crest	36,581		
30 II 6a	Medicare Pt A X-Village Crest	15,552		
30 II 6a	Medicare Pt A Sequestration-Village Crest	(20,327)		
30 II 6a	Medicare Pt B Prior Period-Village Crest	(303)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 1,632,172</b>	<b>\$ -</b>	<b>\$ -</b>

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

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6b	Medicaid Lab-Village Crest	\$ 303		
30 II 6b	Comm Ins Lab-Village Crest	3,037		
30 II 6b	Comm Ins X-Village Crest	887		
30 II 6b	Mgd Medicare NTA Contra-Village Crest	43,519		
30 II 6b	Mgd Medicare Nsng Comp Contra-Village Crest	58,769		
30 II 6b	Mgd Medicare Lab-Village Crest	20,872		
30 II 6b	Mgd Medicare X-Village Crest	8,159		
30 II 6b	Mgd Medicare Prior Period-Village Crest	(2,036)		
30 II 6b	Patient Revenue Capitation -Village Crest	148,180		
<b>Total Other Resident Revenue</b>		<b>\$ 281,690</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest on Money Market Account	462,195	\$ 75		
30 IV 5	Interest on Managed Care Payments	N/A	400		
<b>Total Interest Income</b>		<b>\$ 475</b>	<b>\$ -</b>	<b>\$ -</b>	

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Donation Revenue	\$ 1,550		
30 IV 8	Refund / Rebates (\$685 Disallowed on Pg 29a)	4,300		
30 IV 8	Misc Rev (Disallowed on Pg 29a)	375		
30 IV 8	Stimulus Revenue	246,989		
30 IV 8	Medical Records Revenue (Disallowed on Pg 29a)	225		
30 IV 8	CT PET Tax Income	19,447		
<b>Total Other Revenue</b>		<b>\$ 272,886</b>	<b>\$ -</b>	<b>\$ -</b>

State of Connecticut

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

CSP-31 Rev. 6/95

**G. Balance Sheet**

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	31	37
		Account	Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$ 731,325	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,886,935	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$ 69,493	
5. Prepaid Expenses			\$ 118,851	
a.				
b.				
c.				
d. See Schedule		118,851		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$ 54,540	
CT PET Tax Receivable-NewMilfor		44,540		
Security Deposits-Village Crest		10,000		
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$ 2,861,144	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation	Net		
4. Leasehold Improvements	*Historical Cost	1,430,514	\$	601,882
	Accum. Depreciation	828,632 Net		
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation	Net		
6. Movable Equipment	*Historical Cost	453,750	\$	123,619
	Accum. Depreciation	330,131 Net		
7. Motor Vehicles	*Historical Cost	15,661	\$	
	Accum. Depreciation	15,661 Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$ 85,854	
F/S vs C/R NBV		2,381		
See Schedule		83,473		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$ 811,355	

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

(Carry Total forward to next page)

## Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

31	A5	Prepaid Workers Comp-Village Crest	\$ 15,327
31	A5	Prepaid Gen. Inv-Village Crest	18,813
31	A5	Prepaid Expense Other-Village Crest	10,726
31	A5	Prepaid Real Estate Taxes-Village Crest	20,612
31	A5	Prepaid Personal Property Taxes-Village Crest	1,407
31	A5	Prepaid Maint Assets-Village Crest	12,348
31	A5	CT PFT Deferred Tax-Village Crest	39,618
<b>Total Prepaid Expenses</b>			<b>\$ 118,851</b>

## Schedule of Other Current Assets (Itemized) Page 31 Line A8

Page Ref Line Ref Description

<b>Total Other Current Assets (Itemize)</b>			<b>\$ -</b>

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

Page Ref Line Ref Description

31	B9	Construction in Progress	\$ 83,473
<b>Total Other Other Fixed Assets (Itemize)</b>			<b>\$ 83,473</b>

## Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

<b>Total Other Assets</b>			<b>\$ -</b>

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

Page Ref Line Ref Description

<b>Total Notes Payable</b>			<b>\$ -</b>

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

Page Ref Line Ref Description

33	A12	Unclaimed ADP checks-Village Crest	\$ 1,081
33	A12	Due to Medicaid-Village Crest	(10,303)
33	A12	Due to HMAS-Village Crest	49,723
33	A12	Patients Fund-Village Crest	41,337
33	A12	Accrued Expenses-Village Crest	151,654
33	A12	Accrued Pension-Village Crest	113,644
33	A12	Accrued Worker's Comp-Village Crest	45,001
33	A12	Due to Aging in Amer-Village Crest	15,099
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 407,236</b>

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

Page Ref Line Ref Description

<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>

State of Connecticut

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

CSP-32 Rev. 6/95

**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	\$ 3,672,499
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				\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>				\$
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost	94,317		
	Accum. Depreciation	56,591	Net	\$ 37,726
4. Goodwill (Purchased Only)				\$ 316,000
5. Investments Related to Resident Care (itemize)				\$
6. Loans to Owners or Related Parties (itemize)				\$ 579,400
	Name and Address	Amount	Loan Date	
Due from Related		579,400		
7. Other Assets (itemize)				\$
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>				\$ 933,126
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>				\$ 4,605,625

\* 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 New Milford Crossings, LLC / DBA Village C	License No. 2330	Report for Year Ended 9/30/2022	Page 33	of 37
Account			Amount	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 560,878
2. Notes Payable ( <i>itemize</i> )				\$
See Schedule				
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$ 34,474
Name of Lender	Purpose	Amount	Date Due	
	Equipment Obligation	34,474		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$ 317,666
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> )				\$ 407,236
See Schedule				407,236
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				\$ 1,320,254

\* 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 New Milford Crossings, LLC / DBA Village	License No. 2330	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				1,320,254
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$ 614,701
Name of Lender	Purpose	Amount	Date Due	
	Equipment Obligation LT	614,701		
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 975,842
Name and Address of Lender	Amount	Loan Date		
Due to Realty / Related	975,842			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 1,590,543
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,910,797

State of Connecticut

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

CSP-35 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA V	2330	9/30/2022	35	37
<b>Account</b>				<b>Amount</b>
<b>A. Reserves</b>				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
<b>B. Net Worth</b>				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 1,166,743
6. Gain or Loss for Period 10/1/2021 thru 9/30/2022				\$ 528,085
7. Total Net Worth				\$ 1,694,828
<b>C. Total Reserves and Net Worth</b>				\$ 1,694,828
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 4,605,625

State of Connecticut  
**Annual Report of Long-Term Care Facility**  
CSP-36 Rev. 6/95

## H. Changes in Total Net Worth

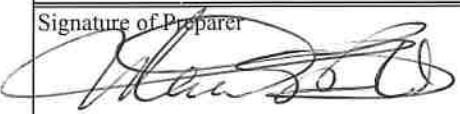
Name of Facility	License No.	Report for Year Ended	Page	of		
		9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ 1,766,743		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$ 11,683,712		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$ 11,155,627		
D. Net Income or Deficit				\$ 528,085		
E. Balance				\$ 2,294,828		
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 Withdrawals ( <i>Specify</i> )				\$ 600,000		
Purpose		Amount				
Partner Drawings		600,000				
3. Total Deductions				\$ 600,000		
H. Balance at End of Period				\$ 1,694,828		

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

Name of Facility New Milford Crossings, LLC / DBA	License No. 2330	Report for Year Ended 9/30/2022	Page of 37   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 Principal	Date Signed 2/9/23
Printed Name of Preparer Matthew S. Bavolack		
Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600
Contacted Person Regarding Additional Information Needed Regarding This Report John Phelps		Phone Number 516-705-4813
Contact Email Address jphelps@nathealthcare.com		