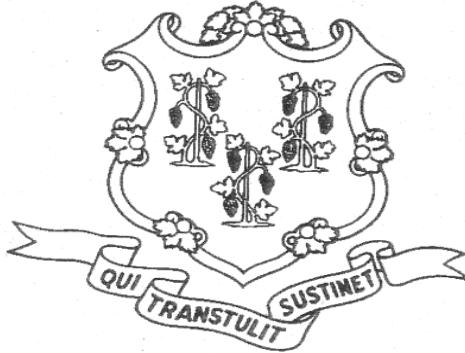


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center				
Address (No. & Street, City, State, Zip Code) 301 Rope Ferry Rd, Waterford, CT 06385				
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 10/1/2020		Report for Year Ending 9/30/2021		

License Numbers:	CCNH 2318	RHNS	(Specify)	Medicare Provider 07-5324
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 07-5324	RHNS	ICF-IID
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### For Department Use Only

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

## General Information

Name of Facility (as licensed) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care	License No. 2318	Report for Year Ended 9/30/2021	Page 1	of 37
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### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, 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) Kimberly Carlson			Printed Name (Owner) Lawrence Santilli	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	Period Covered:		From 10/1/2020	To 9/30/2021
Address of Facility 301 Rope Ferry Rd, Waterford, CT 06385				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
<b>6. Total Wages Paid</b>	<b>\$</b>			
7. Total salaries paid	\$			
<b>8. Total Wages and Salaries Paid (As per page 10 of Report)</b>	<b>\$</b>			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility	Report for Year Ended	Page	of
860-444-1175	9/30/2021	2	37

Name of Facility (as shown on license) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		Address (No. & Street, City, State, Zip ) 301 Rope Ferry Rd, Waterford, CT 06385		
License Numbers:	CCNH 2318	RHNS	(Specify)	Medicare Provider No. 07-5324
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input 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 Kimberly Carlson	Nursing Home Administrator's License No.: 2018
---	---

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name Not Applicable	License No.:

# **General Information and Questionnaire**

## **Partners/Members**

# **General Information and Questionnaire**

## **Corporate Owners**

# **General Information and Questionnaire**

## **Individual Proprietorship**

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health	License No. 2318	Report for Year Ended 9/30/2021	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

## General Information and Questionnaire

### Related Parties\*

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care		License No. 2318			Report for Year Ended 9/30/2021		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	%**				
Procare LTC	1492 Highland Ave, Cheshire CT 06410	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Pharmacy	Pg 20, 5a2	284,306	284,306
Miscellaneous Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Pg 33, A2		
		<input type="radio"/>	<input checked="" type="radio"/>					
Laurel Ridge Health Care	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	<98%	Bank fees	Pg 16, m13	4,642	4,642
Athena Health Care Systems	135 South Rd, Farmington, Ct 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Participates in Health Insurance Plan	Pg 15, 1ae	940,790	940,790
Bayview Health Care Landlord	135 South Rd Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	Pg 22 L9 and 10b, pg 1	872,512	872,512
Athena Health Care Systems	135 South Rd, Farmington, Ct 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	See attached			
Athena Captive LLC	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Worker's Compensation Captive	Pg 15 1a1	384,418	384,418
Athena Health Care Systems	135 South Rd, Farmington, Ct 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in a multi-facility 401K			

\* 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 301 Rope Ferry Road, LLC d/b/a Bayview Health	License No. 2318	Report for Year Ended 9/30/2021	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Not Applicable

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

Not Applicable

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.

Not Applicable: No Non-Nursing Home Cost Centers

State of Connecticut

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

CSP-6 Rev. 9/2002

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

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

Name of Facility		License No.		Report for Year Ended			Page <span style="border-left: 1px solid black; padding: 0 5px;"> </span> of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Cen		2318		9/30/2021			6 <span style="border-left: 1px solid black; padding: 0 5px;"> </span> 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Wells Fargo Financial Leasing, Inc - PO Box 10306 Des Moines, IA 50306-0306	<input type="radio"/>	<input checked="" type="radio"/>	Kyocera Printer and Toshiba Copier	06/01/20	60 months	13,080	13,080
Pitney Bowes Credit - P.O.Box 856460, Louisville, KY	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	12/28/10	66 months	1,219	1,219
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	<input type="radio"/>	<input checked="" type="radio"/>	Nurse Call System	02/02/15	60 months	7,263	7,263
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	<input type="radio"/>	<input checked="" type="radio"/>	Telephone System	03/02/15	60 months	13,528	13,528
Leaf 1720A Crest St, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Xerox Copier	01/29/18	39 months	795	795
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		<b>Total ***</b>	35,885

\* 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 301 Rope Ferry Road, LLC d/b/a B	License No. 2318	Report for Year Ended 9/30/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

Is the accounting basis for this

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

#### Independent Accounting Firm

Name of Accounting Firm 1 Midcap Financial Services, LLC 2 Marcum LLP 3 4	Address (No. & Street, City, State, Zip Code) 7255 Woodmont Ave, Bethesda, Maryland 20814 555 Long Wharf Drive, New Haven, CT 06511
---	---

Services Provided by This Firm (*describe fully*)

1 Line of Credit Audit: Disallowed	\$ 3,418
2 Medicare Cost Report	\$ 2,700
3	\$
4	\$
	Charge for Services Provided \$ 6,118

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

Yes     No    |Pg 15, Line1d

#### Legal Services Information

Name of Legal Firm or Independent Attorney 1 Midcap Financial Services 2 Goldman, Gruder & Woods 3 Pilicy & Ryan, PC 4 Murtha Cullina 5 Treasurer, State of CT	Telephone Number 301-760-7600 203-899-8900 860-444-1175 203-772-7700 860-443-7121
---	--

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

1 7255 Woodmont Ave, Bethesda, MD	
2 200 Connecticut Ave, Norwalk, CT 06854	
3 365 Main St. PO Box 760, Watertown, CT 06795	
4 265 Church St., New Haven, CT 06510	
5 181 State St, PO Box 148, New London, CT 06320	

Services Provided by This Firm (*describe fully*)

1 Banking fees (32 ) Payroll Settlement (6,000) Disallowed	\$ 6,032
2 Collections - Disallowed	\$ 6,533
3 General matters - Disallowed (368) Annual Filing Fees Allowed (80)	\$ 448
4 Collections- Disallowed/ Conservatorship- Disallowed	\$ 220
5 Conservatorship- Disallowed	\$ 539
	Charge for Services Provided \$ 13,772

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

Yes     No    |Pg 15, Line1e

## Schedule of Resident Statistics

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			License No. 2318				Report for Year Ended 9/30/2021				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					127	127						
A. On last day of PREVIOUS report period	127	127										
B. On last day of THIS report period	127	127							127	127		
2. Number of Residents					119	119						
A. As of midnight of PREVIOUS report period	119	119										
B. As of midnight of THIS report period	122	122							122	122		
3. Total Number of Days Care Provided During Period					3,864	3,864			1,257	1,257		
A. Medicare	5,121	5,121										
B. Medicaid (Conn.)	33,378	33,378			24,636	24,636			8,742	8,742		
C. Medicaid (other states)												
D. Private Pay	4,136	4,136			3,115	3,115			1,021	1,021		
E. State SSI for RCH												
F. Other (Specify) Managed Care Other	182	182			103	103			79	79		
G. Total Care Days During Period (3A thru F)	42,817	42,817			31,718	31,718			11,099	11,099		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds					2	2			46	46		
A. Medicaid Bed Reserve Days	48	48										
B. Other Bed Reserve Days	59	59			45	45			14	14		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	<b>42,924</b>	<b>42,924</b>			<b>31,765</b>	<b>31,765</b>			<b>11,159</b>	<b>11,159</b>		

## Schedule of Resident Statistics (Cont'd)

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview He	License No. 2318	Report for Year Ended 9/30/2021	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?

 Yes No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	7	91		10			14	
Per Diem Rate								
a. One bed rm.	543.62	293.27		535.00			390.38	
b. Two bed rms.	543.62	293.27		525.00			390.38	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		6,778	6,778		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		848	848		
2. Restorative Treatments					
C. Other		8,836	8,836		
D. <b>Total Physical Therapy Treatments</b>		16,462	16,462		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		741	741	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments		184	184	
2. Restorative Treatments				
C. Other		1,027	1,027	
D. <b>Total Speech Therapy Treatments</b>		1,952	1,952	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		6,129	6,129	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments		1,016	1,016	
2. Restorative Treatments				
C. Other		8,906	8,906	
D. <b>Total Occupational Therapy Treatments</b>		16,051	16,051	

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2021		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Item	CCNH	Hours	RHNS	Hours	(Specify)
Total Cost and 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)	152,400	2,136			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	242,702	10,370			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	66,628	2,058			
c. Dietary Workers	458,560	27,023			
6. Housekeeping Service					
a. Head Housekeeper	63,699	2,220			
b. Other Housekeeping Workers	275,118	17,946			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	63,313	1,949			
b. Other Maintenance Workers	53,617	2,125			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	98,362	6,263			
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	209,886	4,160			
b. RN					
1. Direct Care	605,623	13,917			
2. Administrative**	473,566	16,208			
c. LPN					
1. Direct Care	979,861	29,825			
2. Administrative**					
d. Aides and Attendants	1,679,733	84,522			
e. Physical Therapists	526,879	15,297			
f. Speech Therapists	89,818	2,032			
g. Occupational Therapists	285,208	7,277			
h. Recreation Workers	205,269	10,095			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
j. Dentists					
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	265,034	9,254			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
<i>A-13. Total Salary Expenditures</i>	6,795,276	264,677			

\* 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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			License No. 2318		Report for Year Ended 9/30/2021			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)							
<b>Section I - Operators/Owners</b>										
Not Applicable										
<b>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).</b>										
Not Applicable										

\* 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) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center				License No. 2318		Report for Year Ended 9/30/2021			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)							
<b>Section III - Administrators***</b>										
Kimberly Carlson (10/1/20-9/30/21)	152,400			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,136	A2			
<b>Section IV - Assistant Administrators</b>										

\*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 301 Rope Ferry Road, LLC d/b/a Bayview Health C	License No. 2318	Report for Year Ended 9/30/2021		Page 13	of 37
Item	Total Cost and Hours				
	CCNH	Hours	RHNS	Hours	(Specify)
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)					
1. Dietitian	51,960	1,112			
2. Dentist	12,639	17			
3. Pharmacist	11,686	12			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	102,336	320			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	357	11			
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					
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	100,948	1,059			
2. Administrative***					
b. LPN					
1. Direct Care	461,284	4,656			
2. Administrative***					
c. Aides	414,844	12,977			
d. Other					
12. Other (Specify)					
See Attached Schedule					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	1,156,054	20,164			

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

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

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

## Report of Expenditures

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care	License No. 2318	Report for Year Ended 9/30/2021		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Joseph Allessandro, 63 Canterbury Road, Brooklyn, CT 06234	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Andrea Gutierrez, P.O., 272 Allen Hill Rd., Brooklyn, CT 06234	Assistant Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Kathleen LaBella, 12 Wadsworth Lane, Waterford CT 06385	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Procure, LTC, 111 Executive Blvd., Farmingdale, NY 11735	Pharmacy Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners/Minority Interest	
Healthdrive Dental And Medical Group, 25 Needham St, Newtown, Ct	Dentist /Podiatry	<input type="radio"/>	<input checked="" type="radio"/>		
Five Star Care, 410 Melville Ave, Lakewood, NJ, 08701	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Fusion Medical Staffing, LLC, P.O. Box 82674, Lincoln NE 68501	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Norton and Associates, Inc. 97 Elm St, Cohasset, MA 02025	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Solomon Page Staffing Solutions & Executive Search, 260 Madison Ave, 4th Floor, New York,	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Paramount Healthcare Services, Inc., 3 Courthouse Lane, Unit 2, Chelmsford, MA 01824	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Marvel Medical Staffing, P.O. Box 3544, Omaha, NE 68103	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

\* Use additional sheets if necessary.

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

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health	License No. 2318	Report for Year Ended 9/30/2021	Page 15	of 37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 384,418	384,418		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 70,743	70,743		
4. Social Security (F.I.C.A.)	\$ 479,600	479,600		
5. Health Insurance	\$ 842,754	842,754		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 20,622	20,622		
8. Uniform Allowance	\$			
9. Other (Specify) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 105,743	105,743		
d. Accounting and Auditing	\$ 6,118	6,118		
e. Legal (Services should be fully described on Page 7)	\$ 13,772	13,772		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 49,414	49,414		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 23,368	23,368		
2. Cellular Phones	\$ 1,620	1,620		
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*	\$ 51,899	51,899		
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 794,619	794,619		
<b>Subtotal</b>	\$ 2,844,690	2,844,690		

\* 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)
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2021		16	37
Item		Total	CCNH	RHNS	(Specify)
	<b><i>Subtotals Brought Forward:</i></b>	2,844,690	2,844,690		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	5,546	5,546		
3. Gifts to Staff and Residents	\$	14,141	14,141		
4. Employee Travel	\$	1,608	1,608		
5. Education Expenses Related to Seminars and Conventions	\$	2,549	2,549		
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> )	\$	30,090	30,090		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	10,653	10,653		
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	\$	3,885	3,885		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	10,782	10,782		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	729	729		
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> )	\$				
12. Administrative Management Services**	\$	398,477	398,477		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	159,513	159,513		
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$	3,482,663	3,482,663		

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

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

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

**Schedule of Other Travel and Entertainment**

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

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Promotional	\$ 10,653		
<b>Total Other Advertising</b>	<b>\$ 10,653</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CT Association of Health Care Facilities	\$ 10,782		
<b>Total Dues</b>	<b>\$ 10,782</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Licenses	\$ 1,295		
Bank Charges	\$ 47,566		
Payroll Processing Fees	\$ 21,980		
Employee Physicals & Background Checks	\$ 7,838		
Penalties: CMS CMP 075324	\$ 9,750		
Data Processing	\$ 61,084		
Energy Audit	\$ 10,000		
<b>Total Other Administrative and General</b>	<b>\$ 159,513</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview	License No. 2318	Report for Year Ended 9/30/2021	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 #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	554,062	Contract Attached to a Prior Year	See Below
Allocation of the above	365,681	Admin/Gen 66%	Pg 16 L12
	88,650	Indirect 16%	Pg 18 L2C
	99,731	Direct 18%	Pg 20 L5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	32,796	Admin/Gen - Other Exp	Pg 16, Line 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	License No.	Report for Year Ended		Page of
		9/30/2021		18   37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 285,985	285,985		
2. Non-Food Supplies	\$ 43,637	43,637		
3. Other (Specify) _____ Dishes	\$ 3,402	3,402		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$			
c. Other (Specify) _____	\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 333,024</b>	<b>333,024</b>		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	352	352		
G. Is cost of employee meals included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No				
H. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$666
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				18,2.a.1
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes <input type="radio"/> No		If yes, specify cost.	\$2,316
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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care	License No. 2318	Report for Year Ended 9/30/2021		Page of 19   37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$	21,759	21,759	
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) Supplies	\$	10,640	10,640	
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	32,399	32,399	
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 301 Rope Ferry Road, LLC d/b/a Bayview Hea	License No. 2318	Report for Year Ended 9/30/2021		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 51,567	51,567		
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )					
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
Amt.	\$				
C. Other (Specify)	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	<b>51,567</b>	<b>51,567</b>		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Procare	\$	247,360	247,360		
b. Medicine Cabinet Drugs	\$	26,899	26,899		
c. Medical and Therapeutic Supplies	\$	409,286	409,286		
d. Ambulance/Limousine***	\$	28,947	28,947		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	16,393	16,393		
f. X-rays and Related Radiological Procedures***	\$	14,889	14,889		
g. Dental ( <i>Not dentists who should be included under     salaries or fees</i> )	\$				
h. Laboratory***	\$	14,229	14,229		
i. Recreation	\$	6,176	6,176		
j. Direct Management Services*	\$	99,731	99,731		
k. Indirect Management Services*	\$	88,650	88,650		
l. Other (Specify)**** See Attached Schedule	\$	120,557	120,557		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>1,073,117</b>	<b>1,073,117</b>		

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

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

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

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

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Medical Equip Rentals-Medicaid	\$ 44,777		
Physical Therapy Supplies	\$ 13,585		
Oxygen Concentrator Rentals	\$ 18,206		
Cable TV Fees	\$ 21,610		
Medical Equip Rentals-Other	\$ 22,019		
Speech Therapy Supplies	\$ 360		
<b>Total Other Resident Care</b>	<b>\$ 120,557</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center				License No. 2318	Report for Year Ended 9/30/2021				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADP	100 Corporate Drive, South Windsor, CT	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	18,423			16	m13
CWPM	415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	25,924			22	6f
Allied Snow Removal	42 Washington St, Mystic, CT 06355	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	17,016			22	16
Procare LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners; Primary Interest	Pharmacy	284,306			16	m13
Winterberry Group	2070 West St, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping	28,127			22	16
PointClickCare	PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	28,041			16	m13
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* 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).

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

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview He	License No. 2318	Report for Year Ended 9/30/2021			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	127,965	127,965			
b. Heat	\$	172,298	172,298			
c. Light & Power	\$	127,297	127,297			
d. Water	\$	54,192	54,192			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	35,885	35,885			
f. Other <i>(itemize)</i>	\$	89,065	89,065			
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$	606,702	606,702			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$	355	355			
b. Building & Building Improvements	\$	28,866	28,866			
c. Non-Movable Equipment	\$	3,818	3,818			
d. Movable Equipment	\$	44,133	44,133			
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$	77,172	77,172			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$	2,365	2,365			
c. Leasehold Improvements	\$	38,663	38,663			
d. Other <i>(Specify)</i>	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$	41,028	41,028			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	701,681	701,681			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	102,025	102,025			
c. Personal property taxes	\$	15,309	15,309			
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$	937,215	937,215			

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

## Depreciation Schedule

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center				License No. 2318			Report for Year Ended 9/30/2021				Page 23	of 37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
<b>A. Land Improvements</b>											355		
1. Acquired prior to this report period				47,027		47,027	45,304	S/L	5 years				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
<b>A-4. Subtotal</b>											355		
<b>B. Building and Building Improvements</b>											28,866		
1. Acquired prior to this report period				837,227		837,227	693,756	S/L	Various				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
<b>B-4. Subtotal</b>											28,866		
<b>C. Non-Movable Equipment</b>											3,818		
1. Acquired prior to this report period				338,953		338,953	313,242	S/L	Various				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
<b>C-4. Subtotal</b>											3,818		
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
	Yes	No	Month	Year									
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period			9	2020	2,100,258		2,100,258	1,907,372	S/L	Various	43,129		
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)													
<b>D-3. Subtotal</b>												44,133	
<b>E. Total Depreciation</b>												77,172	

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

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

**\*Ties to Page 23, Line B3**

\*\*Ties to Page 23, Line B2

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

**\*Ties to Page 23, Line C3**

\*\*Ties to Page 23, Line C3

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/1/2020	Think Pads	\$ 1,811	5	\$ 181
3/1/2021	Backflow Install	\$ 6,256	10	\$ 313
4/1/2021	Steam Table	8139	15	271.3
4/1/2021	Floor Burnisher	1011	5	101.1
6/1/2021	Steam Cleaner	1378	5	137.8
<b>Total additions for Movable Equipment</b>		\$ 18,595		\$ 1,004 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
Various	Various	\$ 78,157	Various	\$ 3,772
<b>Total additions for Leasehold Improvements</b>		\$ 78,157		\$ 3,772 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvements</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			License No. 2318		Report for Year Ended 9/30/2021			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
<b>A-4. Subtotal</b>									
<b>B. Mortgage Expense</b>									
1. Deferred Finance Fees- Refinance	Var	Var	5	286,028	233,348			2,365	
2.									
3.									
<b>B-4. Subtotal</b>									2,365
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period		2020		3,587,266	100,632	s/l		34,891	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		2021	Various	78,157				3,772	
<b>C-4. Subtotal</b>									38,663
<b>D. Total Amortization</b>									41,028

\* Straight-line method must be used.

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

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

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview	License No. 2318	Report for Year Ended 9/30/2021	Page 25	of 37
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#### 11. Property Questionnaire

##### Part A

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

Yes

No

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

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

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	07/12/06			
4. Date of Initial Licensure	06/09/86			
5. Total Licensed Bed Capacity	127			
6. Square Footage				
7. Acquisition Cost				
a. Land	217,747			
b. Building	5,032,701			

##### Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD/KeyBank			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%/6.91%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed	9,944,000			
f. Principal balance outstanding as of _____	8,254,647			

##### Complete if Mortgage was Refinanced

###### During Current Cost Year

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

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

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

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

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bay	License No. 2318	Report for Year Ended 9/30/2021			Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage			\$			
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage			\$			
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page )

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Ba	License No. 2318	Report for Year Ended 9/30/2021			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify) Vendor Interst=\$2,015		\$	2,015	2,015		
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>		\$	2,015	2,015		
14. Insurance						
a. Insurance on Property (buildings only)		\$	68,806	68,806		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>		\$	68,806	68,806		
15. <b>Total All Expenditures (A-13 thru C-14)</b>		\$	14,538,838	14,538,838		

## D. Adjustments to Statement of Expenditures

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			License No. 2318	Report for Year Ended 9/30/2021		Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 285,208	285,208		
4.			Other - See attached Schedule	\$ 67,608	67,608		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$ 357	357		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 105,743	105,743		
10.			Accounting	\$ 3,418	3,418		
10a.			Legal	\$ 13,692	13,692		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 1,260	1,260		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 14,141	14,141		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 10,653	10,653		
19.			Income Tax / Corporate Business Tax	\$ 51,899	51,899		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 206,053	206,053		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 47,566	47,566		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$ 2,316	2,316		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 809,914	\$ 809,914			

\* 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	12m	Marketing Salaries & Benefits	\$ 67,608		
<b>Total Other Salaries Adjustment</b>			\$ 67,608	\$ -	\$ -

---

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

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**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 47,566		
<b>Total Other A&amp;G Adjustments</b>			\$ 47,566	\$ -	\$ -

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State of Connecticut

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

CSP-29 Rev. 9/2018

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

Name of Facility			License No.	Report for Year Ended		Page	of
Item No.	Page No.	Line No.		2318	9/30/2021	29	37
Item Description			Total Amount of Decrease	CCNH	RHNS	(Specify)	
Subtotals Brought Forward			\$ 809,914	809,914			
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 247,360	247,360		
28.			Ambulance/Limousine	\$ 28,947	28,947		
29.			X-rays, etc	\$ 14,889	14,889		
30.			Laboratory	\$ 14,229	14,229		
31.			Medical Supplies	\$ 20,268	20,268		
32.			Oxygen (non emergency)	\$ 16,393	16,393		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 36,064	36,064		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation				
			See Attached Schedule	\$ 8,029	8,029		
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	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 937	937		
44.			Other - Miscellaneous Administrative	\$ 18,010	18,010		
45.			Management Fees Direct	\$ 56,196	56,196		
46.			Management Fees Indirect	\$ 49,952	49,952		
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation				
			Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>			\$ 1,321,188	1,321,188			

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

### **Schedule of Other Ancillary Costs**

### **Schedule of Excess Movable Equipment Depreciation**

### **Schedule of Other Property Adjustments**

### **Schedule of Other - Indirect Adjustments**

Attachment Page 29

### **Schedule of Other - Miscellaneous Administrative Adjustments**

### **Schedule of Other - Direct Adjustments**

## Schedule of Unallowable Building Interest

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended 9/30/2021			Page 30	of 37
		Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 17,621,430	17,621,430				
b. Medicaid Room and Board Contractual Allowance **	\$ (8,507,243)	(8,507,243)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,731,902	1,731,902				
b. Medicare Room and Board Contractual Allowance **	\$ 378,530	378,530				
4. a. Private-Pay Residents and Other	\$ 3,278,922	3,278,922				
b. Private-Pay Room and Board Contractual Allowance **	\$ (196,556)	(196,556)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 113,773	113,773				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (113,773)	(113,773)				
c. Prescription Drugs - Non-Medicare	\$ 163,038	163,038				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (163,038)	(163,038)				
2. a. Medical Supplies - Medicare	\$ 7,568	7,568				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 860	860				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (860)	(860)				
3. a. Physical Therapy - Medicare	\$ 750,069	750,069				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (516,432)	(516,432)				
c. Physical Therapy - Non-Medicare	\$ 251,970	251,970				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (251,970)	(251,970)				
4. a. Speech Therapy - Medicare	\$ 149,950	149,950				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (102,451)	(102,451)				
c. Speech Therapy - Non-Medicare	\$ 61,080	61,080				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (61,080)	(61,080)				
5. a. Occupational Therapy - Medicare	\$ 648,890	648,890				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (458,756)	(458,756)				
c. Occupational Therapy - Non-Medicare	\$ 266,759	266,759				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (266,759)	(266,759)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 141,380	141,380				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,927,203	14,927,203				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 937	937				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 80,966	80,966				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 81,903	81,903				
<b>VI. Total All Revenue</b> (III +V)	\$ 15,009,106	15,009,106				

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

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

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

Page Ref	Description	CCNH	RHNS	(Specify)
	<b>Total Other Resident Revenue - Medicare</b>	\$ -	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
	Misc Revenue from CRF funding	\$ 141,380		
	<b>Total Other Resident Revenue</b>	\$ 141,380	\$ -	\$ -

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, L A	Interest on A/R	937	\$ 937		
	<b>Total Interest Income</b>	\$ 937	\$ -	\$ -	

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recoveries	\$ 80,966		
	<b>Total Other Revenue</b>	\$ 80,966	\$ -	\$ -

## G. Balance Sheet

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayvi	License No. 2318	Report for Year Ended 9/30/2021	Page 31	of 37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$ 494,839	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,423,138	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$ 20,554	
5. Prepaid Expenses			\$ 23,814	
a. <u>Prepaid Insurance</u>	9,237			
b. <u>Prepaid Expense/Lease, Medical Director and Ac</u>	2,550			
c. <u>Prepaid Interest</u>	12,027			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$ (278,242)	
8. Other Current Assets ( <i>itemize</i> )			\$ 32,240	
Medicaid Cost settlement	3,792			
Due to Related Party	28,448			
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$ 1,716,343	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost 47,027	Accum. Depreciation 45,659	\$ 1,368	
3. Buildings	*Historical Cost 837,227	Accum. Depreciation 722,622	\$ 114,605	
4. Leasehold Improvements	*Historical Cost 476,719	Accum. Depreciation 139,294	\$ 337,425	
5. Non-Movable Equipment	*Historical Cost 338,953	Accum. Depreciation 317,060	\$ 21,893	
6. Movable Equipment	*Historical Cost 2,112,467	Accum. Depreciation 1,950,104	\$ 162,363	
7. Motor Vehicles	*Historical Cost	Accum. Depreciation Net	\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$ (9,562)	
Excluded Movable Equipment Carryforward	6,387			
See Schedule	(15,949)			
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$ 628,092	

\* 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

<b>Total Prepaid Expenses</b>		\$ -

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

Page Ref Line Ref Description

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

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

Page Ref Line Ref Description

	Fixed Asset Difference to Books	\$ (15,949)
<b>Total Other Other Fixed Assets (Itemize)</b>		\$ (15,949)

## Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

	Deposits-Security Deposits Leased Equip.	\$ 6,930
	Project Development	\$ 44,652
	Deferred Finance Fees net of Amort.	\$ 79,993
<b>Total Other Assets</b>		\$ 131,575

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

Page Ref Line Ref Description

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

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

Page Ref Line Ref Description

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

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

Page Ref Line Ref Description

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

## G. Balance Sheet (cont'd)

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayvi	License No. 2318	Report for Year Ended 9/30/2021	Page 32	of 37
Account		Amount		
Total Brought Forward:			\$	2,344,435
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	390,340
2. Land Improvements	*Historical Cost Accum. Depreciation	Net	\$	
3. Buildings	*Historical Cost Accum. Depreciation	7,019,660 2,632,372 Net	\$	4,387,288
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 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	4,777,628
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense	*Historical Cost Accum. Depreciation	Net	\$	
4. Goodwill (Purchased Only)			\$	3,360,483
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	(3,802,307)
Name and Address	Amount	Loan Date		
Related Party	(3,802,307)	3/29/12		
7. Other Assets ( <i>itemize</i> ) See Attached			\$	131,575
See Schedule	131,575			
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	(310,249)
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	6,811,814

\* 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 301 Rope Ferry Road, LLC d/b/a Bayview He	License No. 2318	Report for Year Ended 9/30/2021	Page 33	of 37
Account				Amount
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 1,927,398
2. Notes Payable ( <i>itemize</i> )				\$ (6,511,938)
Notes Payable; Related Party				(1,170,343)
Line of Credit				(5,341,595)
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> )				\$ 303,246
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$
6. Accrued Payroll Taxes Payable				\$ 371,179
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> )				\$ 1,731,145
Acc'd Sales Tax		191	Acc'd Expense Property	(668)
Acc'd Health Insurance		5,361		
Acc'd Operating Expenses		411,397		
Provider Taxes Due		1,314,864	See Schedule	
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				<b>\$ (2,178,970)</b>

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

**G. Balance Sheet (cont'd)**

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview H	License No. 2318	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			(2,178,970)	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )			\$	
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable			\$ 573,952	
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> )			\$ (1,148,478)	
Due from Related Landlord			(1,148,478)	
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)			\$ (574,526)	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)			\$ (2,753,496)	

## G. Balance Sheet (cont'd)

### Reserves and Net Worth

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayy	License No. 2318	Report for Year Ended 9/30/2021	Page 35	of 37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	390,340
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	4,387,287
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			\$	4,777,627
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(1,571,468)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	5,888,883
6. Gain or Loss for Period	10/1/2020	thru	9/30/2021	\$ 470,268
7. Total Net Worth			\$	4,787,683
<b>C. Total Reserves and Net Worth</b>				\$ 9,565,310
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 6,811,814

## **H. Changes in Total Net Worth**

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayvie	License No. 2318	Report for Year Ended 9/30/2021	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	3,615,889
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	15,009,106
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	14,538,838
D. Net Income or Deficit			\$	470,268
E. Balance			\$	4,086,157
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2020 Health Insurance		(182,036)		
2020 Deferred HHS Funds		849,762		
2020 HUD Survey		(5,000)		
2020 Tax		38,800		
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	701,526
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address (No., City, State, Zip )	Title	Amount		
2. Other Withdrawals ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>	09/30/21		\$	4,787,683

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview	License No. 2318	Report for Year Ended 9/30/2021	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		
Athena Health Care Associates, Inc		
Address		Phone Number
135 South Road Farmington, CT 06032		(860) 751-3900
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number
Lynn Rinaldi		(860) 751-3900
Contact Email Address		
lrinadli@athenahealthcare.com		