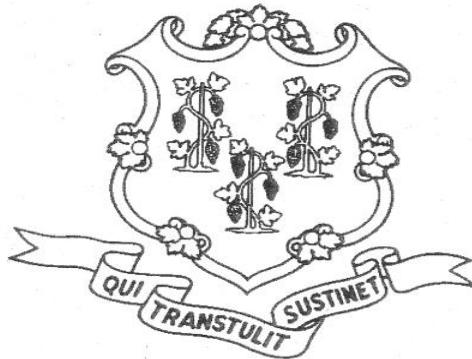


State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2022

Name of Facility (as licensed) St. John Paul II Care and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 33 Lincoln Avenue, Danbury, CT 06810	
Type of Facility	
Chronic and Convalescent <input checked="" type="checkbox"/> 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 2324-C	RHNS	(Specify)	Medicare Provider 07-5354
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 10678	RHNS	ICF-IID
----------------------------	---------------	------	---------

For Department Use Only

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

General Information

Name of Facility (as licensed) St. John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2022	Page 1	of 37
---	-----------------------	------------------------------------	-----------	----------

Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator)	Date	Signed (Owner)	Date
Printed Name (Administrator) Serrano,Maria Ann		Printed Name (Owner) Diane Morris - VP Reimbursement	
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
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility St. John Paul II Care and Rehabilitation Center	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 33 Lincoln Avenue, Danbury, CT 06810				
Report Prepared By Rick Fink	Phone Number 410-494-7657	Date 12/28/2022		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	4,469,740	4,469,740	
5. All other wages paid	\$	894,770	894,770	
6. Total Wages Paid	\$	5,364,510	5,364,510	
7. Total salaries paid	\$	261,506	261,506	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	5,626,016	5,626,016	

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	Report for Year Ended	Page	of
203-797-9300	9/30/2022	2	37

Name of Facility (as shown on license) St. John Paul II Care and Rehabilitation Center	Address (No. & Street, City, State, Zip) 33 Lincoln Avenue, Danbury, CT 06810		
License Numbers: 2324-C	CCNH	RHNS	(Specify)
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 type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust			
If this facility opened or closed during report year provide:	Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.

Administrator

Name of Administrator Serrano,Maria Ann	Nursing Home Administrator's License No.: 2150
--	---

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name	License No.:

General Information and Questionnaire

Partners/Members

General Information and Questionnaire
Corporate Owners

Name of Facility St. John Paul II Care and Rehabilitation Cent	License No. 2324-C	Report for Year Ended 9/30/2022	Page 3A	of 37
---	-----------------------	------------------------------------	------------	----------

If this facility is owned or operated as a corporation, provide the following information:

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

General Information and Questionnaire

Individual Proprietorship

Name of Facility St. John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2022	Page 3B	of 37
---	-----------------------	------------------------------------	------------	----------

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

HBR DANBURY LIMITED PARTNERSHIP

Chain of Ownership

Saint John Paul II Center

Harborside Health I LLC 101 East State Street Kennett Square PA 19348 FEIN: 51-0304578	General Partner of: HBR Danbury Limited Partnership
Harborside Healthcare Advisors, LP 101 East State Street Kennett Square PA 19348 FEIN: 04-2985690	100% Member of Harborside Health I, LLC
Harborside Healthcare LLC 101 East State Street Kennett Square PA 19348 FEIN: 04-3307188	99% Partner of: Harborside Healthcare Advisors, LP
KHI, LLC* 101 East State Street Kennett Square PA 19348	1% Partner of Harborside Healthcare Advisors LP
SunBridge Healthcare LLC 101 East State Street Kennett Square PA 19348 FEIN: 85-0370802	100% Member of Harborside Healthcare LLC
Genesis Holdings LLC 101 East State Street Kennett Square PA 19348 FEIN: 30-0843337 100% Owned by Genesis Healthcare LLC	100% Owner of SunBridge Healthcare LLC

Genesis HealthCare LLC

EIN: 27-3237296
101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations II, LLC (100%)

GEN Operations II, LLC

EIN: 27-3237225
101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations I, LLC (100%)

GEN Operations I, LLC

EIN: 27-3237090
101 East State Street
Kennett Square, PA 19348

Ownership

FC-GEN Operations Investment, LLC (100%)

FC-GEN Operations Investment, LLC

EIN: 27-3237005
101 East State Street
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (approximately 64.0%)

Sundance Rehabilitation Holdco, Inc. (5.2%)

Other members (30.8%) who hold rights to income and losses but no rights as to control:

- Members that are disclosed herein as owners of Genesis Healthcare, Inc. (designated with an *); and

Other members that do not trigger 5% ownership test

Sundance Rehabilitation Holdco, Inc.

EIN: 38-3954180
101 East State Street
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (100%)

Sun Healthcare Group, Inc.

EIN: 13-4230695
101 East State Street
Kennett Square, PA 19348

Ownership

Genesis Healthcare, Inc. (100%)

Genesis Healthcare, Inc.

(publicly traded company on the OTC Market)
(f/k/a Skilled Healthcare Group, Inc.)
EIN: 20-3934755
101 East State Street
Kennett Square, PA 19348

Ownership

HCCF Management Group XI, LLC* (approximately 11.0%)

ZAC Properties XI, LLC* (approximately 7.6%)
Welltower, Inc. (approximately 5.6%)

Others that do not trigger 5% ownership test

HCCF Management Group XI, LLC

EIN: 20-8751674
3820 Mansell Road
Suite 280
Alpharetta, GA 30022

Ownership

[Arnold M. Whitman\[1\]](#)
3820 Mansell Road
Suite 280
Alpharetta, GA 30022

ZAC Properties XI, LLC

EIN: 20-8794579
1617 JFK Boulevard
Suite 545
Philadelphia, PA 19103

Ownership

[1617 JFK Boulevard](#)
Suite 545
Philadelphia, PA 19103
Other members that do not trigger 5% ownership test

[Steven E. Fishman\[2\]](#)

Welltower Inc.
EIN: 34-1096634
4500 Dorr Street
Toledo, OH 43615

Ownership

(publicly traded company on the New York Stock Exchange) _____

[\[1\] HCCF is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Whitman may be considered the b](#)
[\[2\] ZAC Properties is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Fishman may be consider](#)

General Information and Questionnaire

Related Parties*

Name of Facility St. John Paul II Care and Rehabilitation Center		License No. 2324-C	Report for Year Ended 9/30/2022			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.				
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:				
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Home Office	Pg 16/m12	#VALUE!	#VALUE!
Genesis ElderCare Rehabilitation Services GRS	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	74%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	667,882	667,882
		<input type="radio"/>	<input checked="" type="radio"/>					
Genesis ElderCare Physician Services GPS_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12		
Career Staffing Carstaff_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	86%	Nursing Agency/ Temporary Services	Pg 13/B11 pg 10-12, 15	853,089	842,455
Respiratory Health Services NCRHS C	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	61%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	462	462
Insurance Program Insur_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	195,534	195,534
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility St. John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2022	Page 5	of 37
---	-----------------------	------------------------------------	-----------	----------

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

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total ***

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire

Accounting Basis

Name of Facility St. John Paul II Care and Rehabilitation	License No. 2324-C	Report for Year Ended 9/30/2022	Page 7	of 37
--	-----------------------	------------------------------------	-----------	----------

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

Accrual Cash Modified Cash

Is the accounting basis for this

period the same as for the
previous period?

Yes
 No

If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
---	---

Services Provided by This Firm (*describe fully*)

1 Year end financial audit 2 3 4	\$ \$ \$ \$
	Charge for Services Provided \$

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

Yes No

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Goldman Gruder & Woods LLC 2 Wiggin And Dana LLP 3 4 5	Telephone Number 203-899-8900 203-498-4400
--	--

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

1 200 Connecticut Ave Norwalk, CT 06854 2 One Century Tower, New Haven, CT 06508 3 4 5
--

Services Provided by This Firm (*describe fully*)

1 Property Ownership search 2 Deseased record services 3 4 5	\$ \$ \$ \$
	Charge for Services Provided \$

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

Yes No

Schedule of Resident Statistics

Name of Facility St. John Paul II Care and Rehabilitation Center			License No. 2324-C				Report for Year Ended 9/30/2022				Page 8 of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					141	141						
A. On last day of PREVIOUS report period	141	141										
B. On last day of THIS report period	141	141							141	141		
2. Number of Residents					108	108						
A. As of midnight of PREVIOUS report period	108	108										
B. As of midnight of THIS report period	128	128							128	128		
3. Total Number of Days Care Provided During Period					1,872	1,872			685	685		
A. Medicare	2,557	2,557										
B. Medicaid (Conn.)	36,333	36,333			26,778	26,778			9,555	9,555		
C. Medicaid (other states)												
D. Private Pay	2,663	2,663			1,953	1,953			710	710		
E. State SSI for RCH												
F. Other (Specify)	1,958	1,958			1,611	1,611			347	347		
G. Total Care Days During Period (3A thru F)	43,511	43,511			32,214	32,214			11,297	11,297		
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)	43,511	43,511			32,214	32,214			11,297	11,297		

Schedule of Resident Statistics (Cont'd)

Name of Facility St. John Paul II Care and Rehabilitation Cent			License No. 2324-C			Report for Year Ended 9/30/2022			Page 9	of 37												
4. Were there any changes in the certified bed capacity during the report year? If "YES", provide the following information:										<input type="radio"/> Yes	<input checked="" type="radio"/> No											
Date of Change	Place of Change			Change in Beds				Capacity After Change			Reason for Change											
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost		Gained		CCNH (1)	RHNS (2)	(Specify) (3)												
				(1)	(2)	(3)	(1)					(2)	(3)									
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.																						
Change in Resident Days										CCNH	RHNS	(Specify)										
										1st change												
										2nd change												
										3rd change												
										4th change												
6. Number of Residents and Rates on September 30 of Cost Year																						
Item	Medicare		Medicaid		Self-Pay			Other State Assisted														
	CCNH	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR													
No. of Residents	12		104		12																	
Per Diem Rate																						
a. One bed rm.																						
b. Two bed rms.	711.78		289.69		461.33																	
c. Three or more bed rms.																						
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)									
A. Medicare - Part B										2,889	2,889											
B. Medicaid (Exclusive of Part B)																						
1. Maintenance Treatments																						
2. Restorative Treatments										2,266	2,266											
C. Other										7,234	7,234											
D. Total Physical Therapy Treatments										12,389	12,389											
8. Total Number of Speech Therapy Treatments																						
A. Medicare - Part B										401	401											
B. Medicaid (Exclusive of Part B)																						
1. Maintenance Treatments																						
2. Restorative Treatments										567	567											
C. Other										2,122	2,122											
D. Total Speech Therapy Treatments										3,090	3,090											
9. Total Number of Occupational Therapy Treatments																						
A. Medicare - Part B										2,079	2,079											
B. Medicaid (Exclusive of Part B)																						
1. Maintenance Treatments																						
2. Restorative Treatments										2,511	2,511											
C. Other										7,313	7,313											
D. Total Occupational Therapy Treatments										11,903	11,903											

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		10	37
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No					
		Total Cost and Hours			
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	119,432	2,069			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	301,632	11,833			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers					
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers					
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	83,314	2,366			
b. Other Maintenance Workers	54,055	2,215			
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	142,073	2,101			
b. RN					
1. Direct Care	1,506,984	30,342			
2. Administrative**	98,616	2,254			
c. LPN					
1. Direct Care	1,260,775	29,766			
2. Administrative**					
d. Aides and Attendants	1,482,853	63,025			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	210,888	10,075			
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	244,880	7,487			
n. Marketing					
o. Other (Specify) See Attached Schedule	120,512	5,195			
<i>A-13. Total Salary Expenditures</i>	5,626,016	168,728			

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

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility St. John Paul II Care and Rehabilitation Center			License No. 2324-C		Report for Year Ended 9/30/2022			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
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) St. John Paul II Care and Rehabilitation Center				License No. 2324-C		Report for Year Ended 9/30/2022			Page 12	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Serrano,Maria Ann 9/1/2021- 9/30/2021 -	-563				Management of Center	141	2			
Cyr,Raymond 7/22/2021- 9/8/2021 -	14,940				Management of Center	248	2			
Byron,Helen 10/1/2020- 7/21/2021 -	105,055				Management of Center	1,680	2			
Section IV - Assistant Administrators										
-										
-										
-										
-										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
	2324-C	9/30/2022		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	7,848	54			
3. Pharmacist	21,165	432			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	281,936	3,862			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	36,576	194			
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	174,156	2,233			
b. Other					
10. Occupational Therapist					
a. Resident Care	259,581	3,556			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	65,264	1,088			
2. Administrative***					
b. LPN					
1. Direct Care	257,572	6,082			
2. Administrative***					
c. Aides	530,253	21,705			
d. Other					
12. Other (Specify)					
See Attached Schedule	18,514				
B-13 Total Fees Paid in Lieu of Salaries	1,652,865	39,205			

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

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

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

Report of Expenditures

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

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility St. John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2022		Page 15	of 37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 91,150	91,150			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 35,939	35,939			
4. Social Security (F.I.C.A.)	\$ 417,687	417,687			
5. Health Insurance	\$ 323,053	323,053			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 231,575	231,575			
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$ 26,874	26,874			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 176,356	176,356			
d. Accounting and Auditing	\$				
e. Legal (Services should be fully described on Page 7)	\$				
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$ 16,186	16,186			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 18,813	18,813			
2. Cellular Phones	\$ 1,912	1,912			
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$ 349	349			
3. Resident Day User Fee	\$ 823,185	823,185			
Subtotal	\$ 2,163,079	2,163,079			

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
0	\$ -	\$ -	\$ -
-	\$ 349	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total	\$ 349	\$ -	\$ -

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

Name of Facility St. John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2022		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	2,163,079	2,163,079		
I. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	212	212		
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	1,454	1,454		
5. Education Expenses Related to Seminars and Conventions	\$	600	600		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	27,478	27,478		
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	\$	1,866	1,866		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	12,887	12,887		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	102	102		
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	1,418	1,418		
12. Administrative Management Services**	\$	692,086	692,086		
13. Other (<i>Specify</i>) See Attached Schedule	\$	133,529	133,529		
C-14 Total Administrative & General Expenditures	\$	3,034,711	3,034,711		

* 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)
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 20,479	\$ -	\$ -
Marketing Expense	\$ 3,384	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 3,593	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ -	\$ -	\$ -
Marketing Expense	\$ 22	\$ -	\$ -
	\$ -	\$ -	\$ -
Total Other Advertising	\$ 27,478	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 12,887	\$ -	\$ -
Dues to Chamber of Commerce	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Dues	\$ 12,887	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ -	\$ -	\$ -
Political Contributions	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 8,153	\$ -	\$ -
Collection Fees	\$ 54,543	self-disallowed	\$ -
Education Expense	\$ -	\$ -	\$ -
Employee Physicals	\$ 11,721	\$ -	\$ -
Employee Relations	\$ 6,366	\$ -	\$ -
Printing	\$ 203	\$ -	\$ -
Training Expense	\$ 212	\$ -	\$ -
Fines & Penalties	\$ 8,500	self-disallowed	\$ -
Miscellaneous	\$ (0)	\$ -	\$ -
Rental Expense	\$ 2,484	\$ -	\$ -
Accrued Expense Estimation	\$ -	self-disallowed	\$ -
Landlord Operating Taxes	\$ -	\$ -	\$ -
State Tax Annual Report Filing	\$ 845	\$ -	\$ -
Recruiting Fees	\$ 39,691	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Non-recurring Charges	\$ -	\$ -	\$ -
Uniforms	\$ -	\$ -	\$ -
Equipment Non-Capitalized	\$ 811	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Other Administrative and General	\$ 133,529	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility St. John Paul II Care and Rehabilitation C	License No. 2324-C	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Administrative Services LLC, 101 East St., Kennett Square, PA 19348	#VALUE!	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

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

Name of Facility St. John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2022	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 223,687	223,687		
2. Non-Food Supplies	\$ 27,809	27,809		
3. Other (Specify) _____	\$ (42)	(42)		
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 694,640	694,640		
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 946,094	946,094		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility St. John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2022		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	6,164	6,164		
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. \$	19,549	19,549		
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	231,816	231,816		
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	257,529	257,529		
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 St. John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 12,685	12,685		
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.	\$ 375,492	375,492		
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	388,177	388,177		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	137,965	137,965		
b. Medicine Cabinet Drugs	\$	31,807	31,807		
c. Medical and Therapeutic Supplies	\$	228,519	228,519		
d. Ambulance/Limousine***	\$	8,497	8,497		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	3,487	3,487		
f. X-rays and Related Radiological Procedures***	\$	8,762	8,762		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	41,028	41,028		
i. Recreation	\$	28,737	28,737		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	105,850	105,850		
5M. Total Resident Care Expenditures (5a - 5j)	\$	594,652	594,652		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Incontinency	\$ 51,405	\$ -	\$ -
Advertising-Help Wanted	\$ (43)	\$ -	\$ -
Advertising-Help Wanted	\$ 16,291	\$ -	\$ -
Books, Dues & Subscriptions	\$ -	\$ -	\$ -
Education Expense	\$ 41	\$ -	\$ -
Supplies	\$ 186	\$ -	\$ -
Supplies	\$ 5,880	\$ -	\$ -
Supplies	\$ 40	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ 400	\$ -	\$ -
Training Expense	\$ 9,766	\$ -	\$ -
Rental Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 9,396	\$ -	\$ -
Consolidated Billing	\$ 10,488	\$ -	\$ -
Tuition Reimbursement	\$ 2,000	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Miscellaneous	\$ -	\$ -	\$ -
Licenses & Certifications	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Meetings & Seminars	\$ -	\$ -	\$ -
	0	\$ -	\$ -
Total Other Resident Care	\$ 105,850	\$ -	\$ -

Report of Expenditures

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility St. John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2022			Page 22 37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 404,658	404,658			
b. Heat	\$ 66,687	66,687			
c. Light & Power	\$ 139,138	139,138			
d. Water	\$ 63,680	63,680			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$				
f. Other (<i>itemize</i>)	\$				
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 674,163	674,163			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 8,953	8,953			
b. Building & Building Improvements	\$ 12,006	12,006			
c. Non-Movable Equipment	\$ 513	513			
d. Movable Equipment	\$ 29,989	29,989			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 51,461	51,461			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 828,041	828,041			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 181,115	181,115			
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,060,617	1,060,617			

* 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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2021	Repaving Parking Lot - 2 entire sections	\$ 65,008	07 02	\$ 8,315
Total additions for Land Improvements		\$ 65,008		\$ 8,315
Deletions:				
10/1/2021	Reversed-September 2021 DSSI Accrual	\$ (65,008)		
Total deletions for Land Improvements		\$ (65,008)		\$ -

***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:				
1/31/2022	New 6" Chilled Water Piping & Victaulic F	\$ 31,084	06 11	\$ 2,996
2/28/2022	Replaced Part of Chiller Piping that was c	\$ 11,393	06 10	\$ 973
3/31/2022	Domestic Water Iso Valves for all BR's in	\$ 29,439	06 09	\$ 2,181
8/31/2022	2nd Floor Shut Off Valve to sinks & toilets	\$ 26,768	06 04	\$ 352
5/31/2022	Electronic Door Edge for Elevator Payme	\$ 2,419	06 07	\$ 122
7/31/2022	Elevator Power Unit	\$ 18,974	06 05	\$ 493
8/31/2022	Electronic Door Edge for Elevator Payme	\$ 2,419	06 04	\$ 32
Total additions for Building Improvements		\$ 122,496		\$ 7,149
Deletions:				
10/1/2021	Reversed-September 2021 DSSI Accrual	\$ (898)		
10/1/2021	Reversed-September 2021 DSSI Accrual	\$ (1,762)		
Total deletions for Building Improvements		\$ (2,659)		\$ -

***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**

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

St. John Paul II Care and Rehabilitation Center
 Depreciation Expense Report
 As of September 30, 2022

1,214,157.13

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT
57005	150075	Non Mova	006814	000	Sun Valuat	12/1/2012	135,970.00	P
57005	150080	Movable E	006815	000	Sun Valuat	12/1/2012	16,680.00	P
57005	150088	Movable E	006816	000	Sun Valuat	12/1/2012	8,620.00	P
57005	150110	Movable E	006817	000	Sun Valuat	12/1/2012	24,390.00	P
57005	150085	Movable E	007056	000	PARTS&M	12/31/2012	1,367.13	P
57005	150085	Movable E	007057	000	MATTRE	12/31/2012	582.50	P
57005	150085	Movable E	007173	000	C45 Hatco	2/28/2013	3,142.64	P
57005	150085	Movable E	007174	000	Thermos	2/28/2013	1,099.34	P
57005	150080	Movable E	007270	000	2 Coby 23	4/30/2013	464.20	P
57005	150080	Movable E	007271	000	Coby 32 in	4/30/2013	472.26	P
57005	150080	Movable E	007361	000	LED HDT	5/31/2013	353.71	P
57005	150088	Movable E	007360	000	12 MATTI	5/31/2013	2,897.10	P
57005	150080	Movable E	007655	000	LED HDT	7/31/2013	353.52	P
57005	150080	Movable E	007656	000	LED HDT	7/31/2013	353.52	P
57005	150080	Movable E	007658	000	Spot Vital	7/31/2013	4,638.90	P
57005	150085	Movable E	007657	000	Double de	7/31/2013	7,163.67	P
57005	150100	Movable E	007787	000	Abram Mi	8/31/2013	287.58	P
57005	150080	Movable E	007894	000	32 in LED	9/30/2013	353.52	P
57005	150080	Movable E	007895	000	LED HD T	9/30/2013	353.52	P
57005	150080	Movable E	007978	000	Spot Vital	10/31/2013	4,638.90	P
57005	150080	Movable E	008065	000	LG 26i 72	11/30/2013	304.15	P
57005	150085	Movable E	008512	000	Direct Cho	3/31/2014	281.85	P
57005	150085	Movable E	008601	000	Big Blue B	4/30/2014	461.68	P
57005	150088	Movable E	008602	000	10 MATTI	4/30/2014	3,137.33	P
57005	150100	Movable E	008731	000	Credit Car	5/31/2014	73.07	P
57005	150110	Movable E	008846	000	printer	6/30/2014	319.04	P
57005	150080	Movable E	008947	000	BVI 6100	7/31/2014	9,314.14	P
57005	150110	Movable E	008948	000	HP Laserje	7/31/2014	529.85	P
57005	150085	Movable E	009028	000	3 mini blin	8/31/2014	430.72	P
57005	150085	Movable E	009067	000	4 Tracer E	9/30/2014	733.59	P
57005	150085	Movable E	009175	000	Electric rai	10/31/2014	1,650.52	P
57005	150085	Movable E	009299	000	(2) 1.6 cu	12/31/2014	1,055.08	P
57005	150080	Movable E	009388	000	Sales and I	1/31/2015	724.00	P
57005	150050	Bldg Imp	009434	000	Motherboa	2/28/2015	2,373.73	R
57005	150085	Movable E	009433	000	window tre	2/28/2015	446.67	P
57005	150080	Movable E	009851	000	Insignia 32	7/31/2015	261.45	P

57005	150080	Movable E009854	000	Attendant	7/31/2015	2,155.74	P
57005	150080	Movable E009855	000	Attendant	7/31/2015	2,155.74	P
57005	150080	Movable E009857	000	Continu.us	7/31/2015	722.41	P
57005	150080	Movable E009858	000	Outdoor fu	7/31/2015	3,440.05	P
57005	150085	Movable E009856	000	2 Resident	7/31/2015	812.61	P
57005	150100	Movable E009852	000	Solutions S	7/31/2015	3,007.58	P
57005	150100	Movable E009853	000	HON Volt	7/31/2015	356.35	P
57005	150050	Bldg Imp 010007	000	KABA He	8/31/2015	363.59	R
57005	150080	Movable E010009	000	Rice Lake	8/31/2015	1,136.93	P
57005	150085	Movable E010010	000	25 dining c	8/31/2015	6,646.31	P
57005	150085	Movable E010011	000	Height Adj	8/31/2015	398.38	P
57005	150100	Movable E010008	000	Solutions S	8/31/2015	1,073.07	P
57005	150057	Bldg Imp 010035	000	Ceiling fix	9/30/2015	1,419.77	R
57005	150085	Movable E010033	000	Tracker II	9/30/2015	355.98	P
57005	150085	Movable E010034	000	2 PANACI	9/30/2015	352.98	P
57005	150087	Movable E010036	000	Easy Tilt S	9/30/2015	547.68	P
57005	150025	Land Imp 010136	000	Concrete s	10/31/2015	19,422.00	R
57005	150050	Bldg Imp 010135	000	Pressure sv	10/31/2015	523.39	R
57005	150085	Movable E010134	000	3 Tracer w	10/31/2015	560.68	P
57005	150025	Land Imp 010232	000	Valencia F	11/30/2015	797.62	R
57005	150085	Movable E010229	000	Maxwell T	11/30/2015	794.43	P
57005	150085	Movable E010230	000	8 Bristol C	11/30/2015	3,584.38	P
57005	150088	Movable E010226	000	MATTRE	11/30/2015	364.41	P
57005	150088	Movable E010227	000	3 MATTR	11/30/2015	850.11	P
57005	150088	Movable E010228	000	4 MATTR	11/30/2015	1,133.48	P
57005	150100	Movable E010231	000	Concept 40	11/30/2015	1,804.76	P
57005	150050	Bldg Imp 010473	000	50% depos	2/29/2016	478.95	R
57005	150117	Movable E010472	000	Durafon pl	2/29/2016	1,827.44	P
57005	150057	Bldg Imp 010630	000	Innbrck 62	3/31/2016	409.83	R
57005	150080	Movable E010628	000	Sales and I	3/31/2016	116.00	P
57005	150080	Movable E010629	000	2 Continu.	3/31/2016	742.45	P
57005	150085	Movable E010627	000	5 Direct Cl	3/31/2016	399.76	P
57005	150050	Bldg Imp 010760	000	Added 4 sq	4/30/2016	2,545.99	R
57005	150080	Movable E010759	000	Rice Lake	4/30/2016	1,904.71	P
57005	150057	Bldg Imp 010872	000	WALLCO	5/31/2016	884.36	R
57005	150050	Bldg Imp 011014	000	Final payr	7/31/2016	478.94	R
57005	150085	Movable E011012	000	4 Tracer E	7/31/2016	699.92	P
57005	150085	Movable E011013	000	WHIRLPC	7/31/2016	652.98	P
57005	150087	Movable E011015	000	BeasyTran	7/31/2016	350.94	P
57005	150080	Movable E011146	000	Kangaroo	8/31/2016	598.74	P
57005	150085	Movable E011145	000	Meridian i	8/31/2016	3,741.36	P
57005	150080	Movable E011182	000	Attendant	9/30/2016	7,668.65	P
57005	150085	Movable E011181	000	Tracer IV	9/30/2016	1,661.88	P
57005	150088	Movable E011180	000	6 MATTR	9/30/2016	1,882.40	P
57005	150115	Movable E011289	000	1 Cisco Ai	10/31/2016	454.21	P

57005	150110	Movable	E011525	000	1 HP Laser	1/31/2017	276.92	P
57005	150110	Movable	E011526	000	1 Belkin W	1/31/2017	3.59	P
57005	150080	Movable	E011624	000	Reliant 350	2/28/2017	5,319.50	P
57005	150080	Movable	E011625	000	Attendant	2/28/2017	1,712.24	P
57005	150080	Movable	E011831	000	48i Round	3/31/2017	2,214.00	P
57005	150085	Movable	E011826	000	3 Direct Cl	3/31/2017	242.41	P
57005	150085	Movable	E011829	000	Single Uni	3/31/2017	372.15	P
57005	150085	Movable	E011830	000	MERIDIA	3/31/2017	3,833.95	P
57005	150100	Movable	E011828	000	Jam Proof	3/31/2017	437.50	P
57005	150110	Movable	E011827	000	1 HP Laser	3/31/2017	284.97	P
57005	150050	Bldg Imp	012931	000	Roof Work	6/30/2017	96,252.99	R
57005	150050	Bldg Imp	013009	000	Roof Work	6/30/2017	2,820.08	R
57005	150085	Movable	E012034	000	Thera Glid	6/30/2017	897.00	P
57005	150085	Movable	E012035	000	5-Thera Gl	6/30/2017	5,079.85	P
57005	150080	Movable	E012108	000	Haier Porta	7/31/2017	347.43	P
57005	150088	Movable	E012109	000	Aluminum	7/31/2017	1,282.20	P
57005	150088	Movable	E012238	000	61 MATTI	9/30/2017	14,726.93	P
57005	150050	Bldg Imp	012474	000	3" Badger	12/31/2017	2,169.47	R
57005	150080	Movable	E012530	000	Insignia Re	1/31/2018	213.00	P
57005	150085	Movable	E012529	000	GENESIS	1/31/2018	2,051.48	P
57005	150085	Movable	E012531	000	Tracer SX	1/31/2018	198.98	P
57005	150085	Movable	E012532	000	Hotpoint 1	1/31/2018	594.99	P
57005	150075	Non Mova	012605	000	(1) 75lb ca	2/28/2018	8,425.05	P
57005	150087	Movable	E012604	000	2 Comfort	2/28/2018	711.66	P
57005	150057	Bldg Imp	012677	000	Video Surv	3/31/2018	15,925.91	R
57005	150057	Bldg Imp	012678	000	Aiphone Ir	3/31/2018	725.84	R
57005	150080	Movable	E012676	000	Rice Lake	3/31/2018	1,975.52	P
57005	150085	Movable	E012675	000	Hotpoint 1	3/31/2018	594.99	P
57005	150088	Movable	E012674	000	DermaFlo	3/31/2018	2,143.14	P
57005	150080	Movable	E012770	000	2 RCA 40"	4/30/2018	953.10	P
57005	150085	Movable	E012767	000	KEURIG F	4/30/2018	304.32	P
57005	150085	Movable	E012768	000	OmniCycle	4/30/2018	6,487.36	P
57005	150085	Movable	E012769	000	3 Tracer IV	4/30/2018	776.94	P
57005	150080	Movable	E012852	000	Garden Be	5/31/2018	532.17	P
57005	150050	Bldg Imp	012935	000	Roof Repla	6/30/2018	167,645.00	R
57005	150080	Movable	E012932	000	Connecticut	6/30/2018	34.00	P
57005	150080	Movable	E012934	000	(2) 48" Ga	6/30/2018	1,112.79	P
57005	150085	Movable	E012933	000	Counter To	6/30/2018	658.16	P
57005	150110	Movable	E013169	000	LED TV	9/30/2018	287.98	P
57005	150057	Bldg Imp	013243	2019	New floors	10/31/2018	2,275.15	R
57005	150085	Movable	E013242	2019	24 curtains	10/31/2018	4,736.38	P
57005	150117	Movable	E013339	2019	Cabling fo	11/30/2018	2,924.63	P
57005	150050	Bldg Imp	013325	2019	Flooring	12/31/2018	11,613.42	R
57005	150057	Bldg Imp	013326	2019	New Floor	12/31/2018	80,219.47	R
57005	150050	Bldg Imp	013497	2019	Replaced	01/31/19	3,307.34	R

57005	150057	Bldg Imp	013580	2019	Painting 1s	01/31/19	3,900.00	R
57005	150050	Bldg Imp	013678	2019	Upgrade tc	03/31/19	6,013.74	R
57005	150055	Bldg Imp	013679	2019	Main Powe	03/31/19	13,648.35	R
57005	150085	Movable E	013677	2019	Stainless S	03/31/19	1,227.98	P
57005	150110	Movable E	013676	2019	Replaced I	03/31/19	465.31	P
57005	150080	Movable E	013786	2019	Record Sal	04/30/19	78.00	P
57005	150075	Non Mova	013869	2019	Upgrade A	05/31/19	3,469.40	P
57005	150085	Movable E	013868	2019	5 UCXT B	05/31/19	7,829.00	P
57005	150080	Movable E	013981	2019	Record Sal	06/30/19	497.00	P
57005	150020	Land Imp	015295	2020	LED Light	09/30/20	5,264.33	R
57005	150050	Bldg Imp	014773	2020	Hollow M	03/31/20	4,679.40	R
57005	150057	Bldg Imp	014667	2020	Vending M	02/29/20	10,185.14	P
57005	150080	Movable E	014859	2020	6 - Reliant	04/30/20	663.50	P
57005	150080	Movable E	014860	2020	60 - Slings	04/30/20	6,186.17	P
57005	150080	Movable E	014861	2020	2 - Reliant	04/30/20	3,041.57	P
57005	150080	Movable E	014862	2020	3 - Reliant	04/30/20	4,562.35	P
57005	150080	Movable E	014863	2020	Reliant 60	04/30/20	2,564.08	P
57005	150080	Movable E	014864	2020	6 - Digital	04/30/20	4,850.50	P
57005	150080	Movable E	014865	2020	4 - Reliant	04/30/20	10,294.59	P
57005	150080	Movable E	014950	2020	Flat Panel	04/30/20	127.59	P
57005	150080	Movable E	015051	2020	3 - Connex	06/30/20	9,107.56	P
57005	150080	Movable E	015052	2020	3 - Connex	06/30/20	1,173.14	P
57005	150080	Movable E	015053	2020	15 - Invaca	06/30/20	8,191.29	P
57005	150080	Movable E	015154	2020	Rice Lake	07/31/20	1,222.84	P
57005	150080	Movable E	015294	2020	Continu.us	09/30/20	254.25	P
57005	150080	Movable E	015296	2020	Reliant 45	09/30/20	1,520.78	P
57005	150080	Movable E	015297	2020	Digital Lif	09/30/20	825.25	P
57005	150085	Movable E	014580	2020	Blixer 7 Li	01/31/20	4,411.29	P
57005	150085	Movable E	014581	2020	5 UltraCar	01/31/20	8,326.14	P
57005	150085	Movable E	014771	2020	40 - Overb	03/31/20	3,062.03	P
57005	150085	Movable E	014772	2020	UltraCare	03/31/20	1,787.87	P
57005	150085	Movable E	014866	2020	Meal Tran	04/30/20	2,625.65	P
57005	150085	Movable E	015050	2020	7 - UltraC	06/30/20	11,675.17	P
57005	150085	Movable E	015153	2020	Meridian C	07/31/20	3,286.19	P
57005	150088	Movable E	014348	2020	Promatt Pl	10/31/19	1,866.42	P
57005	150088	Movable E	014858	2020	7 - Panace	04/30/20	1,488.75	P
57005	150088	Movable E	014951	2020	28 - Panac	05/31/20	6,146.43	P
57005	150110	Movable E	015049	2020	Laptop for	06/30/20	1,192.50	P
57005	150117	Movable E	015152	2020	Data Drop	07/31/20	255.00	P
57005	150080	Movable E	015365	2021	2 - Continu	10/31/20	\$ 482	P
57005	150080	Movable E	015454	2021	Continu.us	11/30/20	\$ 254	P
57005	150080	Movable E	015455	2021	Continu.us	11/30/20	\$ 254	P
57005	150080	Movable E	015456	2021	Continu.us	11/30/20	\$ 254	P
57005	150080	Movable E	015553	2021	Continu.us	12/31/20	\$ 254	P
57005	150080	Movable E	015554	2021	Continu.u	12/31/20	\$ 254	P

57005	150080	Movable E	015555	2021	Continu.us	12/31/20	\$	254	P
57005	150080	Movable E	015612	2021	Record Sal	01/31/21	\$	398	P
57005	150080	Movable E	015613	2021	Continu.us	01/31/21	\$	222	P
57005	150080	Movable E	015670	2021	Continu.us	02/28/21	\$	222	P
57005	150080	Movable E	015671	2021	Continu.us	02/28/21	\$	222	P
57005	150080	Movable E	015674	2021	New 75lb	02/28/21	\$	7,334	P
57005	150080	Movable E	015723	2021	Continu.us	03/31/21	\$	222	P
57005	150080	Movable E	015724	2021	Continu.us	03/31/21	\$	222	P
57005	150080	Movable E	015725	2021	Continu.us	03/31/21	\$	222	P
57005	150080	Movable E	015726	2021	Continu.us	03/31/21	\$	222	P
57005	150080	Movable E	015805	2021	Continu.us	04/30/21	\$	222	P
57005	150080	Movable E	015812	2021	Continu.us	04/30/21	\$	222	P
57005	150080	Movable E	015813	2021	Continu.us	04/30/21	\$	222	P
57005	150080	Movable E	015883	2021	Continu.us	05/31/21	\$	222	P
57005	150080	Movable E	015885	2021	Performan	05/31/21	\$	942	P
57005	150085	Movable E	015558	2021	Refrigerato	12/31/20	\$	3,741	P
57005	150085	Movable E	015673	2021	SteamChe	02/28/21	\$	9,427	P
57005	150085	Movable E	015728	2021	10 - Tracer	03/31/21	\$	2,220	P
57005	150085	Movable E	015806	2021	Panacea B	04/30/21	\$	103	P
57005	150085	Movable E	015807	2021	Tracer IV	04/30/21	\$	360	P
57005	150085	Movable E	015808	2021	13 - Maxw	04/30/21	\$	10,712	P
57005	150085	Movable E	015809	2021	Meal Tran	04/30/21	\$	2,682	P
57005	150085	Movable E	015810	2021	Hobart Tra	04/30/21	\$	902	P
57005	150085	Movable E	015986	2021	Tracer EX	07/31/21	\$	222	P
57005	150085	Movable E	016042	2021	6 - UltraCa	08/31/21	\$	10,474	P
57005	150087	Movable E	015367	2021	Steel Rolli	10/31/20	\$	318	P
57005	150088	Movable E	015457	2021	2 - Genesis	11/30/20	\$	3,609	P
57005	150088	Movable E	015557	2021	2 - Promat	12/31/20	\$	3,609	P
57005	150088	Movable E	015811	2021	Panacea O	04/30/21	\$	440	P
57005	150088	Movable E	015884	2021	27 - Panac	05/31/21	\$	5,800	P
57005	150088	Movable E	015931	2021	Custom Fo	06/30/21	\$	281	P
57005	150088	Movable E	015985	2021	Panacea C	07/31/21	\$	293	P
57005	150100	Movable E	015672	2021	1 - Four D	02/28/21	\$	729	P
57005	150110	Movable E	015366	2021	HP Laserje	10/31/20	\$	485	P
57005	150110	Movable E	016041	2021	HP Laserje	08/31/21	\$	401	P
57005	150117	Movable E	015556	2021	Expansion	12/31/20	\$	6,275	P
57005	150117	Movable E	015727	2021	Engenius F	03/31/21	\$	3,323	P
57005	150087	Movable E	015505	2021	(3) Genesi	10/31/20	\$	760	P
57005	150055	Bldg Imp	016043	2021	New Hollid	08/31/21	\$	3,125	P
57005	150025	Land Imp	016097	2022	Repaving I	10/31/21		65,008.03	R
57005	150050	Bldg Imp	016131	2022	New 6" Ch	01/31/22		31,084.37	R
57005	150050	Bldg Imp	016147	2022	Replaced P	02/28/22		11,393.28	R
57005	150050	Bldg Imp	016168	2022	Domestic V	03/31/22		29,439.00	R
57005	150050	Bldg Imp	016262	2022	2nd Floor	08/31/22		26,768.23	R
57005	150055	Bldg Imp	016206	2022	Electronic	05/31/22		2,418.72	R

57005	150055	Bldg Imp	016246	2022 Elevator P	07/31/22	18,974.05	R
57005	150055	Bldg Imp	016261	2022 Electronic	08/31/22	2,418.72	R
57005	150075	Non Mova	016245	2022 Sump Pum	07/31/22	5,805.65	P
57005	150085	Movable E	016167	2022 Hoshizaki	03/31/22	5,200.77	P

Sch 23 Total Deprn	51,460.63
Sch 29 total Deprn Adj	83,878.41
Total Deprn Expense	<u>135,339.04</u>

1,214,157.13 547,989.42 135,339.04 683,328.46

DeprMeth	EstLife	Depreciable Basis	9/30/2021	Prior Accum	Current YTD	Current
				Depreciation	Depreciation	Accum Depreciation
SLMM	10 00	135,970.00	120,106.83	13,597.00	136.71	133,703.83
SLMM	07 00	16,680.00	16,680.00	-	58.25	16,680.00
SLMM	03 00	8,620.00	8,620.00	-	314.26	8,620.00
SLMM	02 00	24,390.00	24,390.00	-	109.93	24,390.00
SLMM	10 00	1,367.13	1,196.21	136.71	1,332.92	
SLMM	10 00	582.50	509.69	58.25	567.94	
SLMM	10 00	3,142.64	2,697.41	314.26	3,011.67	
SLMM	10 00	1,099.34	943.57	109.93	1,053.50	
SLMM	07 00	464.20	464.20	-	464.20	
SLMM	07 00	472.26	472.26	-	472.26	
SLMM	07 00	353.71	353.71	-	353.71	
SLMM	03 00	2,897.10	2,897.10	-	2,897.10	
SLMM	07 00	353.52	353.52	-	353.52	
SLMM	07 00	353.52	353.52	-	353.52	
SLMM	07 00	4,638.90	4,638.90	-	4,638.90	
SLMM	10 00	7,163.67	5,850.36	716.37	6,566.73	
SLMM	10 00	287.58	232.48	28.76	261.24	
SLMM	07 00	353.52	353.52	-	353.52	
SLMM	07 00	353.52	353.52	-	353.52	
SLMM	07 00	4,638.90	4,638.90	-	4,638.90	
SLMM	07 00	304.15	304.15	-	304.15	
SLMM	09 09	281.85	216.82	28.91	245.73	
SLMM	09 08	461.68	354.22	47.76	401.98	
SLMM	03 00	3,137.33	3,137.33	-	3,137.33	
SLMM	09 07	73.07	55.95	7.63	63.58	
SLMM	03 00	319.04	319.04	-	319.04	
SLMM	07 00	9,314.14	9,314.14	-	9,314.14	
SLMM	03 00	529.85	529.85	-	529.85	
SLMM	09 04	430.72	326.89	46.15	373.04	
SLMM	09 03	733.59	555.17	79.31	634.48	
SLMM	09 02	1,650.52	1,245.42	180.06	1,425.48	
SLMM	09 00	1,055.08	791.30	117.23	908.53	
SLMM	07 00	724.00	689.53	34.47	724.00	
SLMM	08 10	2,373.73	1,769.14	268.73	2,037.87	
SLMM	08 10	446.67	332.92	50.57	383.49	
SLMM	07 00	261.45	230.32	31.13	261.45	

SLMM	07 00	2,155.74	1,899.09	256.65	2,155.74
SLMM	07 00	2,155.74	1,899.09	256.65	2,155.74
SLMM	07 00	722.41	636.40	86.01	722.41
SLMM	07 00	3,440.05	3,030.55	409.50	3,440.05
SLMM	08 05	812.61	595.39	96.55	691.94
SLMM	08 05	3,007.58	2,203.60	357.34	2,560.94
SLMM	08 05	356.35	261.10	42.34	303.44
SLMM	08 04	363.59	265.41	43.63	309.04
SLMM	07 00	1,136.93	988.06	148.87	1,136.93
SLMM	08 04	6,646.31	4,851.82	797.56	5,649.38
SLMM	08 04	398.38	290.85	47.81	338.66
SLMM	08 04	1,073.07	783.35	128.77	912.12
SLMM	08 03	1,419.77	1,032.54	172.09	1,204.63
SLMM	08 03	355.98	258.90	43.15	302.05
SLMM	08 03	352.98	256.74	42.79	299.53
SLMM	05 00	547.68	547.68	-	547.68
SLMM	08 02	19,422.00	14,071.02	2,378.20	16,449.22
SLMM	08 02	523.39	379.20	64.09	443.29
SLMM	08 02	560.68	406.24	68.66	474.90
SLMM	08 01	797.62	575.63	98.68	674.31
SLMM	08 01	794.43	573.30	98.28	671.58
SLMM	08 01	3,584.38	2,586.67	443.43	3,030.10
SLMM	03 00	364.41	364.41	-	364.41
SLMM	03 00	850.11	850.11	-	850.11
SLMM	03 00	1,133.48	1,133.48	-	1,133.48
SLMM	08 01	1,804.76	1,302.41	223.27	1,525.68
SLMM	07 10	478.95	341.37	61.14	402.51
SLMM	07 00	1,827.44	1,457.59	261.06	1,718.65
SLMM	07 09	409.83	290.84	52.88	343.72
SLMM	07 00	116.00	91.14	16.57	107.71
SLMM	07 00	742.45	583.38	106.07	689.45
SLMM	07 09	399.76	283.70	51.58	335.28
SLMM	07 08	2,545.99	1,798.82	332.09	2,130.91
SLMM	07 00	1,904.71	1,473.88	272.10	1,745.98
SLMM	07 07	884.36	621.98	116.62	738.60
SLMM	07 05	478.94	333.67	64.58	398.25
SLMM	07 05	699.92	487.58	94.37	581.95
SLMM	07 05	652.98	454.88	88.04	542.92
SLMM	05 00	350.94	350.94	-	350.94
SLMM	07 00	598.74	434.83	85.54	520.37
SLMM	07 04	3,741.36	2,593.46	510.19	3,103.65
SLMM	07 00	7,668.65	5,477.60	1,095.52	6,573.12
SLMM	07 03	1,661.88	1,146.15	229.23	1,375.38
SLMM	03 00	1,882.40	1,882.40	-	1,882.40
SLMM	05 00	454.21	446.63	7.58	454.21

SLMM	03 00	276.92	276.92	-	276.92
SLMM	03 00	3.59	3.59	-	3.59
SLMM	06 10	5,319.50	3,567.98	778.47	4,346.45
SLMM	06 10	1,712.24	1,148.45	250.57	1,399.02
SLMM	06 09	2,214.00	1,476.00	328.00	1,804.00
SLMM	06 09	242.41	161.60	35.91	197.51
SLMM	06 09	372.15	248.09	55.13	303.22
SLMM	06 09	3,833.95	2,555.96	567.99	3,123.95
SLMM	06 09	437.50	291.69	64.82	356.51
SLMM	03 00	284.97	284.97	-	284.97
SLMM	06 06	96,252.99	74,040.76	18,510.19	92,550.95
SLMM	06 06	2,820.08	2,169.32	542.33	2,711.65
SLMM	06 06	897.00	586.50	138.00	724.50
SLMM	06 06	5,079.85	3,321.46	781.52	4,102.98
SLMM	06 05	347.43	225.62	54.15	279.77
SLMM	03 00	1,282.20	1,282.20	-	1,282.20
SLMM	03 00	14,726.93	14,726.93	-	14,726.93
SLMM	6	2,169.47	1,355.93	361.58	1,717.50
SLMM	5	213.00	151.80	42.60	194.40
SLMM	5	2,051.48	1,462.05	410.30	1,872.34
SLMM	5	198.98	141.81	39.80	181.60
SLMM	5	594.99	424.03	119.00	543.03
SLMM	5	8,425.05	5,897.54	1,685.01	7,582.55
SLMM	5	711.66	510.03	142.33	652.36
SLMM	5	15,925.91	10,940.41	3,185.18	14,125.59
SLMM	5	725.84	498.62	145.17	643.79
SLMM	5	1,975.52	1,357.10	395.10	1,752.21
SLMM	5	594.99	408.73	119.00	527.73
SLMM	3	2,143.14	2,500.33	(357.19)	2,143.14
SLMM	5	953.10	641.94	190.62	832.56
SLMM	5	304.32	204.97	60.86	265.84
SLMM	5	6,487.36	4,369.43	1,297.47	5,666.90
SLMM	5	776.94	523.29	155.39	678.68
SLMM	5	532.17	351.07	106.43	457.51
SLMM	10	167,645.00	57,913.73	16,764.50	74,678.23
SLMM	5	34.00	21.95	6.80	28.75
SLMM	5	1,112.79	718.25	222.56	940.81
SLMM	5	658.16	424.82	131.63	556.45
SLMM	3	287.98	287.98	-	287.98
SLMM	5	2,275.15	1,327.17	455.03	1,782.20
SLMM	5	4,736.38	2,762.89	947.28	3,710.16
SLMM	5	2,924.63	1,657.29	584.93	2,242.22
SLMM	10	11,613.42	3,193.69	1,161.34	4,355.03
SLMM	10	80,219.47	22,060.35	8,021.95	30,082.30
SLMM	10	3,307.34	881.96	330.73	1,212.69

SLMM	10	3,900.00	1,040.00	390.00	1,430.00
SLMM	10	6,013.74	1,503.44	601.37	2,104.81
SLMM	10	13,648.35	3,412.09	1,364.84	4,776.92
SLMM	10	1,227.98	307.00	122.80	429.79
SLMM	3	465.31	387.76	77.55	465.31
SLMM	7	78.00	26.93	11.14	38.07
SLMM	10	3,469.40	809.53	346.94	1,156.47
SLMM	10	7,829.00	1,826.77	782.90	2,609.67
SLMM	7	497.00	159.75	71.00	230.75
SLMM	20	5,264.33	263.22	263.22	526.43
SLMM	20	4,679.40	350.96	233.97	584.93
SLMM	10	10,185.14	1,612.65	1,018.51	2,631.16
SLMM	7	663.50	134.28	94.79	229.07
SLMM	7	6,186.17	1,251.96	883.74	2,135.70
SLMM	7	3,041.57	615.56	434.51	1,050.07
SLMM	7	4,562.35	923.33	651.76	1,575.10
SLMM	7	2,564.08	518.92	366.30	885.22
SLMM	7	4,850.50	981.65	692.93	1,674.58
SLMM	7	10,294.59	2,083.43	1,470.66	3,554.08
SLMM	7	127.59	25.82	18.23	44.05
SLMM	7	9,107.56	1,626.35	1,301.08	2,927.43
SLMM	7	1,173.14	209.49	167.59	377.08
SLMM	7	8,191.29	1,462.73	1,170.18	2,632.91
SLMM	7	1,222.84	203.81	174.69	378.50
SLMM	7	254.25	36.32	36.32	72.64
SLMM	7	1,520.78	217.25	217.25	434.51
SLMM	7	825.25	117.89	117.89	235.79
SLMM	10	4,411.29	735.22	441.13	1,176.34
SLMM	10	8,326.14	1,387.69	832.61	2,220.30
SLMM	10	3,062.03	459.30	306.20	765.51
SLMM	10	1,787.87	268.18	178.79	446.97
SLMM	10	2,625.65	371.97	262.57	634.53
SLMM	10	11,675.17	1,459.40	1,167.52	2,626.91
SLMM	10	3,286.19	383.39	328.62	712.01
SLMM	3	1,866.42	1,192.44	622.14	1,814.58
SLMM	3	1,488.75	703.02	496.25	1,199.27
SLMM	3	6,146.43	2,731.75	2,048.81	4,780.56
SLMM	3	1,192.50	496.88	397.50	894.38
SLMM	7	255.00	42.50	36.43	78.93
SLMM	7	482.42	63.17	68.92	132.09
SLMM	7	254.25	30.27	36.32	66.59
SLMM	7	254.25	30.27	36.32	66.59
SLMM	7	254.25	30.27	36.32	66.59
SLMM	7	254.25	27.24	36.32	63.56
SLMM	7	254.25	27.24	36.32	63.56

SLMM	7	254.25	27.24	36.32	63.56
SLMM	7	398.00	37.90	56.86	94.76
SLMM	7	222.26	21.17	31.75	52.92
SLMM	7	222.26	18.52	31.75	50.27
SLMM	7	222.26	18.52	31.75	50.27
SLMM	7	7,334.24	611.19	1,047.75	1,658.94
SLMM	7	222.26	15.88	31.75	47.63
SLMM	7	222.26	15.88	31.75	47.63
SLMM	7	222.26	15.88	31.75	47.63
SLMM	7	222.26	15.88	31.75	47.63
SLMM	7	222.26	13.23	31.75	44.98
SLMM	7	222.26	13.23	31.75	44.98
SLMM	7	222.26	13.23	31.75	44.98
SLMM	7	222.26	10.58	31.75	42.34
SLMM	7	942.26	44.87	134.61	179.48
SLMM	8	3,741.37	350.75	467.67	818.42
SLMM	7	9,426.84	785.57	1,346.69	2,132.26
SLMM	7	2,219.80	158.56	317.11	475.67
SLMM	7	102.98	6.13	14.71	20.84
SLMM	7	359.98	21.43	51.43	72.85
SLMM	7	10,712.31	637.64	1,530.33	2,167.97
SLMM	7	2,681.79	159.63	383.11	542.74
SLMM	7	901.84	53.68	128.83	182.52
SLMM	7	221.98	5.29	31.71	37.00
SLMM	7	10,473.64	124.69	1,496.23	1,620.92
SLMM	5	318.40	58.37	63.68	122.05
SLMM	3	3,609.32	1,002.59	1,203.11	2,205.70
SLMM	3	3,609.32	902.33	1,203.11	2,105.44
SLMM	3	440.00	61.11	146.67	207.78
SLMM	3	5,799.75	644.42	1,933.25	2,577.67
SLMM	3	280.74	23.40	93.58	116.98
SLMM	3	293.24	16.29	97.75	114.04
SLMM	7	729.34	60.78	104.19	164.97
SLMM	3	484.91	148.17	161.64	309.80
SLMM	3	400.99	11.14	133.66	144.80
SLMM	7	6,275.00	672.32	896.43	1,568.75
SLMM	7	3,322.77	237.34	474.68	712.02
SLMM	5	760.40	139.41	152.08	291.49
SLMM	7	3,125.00	37.20	446.43	483.63
SLMM	7	65,008.03	-	8,512.96	8,512.96
SLMM	7	31,084.37	-	2,960.42	2,960.42
SLMM	7	11,393.28	-	949.44	949.44
SLMM	7	29,439.00	-	2,102.79	2,102.79
SLMM	7	26,768.23	-	318.67	318.67
SLMM	7	2,418.72	-	115.18	115.18

SLMM	7	18,974.05	-	451.76	451.76
SLMM	7	2,418.72	-	28.79	28.79
SLMM	7	5,805.65	-	138.23	138.23
SLMM	7	5,200.77	-	371.48	371.48

Amortization Schedule*

Name of Facility St. John Paul II Care and Rehabilitation Center			License No. 2324-C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility St. John Paul II Care and Rehabilitation	License No. 2324-C	Report for Year Ended 9/30/2022	Page 25	of 37
--	-----------------------	------------------------------------	------------	----------

11. Property Questionnaire

Part A

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

Yes

No

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

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

Description	Total			
1. Date Land Purchased	n/a			
2. Date Structure Completed	n/a			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	141			
6. Square Footage				
7. Acquisition Cost				
a. Land	n/a			
b. Building	n/a			
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
GMF-CT	Facility Lease	12/21/2018-12	10 years	828,041
650 Madison Avenue New York, NY 10022				

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 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					
00					
2. Second Mortgage		\$			
Name of Lender	Rate				
Address of Lender					
00					
3. Third Mortgage		\$			
Name of Lender	Rate				
Address of Lender					
00					
4. Fourth Mortgage		\$			
Name of Lender	Rate				
Address of Lender					
00					
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	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
00						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
00						
B. Item	Rate	Amount				
Lender						
Address of Lender						
00						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$				
14. Insurance						
a. Insurance on Property (buildings only)		\$	19,351	19,351		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$	176,183	176,183		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	195,534	195,534		
15. Total All Expenditures (A-13 thru C-14)		\$	14,430,356	14,430,356		

D. Adjustments to Statement of Expenditures

Name of Facility St. John Paul II Care and Rehabilitation Center				License No. 2324-C	Report for Year Ended 9/30/2022		Page 28 of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 8,605	8,605		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 734,507	734,507		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 176,356	176,356		
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	m-2 &	Unallowable Advertising *	\$ 27,478	27,478		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ #VALUE!	#VALUE!		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ #VALUE!	#VALUE!		
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)				\$ #VALUE!	#VALUE!		

* 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	2	Administrator's salary disallowed	\$ 8,605	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
Total Other Salaries Adjustment			\$ 8,605	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 161,130	\$ -	\$ -
13	5	Rehabilitation Services	\$ 120,806	\$ -	\$ -
13	9	Speech Therapist	\$ 174,156	\$ -	\$ -
13	10	Occupational Therapist	\$ 259,581	\$ -	\$ -
13	12	Other	\$ 790	\$ -	\$ -
13	12	Other	\$ 6,946	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ 464	\$ -	\$ -
13	11a	Nursing Agency Purchased -RN	\$ 852	\$ -	\$ -
13	11b	Nursing Agency Purchased -LPN	\$ 3,198	\$ -	\$ -
13	11c	Nursing Agency Purchased -Certified Nursing Aides	\$ 6,584	\$ -	\$ -
Total Other Fees Adjustments			\$ 734,507	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 54,543	\$ -	\$ -
16	m-13	Estimated Accrual	\$ -	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ -	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ -	\$ -	\$ -
16	m-13	Penalty	\$ 8,500	\$ -	\$ -
16	m-12		0	\$ -	\$ -
15	1-a-1	adj workers comp	#VALUE!	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
Total Other A&G Adjustments			#VALUE!	\$ -	\$ -

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

Name of Facility St. John Paul II Care and Rehabilitation Center				License No. 2324-C	Report for Year Ended 9/30/2022		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
Subtotals Brought Forward				\$ #VALUE!	#VALUE!			
Page 20 - Resident Care Supplies***								
27.	20	5-a-2	Prescription Drugs	\$ 137,965	137,965			
28.	20	5-d	Ambulance/Limousine	\$ 8,497	8,497			
29.	20	5-f	X-rays, etc	\$ 8,762	8,762			
30.	20	5-h	Laboratory	\$ 41,028	41,028			
31.			Medical Supplies	\$				
32.	20	5-e-2	Oxygen (non emergency)	\$ 3,487	3,487			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 25,764	25,764			
Page 22 - Maintenance and Property								
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (83,878)	(83,878)			
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	\$ 20,539	20,539			
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$ #VALUE!	#VALUE!			
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)				\$ #VALUE!	#VALUE!			

*** 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	5-j	Consolidated Billing	\$ 10,488	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 5,880	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 9,396	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
Total Other Ancillary Costs			\$ 25,764	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	\$ (2,300)	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ (49,630)	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ (15,254)	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (16,694)	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
Total Excess Movable Equipment Depreciation			\$ (83,878)	\$ -	\$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Attachment Page 29

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$ 20,539	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
Total Other Adjustments			\$ 20,539	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	#VALUE!	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
Total Other Adjustments			#VALUE!	\$ -	\$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)		\$ 15,746,423	15,746,423			
b. Medicaid Room and Board Contractual Allowance **		\$ (5,589,525)	(5,589,525)			
2. a. Medicaid (<i>All other states</i>)		\$				
b. Other States Room and Board Contractual Allowance **		\$				
3. a. Medicare Residents (<i>all inclusive</i>)		\$ 1,221,319	1,221,319			
b. Medicare Room and Board Contractual Allowance **		\$ (25,696)	(25,696)			
4. a. Private-Pay Residents and Other		\$ 2,311,831	2,311,831			
b. Private-Pay Room and Board Contractual Allowance **		\$ (541,099)	(541,099)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare		\$ 77,826	77,826			
b. Prescription Drugs - Medicare Contractual Allowance **		\$ (1,637)	(1,637)			
c. Prescription Drugs - Non-Medicare		\$ 79,125	79,125			
d. Prescription Drugs - Non-Medicare Contractual Allowance **		\$ (20,997)	(20,997)			
2. a. Medical Supplies - Medicare		\$ 2,590	2,590			
b. Medical Supplies - Medicare Contractual Allowance **		\$ (54)	(54)			
c. Medical Supplies - Non-Medicare		\$ 1,579	1,579			
d. Medical Supplies - Non-Medicare Contractual Allowance **		\$ (548)	(548)			
3. a. Physical Therapy - Medicare		\$ 301,355	301,355			
b. Physical Therapy - Medicare Contractual Allowance **		\$ (6,340)	(6,340)			
c. Physical Therapy - Non-Medicare		\$ 353,096	353,096			
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$ (98,025)	(98,025)			
4. a. Speech Therapy - Medicare		\$ 171,444	171,444			
b. Speech Therapy - Medicare Contractual Allowance **		\$ (3,607)	(3,607)			
c. Speech Therapy - Non-Medicare		\$ 235,673	235,673			
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$ (65,074)	(65,074)			
5. a. Occupational Therapy - Medicare		\$ 269,153	269,153			
b. Occupational Therapy - Medicare Contractual Allowance **		\$ (5,663)	(5,663)			
c. Occupational Therapy - Non-Medicare		\$ 369,652	369,652			
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$ (103,395)	(103,395)			
6. a. Other (<i>Specify</i>) - Medicare		\$ 39,376	39,376			
b. Other (<i>Specify</i>) - Non-Medicare		\$ 133,803	133,803			
III. Total Resident Revenue (Section I. thru Section II.)		\$ 14,852,585	14,852,585			
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		\$ 7,928	7,928			
5. Interest Income (<i>Specify</i>)		\$ 532	532			
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift shops		\$ 6,946	6,946			
8. Other (<i>Specify</i>)		\$ 474,195	474,195			
V. Total Other Revenue (1 thru 8)		\$ 489,601	489,601			
VI. Total All Revenue (III +V)		\$ 15,342,186	15,342,186			

* 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

Schedule of Other Non-Medicare Resident Revenue

Related Exp.

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-b	Medicaid- X-Ray	445.00	-	-
II-6-b	Medicaid- Laboratory	9,041.67	-	-
II-6-b	Medicaid- Respiratory Therapy & Supplies	549.00	-	-
II-6-b	Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Medicaid- Audiology	-	-	-
II-6-b	Medicaid- Incontinency	-	-	-
II-6-b	Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Medicaid- Physician Visit	-	-	-
II-6-b	Medicaid- Ambulance	-	-	-
II-6-b	Medicaid- Flu Shot	-	-	-
II-6-b	Contractuals-Medicaid- X-Ray	(157.96)	-	-
II-6-b	Contractuals-Medicaid- Laboratory	(3,209.53)	-	-
II-6-b	Contractuals-Medicaid- Respiratory Therapy & Supplies	(194.88)	-	-
II-6-b	Contractuals-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Medicaid- Audiology	-	-	-
II-6-b	Contractuals-Medicaid- Incontinency	-	-	-
II-6-b	Contractuals-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Contractuals-Medicaid- Physician Visit	-	-	-
II-6-b	Contractuals-Medicaid- Ambulance	-	-	-
II-6-b	Contractuals-Medicaid- Flu Shot	-	-	-
II-6-b	Non-Medicaid- X-Ray	4,209.00	-	-
II-6-b	Non-Medicaid- Laboratory	15,449.35	-	-
II-6-b	Non-Medicaid- Respiratory Therapy & Supplies	642.60	-	-
II-6-b	Non-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Non-Medicaid- Audiology	-	-	-
II-6-b	Non-Medicaid- Incontinency	-	-	-
II-6-b	Non-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Non-Medicaid- Physician Visit	-	-	-
II-6-b	Non-Medicaid- Ambulance	-	-	-
II-6-b	Non-Medicaid- Flu Shot	-	-	-
II-6-b	Non-Medicaid- Capitation Contracts	145,938.00	-	-
II-6-b	Contractuals-Non-Medicaid- X-Ray	(985.14)	-	-
II-6-b	Contractuals-Non-Medicaid- Laboratory	(3,616.02)	-	-
II-6-b	Contractuals-Non-Medicaid- Respiratory Therapy & Supplies	(150.40)	-	-
II-6-b	Contractuals-Non-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid- Audiology	-	-	-
II-6-b	Contractuals-Non-Medicaid- Incontinency	-	-	-
II-6-b	Contractuals-Non-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid- Physician Visit	-	-	-
II-6-b	Contractuals-Non-Medicaid- Ambulance	-	-	-
II-6-b	Contractuals-Non-Medicaid- Flu Shot	-	-	-
II-6-b	Contractuals-Non-Medicaid- Capitation Contracts	(34,157.72)	-	-
	0	-	-	-
Total Other Resident Revenue		\$ 133,803	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts-		\$ 532	\$ -	-
0			\$ -	\$ -	\$ -
0			\$ -	\$ -	\$ -
Total Interest Income		\$ 532	\$ -	\$ -	

Schedule of Other Revenues

G. Balance Sheet

Name of Facility St. John Paul II Care and Rehabilitation	License No. 2324-C	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>)			\$ 8,357	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,969,122	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ (30,272)	
4. Inventories			\$ 32,953	
5. Prepaid Expenses			\$	
a. Prepaid Expenses				
b. Prepaid Property Tax				
c. Prepaid Personal Property Tax				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 1,980,159	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost 70,272		\$ 60,681	
	Accum. Depreciation 9,591	Net		
3. Buildings	*Historical Cost 167,355		\$ 145,706	
	Accum. Depreciation 21,649	Net		
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost 9,275		\$ 7,917	
	Accum. Depreciation 1,358	Net		
6. Movable Equipment	*Historical Cost 188,472		\$ 128,997	
	Accum. Depreciation 59,475	Net		
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 343,301	

* 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

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	
32	D7	ROU Bldg Asset-Oper Lease	\$ 4,950,155
32	D7	AccumAmort-ROU Bldg OprLease	\$ (1,294,143)
Total Other Assets			\$ 3,656,012

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

Page Ref	Line Ref	Description	
33	A12	Accr Exp Other	\$ 82,459
33	A12	Accr Exp Water and Sewer	\$ 11,914
33	A12	Accr Exp Gas	\$ 3,251
33	A12	Accr Exp Electricity	\$ 5,253
33	A12	Accr Exp Suspense	\$ (39,656)
33	A12	Deferred Revenue	\$ 18,711
33	A12	A/R Credit Gross Up Liability	\$ 197,128
33	A12	Accrued Provider/Bed Tax	\$ 215,581
33	A12	Accr Sales and Use Tax - FY18	\$ 682
33	A12	CP OprLease-Bldg Obligation	\$ 447,896
33	A12	CP-Self Insurance WC Reserve	\$ 138,744
33	A12	CP-Self Insurance GPL Reserve	\$ 74,144
Total Other Current Liabilities (Itemize)			\$ 1,156,106

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
St. John Paul II Care and Rehabilitation	2324-C	9/30/2022	32 37
Account			Amount
Total Brought Forward:			\$ 2,323,460
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			\$
2. Land Improvements	*Historical Cost	Accum. Depreciation	Net
3. Buildings	*Historical Cost	Accum. Depreciation	Net
4. Non-Movable Equipment	*Historical Cost	Accum. Depreciation	Net
5. Movable Equipment	*Historical Cost	Accum. Depreciation	Net
6. Motor Vehicles	*Historical Cost	Accum. Depreciation	Net
7. Minor Equipment-Not Depreciable			\$
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$
D. Investment and Other Assets			
1. Deferred Deposits			\$
2. Escrow Deposits			\$
3. Organization Expense	*Historical Cost	Accum. Depreciation	Net
4. Goodwill (Purchased Only)			\$
5. Investments Related to Resident Care (<i>itemize</i>)			\$
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$
Name and Address	Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$ 3,434,262
I/C Due to/Due From Owned	(221,749)		
I/C Due to/Due From Multicare			
See Schedule	3,656,012		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 3,434,262
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 5,757,723

* 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			\$ 809,532
2. Notes Payable (<i>itemize</i>)			\$
See Schedule			
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$
Name of Lender	Purpose	Amount	Date Due
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$ 166,368
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$
6. Accrued Payroll Taxes Payable			\$ 911
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>)			\$ 1,156,106
See Schedule			1,156,106
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 2,132,917

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility St. John Paul II Care and Rehabilitation Cen	License No. 2324-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,132,917	
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>)				\$ 4,277,322
LT Debt-Financing Obligation		4,277,322		
Escheatable Funds				
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 4,277,322
C. Total All Liabilities (Lines A-13 + B-5)				\$ 6,410,239

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
St. John Paul II Care and Rehabilitation	2324-C	9/30/2022	35	37
Account				Amount
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,564,346)
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ 911,831
7. Total Net Worth			\$	(652,515)
C. Total Reserves and Net Worth			\$	(652,515)
D. Total Liabilities, Reserves, and Net Worth			\$	5,757,724

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
St. John Paul II Care and Rehabilitation	2324-C	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ (1,564,345)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 15,342,186		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 14,430,356		
D. Net Income or Deficit				\$ 911,830		
E. Balance				\$ (652,515)		
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				\$ (652,515)		

I. Preparer's/Reviewer's Certification

Name of Facility St. John Paul II Care and Rehabilitation	License No. 2324-C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		

Preparer/Reviewer Certification

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

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
Rick Fink		
Address Address 200 Brickstone Square, Andover, MA 01810		Phone Number 410-494-7657
Contacted Person Regarding Additional Information Needed Regarding This Report Rick Fink		Phone Number 410-494-7657
Contact Email Address Rick.Fink@genesishcc.com		