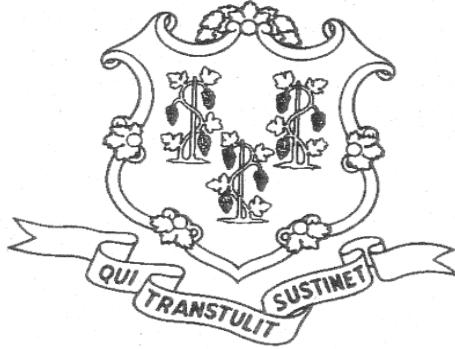


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) CSC Enterprises Inc. d/b/a Branford Hills Health Care Center	
Address (No. & Street, City, State, Zip Code) 189 Alps Rd Branford, CT 06405	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 997C	RHNS	(Specify)	Medicare Provider
------------------	--------------	------	-----------	-------------------

Medicaid Provider Numbers:	CCNH 9977	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) CSC Enterprises Inc. d/b/a Branford Hills Health Care	License No. 997C	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 CSC Enterprises Inc. d/b/a Branford Hills 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) JANET A WOXLAND			Printed Name (Owner) CHARLES F. SHELTON, JR	
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

Data Required for Real Wage Adjustment		Page 1A	of 37																																													
Name of Facility CSC Enterprises Inc. d/b/a Branford Hills Health Care Center	Period Covered:	From 10/1/2020	To 9/30/2021																																													
Address of Facility 189 Alps Rd Branford, CT 06405																																																
Report Prepared By RENEE P GRAILICH, CPA	Phone Number 203-483-4405	Date 2/15/2022																																														
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 30%;">Item</th> <th style="text-align: center; width: 15%;">Total</th> <th style="text-align: center; width: 15%;">CCNH</th> <th style="text-align: center; width: 15%;">RHNS</th> <th style="text-align: center; width: 15%;">(Specify)</th> </tr> </thead> <tbody> <tr> <td>1. Dietary wages paid</td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. Laundry wages paid</td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. Housekeeping wages paid</td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4. Nursing wages paid</td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. All other wages paid</td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6. Total Wages Paid</td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7. Total salaries paid</td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8. Total Wages and Salaries Paid (As per page 10 of Report)</td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Item	Total	CCNH	RHNS	(Specify)	1. Dietary wages paid	\$				2. Laundry wages paid	\$				3. Housekeeping wages paid	\$				4. Nursing wages paid	\$				5. All other wages paid	\$				6. Total Wages Paid	\$				7. Total salaries paid	\$				8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			
Item	Total	CCNH	RHNS	(Specify)																																												
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7. Total salaries paid	\$																																															
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$																																															

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 203-481-6221	Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) CSC Enterprises Inc. d/b/a Branford Hills Health Care Center		Address (No. & Street, City, State, Zip) 189 Alps Rd Branford, CT 06405		
License Numbers:	CCNH 997C	RHNS	(Specify)	Medicare Provider No.
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" 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 JANET WOXLAND		Nursing Home Administrator's License No.:	001516	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name CHARLES F SHELTON JR		License No.:	211	

General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

Name of Facility CSC Enterprises Inc. d/b/a Branford Hills Hea	License No. 997C	Report for Year Ended 9/30/2021	Page of 3A 37
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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	
CSC ENTERPRISES INC DBA BRANFORD HEALTH CARE CENTER	189 ALPS RD, BRANFORD, CT 06405	CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
CHARLES F SHELTON JR	29 BLACKSTONE AVE BRANFORD CT 06405	IDENT/TREAS	99
DORIS J SHELTON	29 BLACKSTONE AVE BRANFORD CT 06405	SECRETARY	1
Names of Stockholders Owning at Least 10% of Shares			
CHARLES F SHELTON JR	29 BLACKSTONE AVE BRANFORD CT 06405	IDENT/TREAS	99

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility CSC Enterprises Inc. d/b/a Branford Hills Health C	License No. 997C	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

NOT APPLICABLE

General Information and Questionnaire

Related Parties*

Name of Facility CSC Enterprises Inc. d/b/a Branford Hills Health Care	License No. 997C	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 checked="" type="radio"/> Yes <input 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	%**				
CHARLES F SHELTON JR	BRANFORD HILLS REALTY ASSOC, NEW HAVEN, CT	<input type="radio"/>	<input checked="" type="radio"/>		ARMS-LENGTH LEASE OF LAND & BL	22/9	317,654	317,654
CHARLES F SHELTON JR	BLACKSTONE ASSOC INC. BRANFORD, CT	<input type="radio"/>	<input checked="" type="radio"/>		MANAGEMENT SERVICES-FINANCIAL	30a/IV8	41,583	41,583
CHARLES F SHELTON JR	MINETTA LLC, BRANFORD, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		MANAGEMENT SERVICES-FINANCIAL	30a/IV8	45,742	45,742
CHARLES F SHELTON JR	TRISON LLC, BRANFORD, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		MANAGEMENT SERVICES-FINANCIAL	30a/IV8	45,742	45,742
DBA BHCC PHARMACY	189 ALPS RD BRANFORD CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		SEE PAGE 4a	SEE PAGE 4a		398,136
ACD ENTERPRISES LLC	161 DENISON RD GUILFORD, CT 06437	<input type="radio"/>	<input checked="" type="radio"/>		RENT LAND/BUILDING - ADMINISTRATIVE	22/9	49,900	49,900
BHCC MEMORIAL TRUST	189 ALPS RD BRANFORD CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		PROVIDES BENEFITS TO RESIDENTS	N/A (NO COSTS)	N/A	N/A
		<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 CSC Enterprises Inc. d/b/a Branford Hills Health	License No. 997C	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.

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.

OUTPATIENT THERAPY, RESPIRATORY THERAPY AND BHCC PHARMACY

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 ***

15,267

* 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 CSC Enterprises Inc. d/b/a Branford	License No. 997C	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 previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 MARCUM LLP 2 O'CONNOR DAVIES 3 SIMEONE MACCA & LARROW 4	Address (No. & Street, City, State, Zip Code) 555 LONG WHARF DR NEW HAVEN CT 06511 100 GREAT MEADOW RD WETHERSFIELD, CT 06109 4130 WHITNEY AVE HAMDEN CT 06518
---	---

Services Provided by This Firm (*describe fully*)

1 MARCUM - CONSULTATION SERVICES RELATED TO CARES ACT	\$ 2,516
2 OCD - ACCOUNTING & FINANCIAL REPORTING	\$ 8,300
3 OCD - MEDICARE COST REPORT	\$ 2,700
4 SML - CONSULTATION SVCS CARES ACT/PPP LOAN & 401(K) AUDIT	\$ 16,042
	Charge for Services Provided \$ 29,558

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 MURTHA CULLINA LLP 2 FAEGRE DRINKER BIDDLE & REATH LLP 3 4 5	Telephone Number 203-772-7700 860-509-8900
--	--

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

1 265 CHURCH ST NEW HAVEN CT 06510	\$ 780
2 ONE CONSTITUTION PLAZA HARTFORD CT 06103	\$ 96,651
3	\$
4	\$
5	\$

Services Provided by This Firm (*describe fully*)

1 EMPLOYEE ISSUES (MURTHA CULLINA)	\$ 780
2 VALUATION/NEGOTIATION RE SALE	\$ 96,651
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 97,431

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

EXPENDITURES OTHER THAN SALARIES - A&G LINE 1e

Yes No

Schedule of Resident Statistics

Name of Facility CSC Enterprises Inc. d/b/a Branford Hills Health Care Center			License No. 997C				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					190	190						
A. On last day of PREVIOUS report period	190	190			190	190						
B. On last day of THIS report period	190	190							190	190		
2. Number of Residents					127	127						
A. As of midnight of PREVIOUS report period	127	127			127	127						
B. As of midnight of THIS report period	135	135							135	135		
3. Total Number of Days Care Provided During Period					2,042	2,042			723	723		
A. Medicare	2,765	2,765			2,042	2,042			723	723		
B. Medicaid (Conn.)	34,656	34,656			26,463	26,463			8,193	8,193		
C. Medicaid (other states)												
D. Private Pay	9,569	9,569			6,741	6,741			2,828	2,828		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	46,990	46,990			35,246	35,246			11,744	11,744		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds					237	237			72	72		
A. Medicaid Bed Reserve Days	309	309			237	237			72	72		
B. Other Bed Reserve Days	54	54			54	54						
5. Total Resident Days (3G + 4A + 4B)	47,353	47,353			35,537	35,537			11,816	11,816		

Schedule of Resident Statistics (Cont'd)

Name of Facility CSC Enterprises Inc. d/b/a Branford Hills Hea	License No. 997C	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)
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	96		30				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		12,361	12,361		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments		77	77		
C. Other		96	96		
D. Total Physical Therapy Treatments		12,534	12,534		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		620	620	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments		4	4	
C. Other		9	9	
D. Total Speech Therapy Treatments		633	633	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		13,311	13,311	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments		65	65	
C. Other		117	117	
D. Total Occupational Therapy Treatments		13,493	13,493	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		997C	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)
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	216,555	2,320			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	196,099	2,120			
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	627,030	14,826			
5. Dietary Service					
a. Head Dietitian	64,727	1,656			
b. Food Service Supervisor	76,421	2,084			
c. Dietary Workers	837,436	46,378			
6. Housekeeping Service					
a. Head Housekeeper	73,294	1,413			
b. Other Housekeeping Workers	401,656	24,672			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	84,083	2,116			
b. Other Maintenance Workers	62,738	2,421			
8. Laundry Service					
a. Supervisor	36,688	706			
b. Other Laundry Workers	211,093	11,745			
9. Barber and Beautician Services					
10. Protective Services	170,716	9,871			
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	236,473	4,008			
b. RN					
1. Direct Care	1,044,076	28,351			
2. Administrative**	148,941	3,443			
c. LPN					
1. Direct Care	1,224,366	41,983			
2. Administrative**	133,381	3,864			
d. Aides and Attendants	2,431,236	143,606			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	232,816	11,455			
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	137,976	4,346			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	164,131	5,989			
A-13. Total Salary Expenditures	8,811,932	369,373			

* 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 CSC Enterprises Inc. d/b/a Branford Hills Health Care Center				License No. 997C		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)							
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).										
CHRISTIAN B SHELTON	45,464				In-House Legal Counsel					
STEPHEN J SHELTON	196,099			Auto Expense See Pg 28	Director of Operations	2,120	A4			

* 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) CSC Enterprises Inc. d/b/a Branford Hills Health Care Center				License No. 997C		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)							
Section III - Administrators***										
JANET A WOXLAND	216,555				Administrator	2,320				
Section IV - Assistant Administrators										
CHARLES F SHELTON JR	196,099			Auto Expense See Pg 28	Asst Administrator	2,120				

*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 CSC Enterprises Inc. d/b/a Branford Hills Health Ca	License No. 997C	Report for Year Ended 9/30/2021		Page 13	of 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	20,252	156			
3. Pharmacist	13,975	268			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	799,773	8,722			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	66,000	208			
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	128,951	1,230			
b. Other					
10. Occupational Therapist					
a. Resident Care	863,907	8,871			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***					
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides					
d. Other					
12. Other (Specify)					
See Attached Schedule	92,425	1,887			
B-13 Total Fees Paid in Lieu of Salaries	1,985,283	21,342			

* 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	License No.	Report for Year Ended	Page	of
CSC Enterprises Inc. d/b/a Branford Hills Health	997C	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 212,604	212,604		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 85,942	85,942		
4. Social Security (F.I.C.A.)	\$ 652,362	652,362		
5. Health Insurance	\$ 665,386	665,386		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 27,003	27,003		
8. Uniform Allowance	\$			
9. Other (Specify) See Attached Schedule	\$ 30,240	30,240		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 253,920	253,920		
d. Accounting and Auditing	\$ 29,558	29,558		
e. Legal (Services should be fully described on Page 7)	\$ 97,431	97,431		
f. Insurance on Lives of Owners and Operators (Specify)*	\$ 11,470	11,470		
g. Office Supplies	\$ 367,309	367,309		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 20,670	20,670		
2. Cellular Phones	\$ 4,314	4,314		
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	\$ 4,019	4,019		
3. Resident Day User Fee	\$ 865,327	865,327		
Subtotal	\$ 3,327,555	3,327,555		

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
EMPLOYEE BACKGROUND CHECKS	\$ 6,275		
EMPLOYEE DRUG SCREENING	\$ 4,810		
WORKSHOES & TOOLS	\$ 2,131		
EMPLOYEE FINGER PRINTING	\$ 213		
EMPLOYEE BENEFITS COVID	\$ 16,811		
Total	\$ 30,240	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
SALES AND USE TAX	\$ 4,019		
Total	\$ 4,019	\$ -	\$ -

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)
	<i>Subtotals Brought Forward:</i>	3,327,555	3,327,555		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	3,340	3,340		
3. Gifts to Staff and Residents	\$	11,124	11,124		
4. Employee Travel	\$	57	57		
5. Education Expenses Related to Seminars and Conventions	\$	1,898	1,898		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	7,211	7,211		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	25,660	25,660		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	1,643	1,643		
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	\$	4,678	4,678		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	13,491	13,491		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	225	225		
9. Subscriptions	\$	6,537	6,537		
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>)	\$	6,882	6,882		
12. Administrative Management Services**	\$	53,703	53,703		
13. Other (<i>Specify</i>) See Attached Schedule	\$	42,784	42,784		
C-14 Total Administrative & General Expenditures	\$	3,506,788	3,506,788		

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
PROMOTIONS	\$ 1,643		
Total Other Advertising	\$ 1,643	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 9,027		
ALTCFM	\$ 85		
ACHA	\$ 310		
AMEX	\$ 50		
SOCIETY FOR HUMAN RESOURCE MANAGEMENT	\$ 219		
AMERICAN HEALTH CARE ASSOCIATION	\$ 3,800		
Total Dues	\$ 13,491	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
CABLE INTERNET CHARGES	\$ 2,934		
ETHERNET INTERNET CHARGES	\$ 13,594		
CABLE TV LW3	\$ 17,116		
PENALTIES	\$ 7,445		
RN LICENSE RENEWAL - JANET WOXLAND	\$ 110		
ADMINISTRATOR LICENSE RENEWAL - STEPHEN SHELTON	\$ 205		
ADMINISTRATOR LICENSE RENEWAL - CHARLES F SHELTON JR	\$ 150		
EAST SHORE DISTRICT HEALTH DEPARTMENT LICENSE RENEWAL	\$ 495		
ALISON SAVAGE - NOTARY PUBLIC APPLICATION	\$ 120		
STATE OF CT - ELEVATOR LICENSE RENEWALS	\$ 480		
STATE OF CT - RE-INSPECTION	\$ 75		
AMERICAN EXPRESS - ANN CAPRIO NOTARY RENEWAL	\$ 60		
Total Other Administrative and General	\$ 42,784	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility CSC Enterprises Inc. d/b/a Branford Hills	License No. 997C	Report for Year Ended 9/30/2021	Page 17 37 of
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 #
A/R Solutions PO Box 592 Wallingford, CT 06492	37,770	Billing	P16LM11
NRC Health PO Box 809030 Chicago, IL 60680	8,572	Patient Surveys	P16LM11
Cleary Energy PO box 6208 Wolcott, CT 06716	1,361	Energy Audit	P16LM11
Marc Olins	6,000	Mgmt Consulting Svcs	P16LM11
National Datacare PO 222430 Chantilly VA 20153	2,562	Resident Fund Processing	P16LM11
UE Tax Mgmt PO 4074 Wakefield, MA 01880	4,320	Consultation Fee	P16LM11

* 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
	997C	9/30/2021		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 448,441	448,441		
2. Non-Food Supplies	\$ 112,753	112,753		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 747	747		
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 561,941	561,941		
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)				
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)				
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 CSC Enterprises Inc. d/b/a Branford Hills Health Care C	License No. 997C	Report for Year Ended 9/30/2021	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. \$			
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. \$	26,008	26,008	
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) LAUNDRY SUPPLIES	\$	8,484	8,484	
3D. Total Laundry Expenditures (3a + b + c)	\$	34,492	34,492	
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
H. Where is the revenue received reported in the Cost Report?				(Page/Line Item)
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
K. Where is the revenue received reported in the Cost Report?				(Page/Line Item)

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2021		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced				
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	42,762	42,762		
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
C. Other (Specify)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	42,762	42,762		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$	398,136	398,136		
2. Purchased from OMNICARE	\$	4,855	4,855		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	282,925	282,925		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	14,516	14,516		
f. X-rays and Related Radiological Procedures***	\$	20,451	20,451		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	99,107	99,107		
i. Recreation	\$	5,028	5,028		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	412,609	412,609		
5M. Total Resident Care Expenditures (5a - 5j)	\$	1,237,627	1,237,627		

* 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)
INFECTION CONTROL EXPENSE	\$ 909		
NURSING PURCHASED SERVICES	\$ 357,962		
PATIENT PERSONAL NEEDS	\$ 9,261		
PT SUPLIES	\$ 1,549		
OT SUPPLIES	\$ 23		
IV THERAPY - MED/A (SEE PG 29a)	\$ 26,101		
IV THERAPY - HMO (SEE PG 29a)	\$ 16,496		
SOCIAL SERVICES SUPPLIES	\$ 308		
Total Other Resident Care	\$ 412,609	\$ -	\$ -

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

Name of Facility CSC Enterprises Inc. d/b/a Branford Hills Health Care Center				License No. 997C	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
P.J.'s Dumpsters	1933 Moose Hill Rd Guilford, CT 06437	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	43,081				
Thyssen Krupp	PO box 3796 Carol Stream, IL 60132	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	17,401				
Cintas	PO Box 630803 Cincinnati, OH 45263	<input type="radio"/>	<input checked="" type="radio"/>		Disinfecting Services Covid	66,362				
Gary's East Coast Services	91 Willenbrock Rd Ste B1 Oxford, CT 06478	<input type="radio"/>	<input checked="" type="radio"/>		Equipment Repairs	16,551				
Allied Communications	88 Farwell St West Haven, CT 06516	<input type="radio"/>	<input checked="" type="radio"/>		Backup/support/internet phone services	71,194				
On-Shift, Inc	Suite 1500 Cleveland, OH 44115	<input type="radio"/>	<input checked="" type="radio"/>		Staff Scheduling Software	12,944				
Point Click Care	PO Box 674802 detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Clinical/Billing/General Ledger software	53,148				
Direct TV	PO Box 5006, Carol Stream, IL 60197	<input type="radio"/>	<input checked="" type="radio"/>		Cable TV for Residents	17,116				
Access Capitol Inc c/o Nurse Network and others	400 Park Ave New York, NY 10022	<input type="radio"/>	<input checked="" type="radio"/>		Nursing staffing services	357,712				
Controlled Air	21 Thompson Rd Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		HVAC Maintenance	39,869				
I-N-C Lawn Care	PO Box 3186 Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		Lawn maintenance	14,941				
Stericycle	PO Box 6582 Carol Stream, IL 60197	<input type="radio"/>	<input checked="" type="radio"/>		Hazardous Waste Disposal/Training	14,773				
ADP, Inc	PO Box 842875 Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing Services	35,340				
Operations Inc	383 Main Ave 4th FL Norwalk, CT 06851	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing Services	124,158				

* 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 CSC Enterprises Inc. d/b/a Branford Hills Hea	License No. 997C	Report for Year Ended 9/30/2021		Page 22 37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 96,928	96,928		
b. Heat	\$ 81,599	81,599		
c. Light & Power	\$ 136,814	136,814		
d. Water	\$ 43,745	43,745		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 15,267	15,267		
f. Other (<i>itemize</i>)	\$ 285,752	285,752		
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 660,105	660,105		
7. Depreciation (<i>complete schedule page 23*</i>)				
a. Land Improvements	\$ 21,648	21,648		
b. Building & Building Improvements	\$			
c. Non-Movable Equipment	\$			
d. Movable Equipment	\$ 68,484	68,484		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 90,132	90,132		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)				
a. Organization Expense	\$			
b. Mortgage Expense	\$ 13,517	13,517		
c. Leasehold Improvements	\$ 206,775	206,775		
d. Other (<i>Specify</i>)	\$			
*8e. Total Amortization Costs (8a + b + c + d)	\$ 220,292	220,292		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 405,704	405,704		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 183,005	183,005		
c. Personal property taxes	\$ 25,469	25,469		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 924,602	924,602		

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

Schedule of Other Repairs and Maintenance

Depreciation Schedule

Name of Facility CSC Enterprises Inc. d/b/a Branford Hills Health Care Center				License No. 997C			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		
A. Land Improvements											21,648		
1. Acquired prior to this report period				330,241		330,241	224,105	SL	VAR	21,648			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal											21,648		
B. Building and Building Improvements				6,746,906		6,746,906							
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment				181,006		181,006	181,006	SL	VAR				
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
	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									
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment												67,363	
a. Acquired prior to this report period					1,588,318		1,588,318	1,190,547	SL	VAR	67,363		
b. Disposals (attach schedule)					(6,097)		(6,097)	(6,097)	SL	VAR			
c. Acquired during this report period (attach schedule)					13,197				SL	VAR	1,121		
D-3. Subtotal												68,484	
E. Total Depreciation												90,132	

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/2/2020	Slings	\$ 1,353	5	\$ 271
10/29/2020	Auto Scrubber	\$ 2,895	10	\$ 265
4/1/2021	Robot Coupe Blixes Food Processor	\$ 4,295	5	430
6/1/2021	Tents	\$ 4,654	10	155
Total additions for Movable Equipment		\$ 13,197		\$ 1,121 *
Deletions:				
3/21/2013	Ricoh Copier Finance Office	\$ (4,875)	5	
11/25/2014	Leaf Blower	\$ (1,222)	8	
Total deletions for Movable Equipment		\$ (6,097)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/18/2020	Door Monitoring System Upgrade	\$ 4,391	10	\$ 402
10/1/2020	Architect Fees Pharmacy	\$ 4,500	10	\$ 450
8/31/2021	Fire Alarm Control Panel Replacement	\$ 2,149	10	\$ 18
Total additions for Leasehold Improvements		\$ 11,040		\$ 870 *
Deletions:				
11/12/2010	Kitchen & Dish Room Ceilings	\$ (8,466)	8	
9/6/2012	Ceiling Tiles BH3	\$ (1,040)	8	
3/19/2013	Ceiling Tiles BH3	\$ (4,566)	8	
4/5/2013	Camera and Card Access System	\$ (10,265)	5	
8/17/2014	Window Treatments	\$ (2,108)	5	
10/18/2014	Avigilon Security Camera System	\$ (20,046)	5	
3/31/2016	Painting and FRP various rooms	\$ (21,200)	5	
3/31/2016	Patch walls, paint various rooms	\$ (7,520)	5	
8/17/2006	Window Treatments	\$ (3,017)	7	
Total deletions for Leasehold Improvements		\$ (78,228)		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility CSC Enterprises Inc. d/b/a Branford Hills Health Care Center			License No. 997C		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							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. CLOSING COSTS	9	18	5 YR	67,942	27,034	67,942		13,517	
2.									
3.									
B-4. Subtotal									13,517
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				4,512,177	2,997,064			205,905	
2. Disposals (attach schedule)				(78,228)	(78,228)				
3. Acquired during this report period (attach schedule)				11,040				870	
C-4. Subtotal									206,775
D. Total Amortization									220,292

* 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 CSC Enterprises Inc. d/b/a Branford H	License No. 997C	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	01/01/80			
2. Date Structure Completed	01/01/80			
3. If NOT Original Owner, Date of Purchase	N/A			
4. Date of Initial Licensure	Est 1980			
5. Total Licensed Bed Capacity	190			
6. Square Footage	Est 80,109			
7. Acquisition Cost				
a. Land				
b. Building				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable			
b. Date Mortgage Obtained	09/25/18			
c. Interest Rate for the Cost Year	3.04%			
d. Term of Mortgage (number of years)	25			
e. Amount of Principal Borrowed	3,759,805			
f. Principal balance outstanding as of	3,537,695			

Complete if Mortgage was Refinanced

During Current Cost Year

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2021			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. 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 9/30/2021			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)		\$	962	962		
FINANCE CHARGES						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	962	962		
14. Insurance						
a. Insurance on Property (buildings only)		\$	47,129	47,129		
b. Insurance on Automobiles		\$	17,667	17,667		
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$	167,549	167,549		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	232,345	232,345		
15. Total All Expenditures (A-13 thru C-14)		\$	17,998,839	17,998,839		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
CSC Enterprises Inc. d/b/a Branford Hills Health Care Center			997C	9/30/2021		28 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	\$ 48,340	48,340		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$ 863,907	863,907		
7.			Other - See attached Schedule	\$ 78,843	78,843		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$ 4,339	4,339		
9.			Bad Debts	\$ 253,921	253,921		
10.			Accounting	\$ 2,700	2,700		
10a.			Legal	\$ 96,651	96,651		
11.			Telephone	\$ (1,411)	(1,411)		
12.			Cellular Telephone	\$ 3,594	3,594		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$ 11,470	11,470		
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)	\$ 7,211	7,211		
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 27,865	27,865		
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	\$ 1,874	1,874		
Subtotal (Items 1 - 26)			\$ 1,399,304	1,399,304			

* 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	A4	IN-HOUSE COUNSEL RELATED TO OWNER 100% DISALLOWED	\$ 45,464		
10	A4	DIRECTOR OF FINANCE NON-FACILITY WORK DISALLOWED	\$ 2,876		
Total Other Salaries Adjustment			\$ 48,340	\$ -	\$ -

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L3	EMPLOYEE GIFTS	\$ 5,868		
16		ADMINISTRATIVE CONSULTANT - MEDICARE	\$ 9,443		
16		CONSULTANT - UNRELATED TO PATIENT CARE	\$ 6,000		
16	M8	ROTARY DUES	\$ 225		
16	M3	MARKETING	\$ 1,643		
29C		PHARMACY OVERHEAD	\$ 2,805		
29D		BUSINESS PARK UTILITIES/MAINTANCE/RELATED TO SUB-LEAS	\$ 1,881		
			\$ 27,865	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

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

Name of Facility			License No.	Report for Year Ended		Page of	
CSC Enterprises Inc. d/b/a Branford Hills Health Care Cente			997C	9/30/2021		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 1,399,304	1,399,304		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 360,623	360,623		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 20,439	20,439		
30.			Laboratory	\$ 85,277	85,277		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 14,516	14,516		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 51,881	51,881		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$ 1,397	1,397		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 30,183	30,183		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,963,620	1,963,620		

*** 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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14B	AUTO INSURANCE	\$ 17,667		
29C		PHARMACY OVERHAD	\$ 1,406		
29C		PHARMACY FAIR RENT	\$ 1,572		
29D		BUSINESS PARK RENT RELATED TO SUB-LEASE	\$ 9,538		
Total Other Property Adjustments			\$ 30,183	\$ -	\$ -

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
Item		Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 14,497,971	14,497,971				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,538,599)	(5,538,599)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,394,415	1,394,415				
b. Medicare Room and Board Contractual Allowance **	\$ 418,081	418,081				
4. a. Private-Pay Residents and Other	\$ 4,052,164	4,052,164				
b. Private-Pay Room and Board Contractual Allowance **	\$ (46,170)	(46,170)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 304,070	304,070				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 460,864	460,864				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 427	427				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 1,443,495	1,443,495				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 1,338,623	1,338,623				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 344,090	344,090				
b. Speech Therapy - Medicare Contractual Allowance **	\$ 213,528	213,528				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 1,564,370	1,564,370				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 1,405,437	1,405,437				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 157,598	157,598				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (6,480,293)	(6,480,293)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,530,071	15,530,071				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 45,608	45,608				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,458,471	2,458,471				
V. Total Other Revenue (1 thru 8)	\$ 2,504,079	2,504,079				
VI. Total All Revenue (III +V)	\$ 18,034,150	18,034,150				

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

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

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

Page Ref	Description	CCNH	RHNS	(Specify)
	OXYGEN MED A	\$ 128		
	IV THERAPY MED A	\$ 48,390		
	X-RAY MED A	\$ 14,223		
	LABS MED A	\$ 73,751		
	AMBULANCE MED A	\$ (604)		
	OP MEDICARE CONTRACT ALLOWANCE	\$ 85		
	RETROACTIVE MEDICARE SETTLEMENT	\$ (1,791)		
	RESPIRATORY MED A	\$ 22,800		
	PROTHROMBIN - MED B	\$ 616		
	Total Other Resident Revenue - Medicare	\$ 157,598	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
	RSPIRATORY HMO	\$ 23,680		
	X-RAY MEDICAID	\$ 364		
	LAB - MEDICAID	\$ 327		
	OXYGEN HMO	\$ 619		
	CONTRACTUAL ALLOWANCES	\$ (6,601,193)		
	LAB HMO CURRENT YEAR	\$ 81,373		
	X-RAY HMO CURRENT YEAR	\$ 14,537		
	Total Other Resident Revenue	\$ (6,480,293)	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	INTEREST INCOME FROM INVESTMENTS	\$ 45,608			
	Total Interest Income	\$ 45,608	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	DIVIDEND INCOME - INVESTMENTS	\$ 9,613		
	INVESTMENT INCOME - CAPITAL GAINS	\$ 10,290		
	INVESTMENT CHANGE IN FMV	\$ 120,615		
	INVESTMENT MANAGEMENT FEES	\$ (5,061)		
	RENTAL INCOME BHICC PHARMACY	\$ 5,214		
	VALUE ADD FEE BHICC PHARMACY	\$ (12,000)		
	BARBER AND BEAUTICIAN	\$ (1,626)		
	OTHER REVENUE AND EXPENSE	\$ 7,480		
	MANAGEMENT FEES BLACKSTONE ASSOC	\$ (41,583)		
	MANAGEMENT FEES TRISON LLC	\$ (45,742)		
	MANAGEMENT FEES MINETTA LLC	\$ (45,742)		
	PPP LOAN FORGIVENESS	\$ 2,289,500		
	PRF (DSS) GRANT	\$ 167,513		
	Total Other Revenue	\$ 2,458,471	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2021	31	37
Account				Amount
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 2,372,675	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 4,469,437	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$ 160,900	
5. Prepaid Expenses			\$ 92,349	
a. _____				
b. _____				
c. _____				
d. See Schedule		92,349		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$ 50,842	
EMPLOYEE LOANS RECEIVABLE	600			
OTHER RECEIVABLES	25			
See Schedule		50,217		
A-9. Total Current Assets (Lines A1 thru 8)			\$ 7,146,203	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost 330,241		\$ 84,488	
	Accum. Depreciation 245,753	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost 4,444,989		\$ 1,319,378	
	Accum. Depreciation 3,125,611	Net		
5. Non-Movable Equipment	*Historical Cost 181,006		\$	
	Accum. Depreciation 181,006	Net		
6. Movable Equipment	*Historical Cost 1,595,418		\$ 336,387	
	Accum. Depreciation 1,259,031	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$ 44,364	
See Schedule		44,364		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 1,784,617	

* 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

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

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

Schedule of Other Assets Page 32 Line D7

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ 7

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2021	32	37
Account		Amount		
		Total Brought Forward:		
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	\$	6,746,906
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)			\$	6,746,906
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 (itemize)			\$	
6. Loans to Owners or Related Parties (itemize)			\$	145,014
Name and Address	Amount	Loan Date		
Stephen J Shelton 161 Denison Dr Guilford CT/Christian B Shelton 216 Devonshire Lane	145,014			
7. Other Assets (itemize)			\$	82,191
Deposits	54,800			
See Schedule	27,391			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	227,205
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	15,904,931

* 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 CSC Enterprises Inc. d/b/a Branford Hills Hea	License No. 997C	Report for Year Ended 9/30/2021	Page 33	of 37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	713,230
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>)			\$	445,196
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	2,765
6. Accrued Payroll Taxes Payable			\$	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	1,430,399
See Schedule			1,430,399	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	2,591,590

* 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 CSC Enterprises Inc. d/b/a Branford Hills H	License No. 997C	Report for Year Ended 9/30/2021	Page 34	of 37		
Account			Amount			
Total Brought Forward:			2,591,590			
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>)						
See Schedule						
B-5. Total Long-Term Liabilities (Lines B1 thru 4)						
C. Total All Liabilities (Lines A-13 + B-5)						
				2,591,590		

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

Name of Facility CSC Enterprises Inc. d/b/a Branford HI	License No. 997C	Report for Year Ended 9/30/2021	Page 35	of 37
Account		Amount		
A. Reserves				
1. Reserve for value of leased land		\$	6,749,906	
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		\$	6,749,906	
B. Net Worth				
1. Owner's Capital		\$	1,000	
2. Capital Stock		\$		
3. Paid-in Surplus		\$		
4. Treasury Stock		\$		
5. Cumulated Earnings		\$	6,562,435	
6. Gain or Loss for Period	10/1/2020	thru	9/30/2021	\$
7. Total Net Worth			\$	6,563,435
C. Total Reserves and Net Worth			\$	13,313,341
D. Total Liabilities, Reserves, and Net Worth			\$	15,904,931

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
CSC Enterprises Inc. d/b/a Branford Hill	997C	9/30/2021	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2020				\$		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$		
D. Net Income or Deficit				\$		
E. Balance				\$		
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				\$		

I. Preparer's/Reviewer's Certification

Name of Facility CSC Enterprises Inc. d/b/a Branford Hills	License No. 997C	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		
Renee P Grailich		
Address		Phone Number
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Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number
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