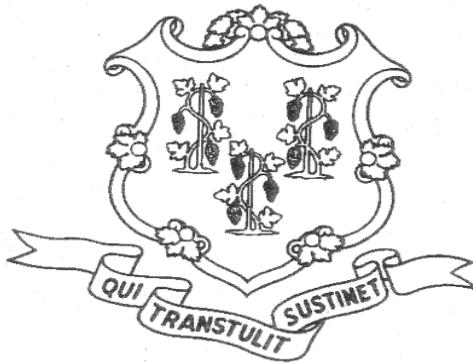


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Bride Brook Health and Rehabilitation Center			
Address (No. & Street, City, State, Zip Code) 23 Liberty Way, Niantic, CT 06357			
Type of Facility			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)	<input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021		

License Numbers:	CCNH 2082-C	RHNS	(Specify)	Medicare Provider 07-5375
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Medicaid Provider Numbers:	CCNH 2082-C	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) Bride Brook Health and Rehabilitation Center	License No. 2082-C	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 Bride Brook Health and Rehabilitation 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) Lisa Mailloux			Printed Name (Owner)	
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 Bride Brook Health and Rehabilitation Center	Period Covered:		From 10/1/2020	To 9/30/2021
Address of Facility 23 Liberty Way, Niantic, CT 06357				
Report Prepared By Margaret Philen	Phone Number 832-467-6225	Date 2/15/2022		
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)	\$			

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 860-739-4007	Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Bride Brook Health and Rehabilitation Center	Address (No. & Street, City, State, Zip) 23 Liberty Way, Niantic, CT 06357			
License Numbers: CCNH 2082-C	CCNH RHNS	(Specify)		Medicare Provider No. 07-5375
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing <input checked="" 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 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 Lisa Mailloux			Nursing Home Administrator's License No.:	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name License No.:				

General Information and Questionnaire

Partners/Members

General Information and Questionnaire

Corporate Owners

Name of Facility Bride Brook Health and Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2021	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

General Information and Questionnaire Individual Proprietorship

General Information and Questionnaire

Related Parties*

Name of Facility Bride Brook Health and Rehabilitation Cente	License No. 2082-C	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	%**				
SSC Administrative & Consulting Svcs, LLC	8601 Dunwoody Place, Ste 775, Sandy Springs, GA 30350	<input type="radio"/>	<input checked="" type="radio"/>		Back Office and Consulting Services	Page 16/C.1.m.12	1,033,397	1,033,397
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Bride Brook Health and Rehabilitation Center	License No. 2082-C	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 expense:	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 Yes No If "No," explain fully why such allocation was not made.

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

○ No

Total ***

10,572

* 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 Bride Brook Health and Rehabilitation	License No. 2082-C	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 2 3 4	Address (No. & Street, City, State, Zip Code)
---	---

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$

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

Yes No

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Prottitle USA 2 Ogletree Deakins Nash Smoak& Stewart 3 Niantic Probate 4 State Marshall 5	Telephone Number 864-241-1900
---	----------------------------------

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

1 P.O. Box 52328, Philadelphia, PA19115	
2 50 International Drive, Ste 200, Greenville, SC 29615	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1 Title Search	\$	96
2 Legal Services for CHRO charge	\$	18,829
3 Probate	\$	250
4	\$	55
5	\$	
	Charge for Services Provided	
	\$	19,230

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

Yes No

Schedule of Resident Statistics

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-C				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					130	130						
A. On last day of PREVIOUS report period	130	130										
B. On last day of THIS report period	130	130							130	130		
2. Number of Residents					100	100						
A. As of midnight of PREVIOUS report period	100	100										
B. As of midnight of THIS report period	99	99							99	99		
3. Total Number of Days Care Provided During Period					6,093	6,093			2,044	2,044		
A. Medicare	8,137	8,137										
B. Medicaid (Conn.)	19,330	19,330			14,331	14,331			4,999	4,999		
C. Medicaid (other states)												
D. Private Pay	6,109	6,109			4,391	4,391			1,718	1,718		
E. State SSI for RCH												
F. Other (Specify) VA/Hospice	2,917	2,917			2,350	2,350			567	567		
G. Total Care Days During Period (3A thru F)	36,493	36,493			27,165	27,165			9,328	9,328		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	36,493	36,493			27,165	27,165			9,328	9,328		

Schedule of Resident Statistics (Cont'd)

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-C			Report for Year Ended 9/30/2021			Page 9	of 37	
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> 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)	(1)	(2)	(3)			
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.											
Change in Resident Days								CCNH	RHNS	(Specify)	
								1st change			
2nd change											
3rd change											
4th change											
6. Number of Residents and Rates on September 30 of Cost Year											
Item	Medicare		Medicaid		Self-Pay			Other State Assisted			
	CCNH	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR		
No. of Residents											
Per Diem Rate											
a. One bed rm.											
b. Two bed rms.											
c. Three or more bed rms.											
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)
								23,771	23,771		
A. Medicare - Part B											
B. Medicaid (Exclusive of Part B)											
								1. Maintenance Treatments			27,163
1. Maintenance Treatments											
								2. Restorative Treatments			
C. Other											
D. Total Physical Therapy Treatments								50,934	50,934		
8. Total Number of Speech Therapy Treatments											
A. Medicare - Part B								4,358	4,358		
B. Medicaid (Exclusive of Part B)											
								1. Maintenance Treatments			4,324
1. Maintenance Treatments											
								2. Restorative Treatments			
C. Other											
D. Total Speech Therapy Treatments								8,682	8,682		
9. Total Number of Occupational Therapy Treatments											
A. Medicare - Part B								29,134	29,134		
B. Medicaid (Exclusive of Part B)											
								1. Maintenance Treatments			27,198
1. Maintenance Treatments											
								2. Restorative Treatments			
C. Other											
D. Total Occupational Therapy Treatments								56,332	56,332		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		2082-C	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		
					Hours
A. Salaries and Wages [*]					
1. Operators/Owners (Complete also Sec. of Schedule A1)					
2. Administrator(s) (Complete also Sec. II of Schedule A1)	206,467	2,131			
3. Assistant Administrator (Complete also Sec. I [†] of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	390,314	15,341			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	298,870	19,256			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers					
7. Repairs & Maintenance Service:					
a. Engineer or Chief of Maintenance	65,637	2,088			
b. Other Maintenance Workers	44,451	2,134			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers					
9. Barber and Beautician Services					
10. Protective Services					
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Resident					
a. Directors and Assistant Director of Nurses	230,678	3,896			
b. RN					
1. Direct Care	1,745,198	40,990			
2. Administrative**	222,083	5,196			
c. LPN					
1. Direct Care	566,824	16,535			
2. Administrative**	116,778	3,108			
d. Aides and Attendant	1,261,932	62,989			
e. Physical Therapists	576,295	14,057			
f. Speech Therapists	125,227	2,891			
g. Occupational Therapists	431,234	11,893			
h. Recreation Workers	145,162	7,368			
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	136,245	4,146			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	60,899	2,027			
A-13. Total Salary Expenditures	6,624,294	216,046			

* 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 Bride Brook Health and Rehabilitation Center				License No. 2082-C		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).										

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Bride Brook Health and Rehabilitation Center				2082-C		9/30/2021			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Lisa Mailloux	206,467			Standard Package	Administrative Responsibilities for day to day operations	2,131	A.2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility Bride Brook Health and Rehabilitation Center	License No. 2082-C	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	6,275	Admin Fee			
3. Pharmacist	13,504	Fee for Svc			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	120,754	511			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	20,786	24/Fee for Svc			
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	1,865	Fee for Svc			
2. Administrative***	419	Fee for Svc			
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides	1,530	23			
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	165,132	534			

* 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 Bride Brook Health and Rehabilitation Center	License No. 2082-C	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		
LTC Management LLP	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare - Value Health/LTCPCMS, Inc	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Biju Oommen	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Gaps Health Inc	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Thompson Linden Donka Golberg & Cooper	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Northeast Medical Group Inc	Resident Care Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Healthcrite Podiatry Group	Resident Care Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Thompson Linden Donka Golberg & Cooper	Resident Care Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Dysphagia Management Systems LLC	Resident Care Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Lawrence Memorial Hospital	Resident Care Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Mass Tex Imaging LLC	Resident Care Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare - Value Health	Nursing Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Centra Healthcare Solutions Inc	C.N.A.	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2021		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	518,634	518,634		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	46,087	46,087		
4. Social Security (F.I.C.A.)	\$	479,709	479,709		
5. Health Insurance	\$	743,328	743,328		
6. Life Insurance (employees only) (not-owners and not-operators)	\$	3,898	3,898		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$	7,108	7,108		
9. Other (Specify) See Attached Schedule	\$	4,349	4,349		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	116,034	116,034		
d. Accounting and Auditing	\$				
e. Legal (Services should be fully described on Page 7)	\$	19,230	19,230		
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	30,165	30,165		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	26,389	26,389		
2. Cellular Phones	\$	1,283	1,283		
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$	550	550		
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$	21,148	21,148		
3. Resident Day User Fee	\$	597,010	597,010		
Subtotal	\$	2,614,923	2,614,923		

* 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 Innoculations	\$ 4,349		
Total	\$ 4,349	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales Tax	\$ 21,148		
Total	\$ 21,148	\$ -	\$ -

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

Name of Facility Bride Brook Health and Rehabilitation Cente	License No. 2082-C	Report for Year Ended 9/30/2021		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		2,614,923	2,614,923		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	53,122	53,122		
4. Employee Travel	\$	1,812	1,812		
5. Education Expenses Related to Seminars and Conventions	\$	10,332	10,332		
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>)	\$	13,271	13,271		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	12,769	12,769		
4. Fund-Raising***	\$				
5. Medical Records	\$	45	45		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	641	641		
7. Postage	\$	2,389	2,389		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	15,407	15,407		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	1,073	1,073		
9. Subscriptions	\$	172	172		
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>)	\$	51,962	51,962		
12. Administrative Management Services**	\$	759,493	759,493		
13. Other (<i>Specify</i>) See Attached Schedule	\$	283,197	283,197		
<i>C-14 Total Administrative & General Expenditures</i>	\$	3,820,609	3,820,609		

* 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)
Marketing Supplies	\$ 1,936		
Contract Svcs - Periodic Maintenance	\$ 2,214		
Advertising	\$ 8,619		
Total Other Advertising	\$ 12,769	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues - Occupational Therapy	\$ 597		
Dues - Physical Plant	\$ 1,080		
Dues - Administrative	\$ 13,730		
Total Dues	\$ 15,407	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Background Screening	\$ 5,470		
Director & Trustee Fees	\$ 532		
Licenses - Administrative	\$ 5,329		
Bank Charges	\$ 22,471		
Surety Bonds	\$ 1,450		
Memoriam/Benevolence	\$ 558		
Lost Residence Property/Resident Reimbursed Purchases	\$ 2,311		
Interest Expense	\$ 1,786,475		
Extraordinary Gain/Loss	\$ (1,541,400)		
Total Other Administrative and General	\$ 283,197	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Bride Brook Health and Rehabilitation Ce	License No. 2082-C	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 #
SSC Administrative & Consulting Svc, LLC 8601Dunwoody Place, Ste. 775, Sandy Springs, GA 30350	1,033,397	Back Office & Consulting Services	Page 16, line C.1.m.12

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

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

Name of Facility Bride Brook Health and Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2021		Page 18 of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 7,440	7,440		
2. Non-Food Supplies	\$ 4,316	4,316		
3. Other (Specify) _____ Lease Expense	\$ 2,805	2,805		
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 440,309	440,309		
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 454,869	454,869		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Bride Brook Health and Rehabilitation Center	License No. 2082-C	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. \$	1,119	1,119		
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. \$	14,280	14,280		
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$	216,701	216,701		
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	232,100	232,100		
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 Bride Brook Health and Rehabilitation Center	License No. 2082-C	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.	\$ 26,931	26,931		
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.	\$ 246,858	246,858		
C. Other (Specify)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	273,789	273,789		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Omnicare	\$	291,629	291,629		
b. Medicine Cabinet Drugs	\$	22,032	22,032		
c. Medical and Therapeutic Supplies	\$	156,268	156,268		
d. Ambulance/Limousine***	\$	51,284	51,284		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	11,510	11,510		
f. X-rays and Related Radiological Procedures***	\$	13,898	13,898		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	45,525	45,525		
i. Recreation	\$	2,444	2,444		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	343,227	343,227		
5M. Total Resident Care Expenditures (5a - 5j)	\$	937,817	937,817		

* 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)
Supplies General	\$ 103,788		
Supplies IV Therapy	\$ 3,699		
Supplies Non Emergency Transport	\$ 1,014		
Incontinent Care Supplies	\$ 48,052		
Personal Protective Equipment	\$ 162,026		
Pandemic Testing and Vaccine	\$ 8,607		
Equipment Lease Expense	\$ 5,751		
Minor Equipment Purchases - Nursing	\$ 10,289		
Total Other Resident Care	\$ 343,227	\$ -	\$ -

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

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility Bride Brook Health and Rehabilitation Cente	License No. 2082-C	Report for Year Ended 9/30/2021			Page 22 of 37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 174,610	174,610			
b. Heat	\$ 99,499	99,499			
c. Light & Power	\$ 148,734	148,734			
d. Water	\$ 48,136	48,136			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 10,579	10,579			
f. Other (<i>itemize</i>)	\$ 117,787	117,787			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 599,346	599,346			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 999,275	999,275			
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 13,239	13,239			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 1,012,515	1,012,515			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 121,063	121,063			
c. Personal property taxes	\$ 7,589	7,589			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,141,167	1,141,167			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Supplies Physical Plant	\$ 5,315		
Infectious Waste Disposal	\$ 2,152		
Garbage Service	\$ 23,038		
Contract Services - Periodic Maintenance	\$ 36,395		
Equipment Lease Expense - Physical Plant	\$ 2,414		
Offsite Storage	\$ 16,847		
Minor Equipment Purchase	\$ 9,037		
TV Cable/Dish	\$ 17,300		
Network WAN	\$ 5,288		
Total Other Repairs and Maintenance	\$ 117,787	\$ -	\$ -

Depreciation Schedule

Name of Facility Bride Brook Health and Rehabilitation Center				License No. 2082-C			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													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements				21,245,304			5,566,984			996,754			
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				75,368						2,521			
B-4. Subtotal													
C. Non-Movable Equipment													
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													
a. Acquired prior to this report period					632,736			546,515			11,989		
b. Disposals (attach schedule)					(7,125)								
c. Acquired during this report period (attach schedule)					42,313						1,250		
D-3. Subtotal												13,239	
E. Total Depreciation												1,012,515	

Schedule of Land Improvements Acquired during this report period

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

***Ties to Page 23, Line A3**

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/29/2021	2: Mixing Valve-Eyewash Stations	\$ 1,087	60	\$ 163
10/29/2020	Simmons Mixing Valve	\$ 2,359	120	\$ 236
2/25/2021	8: Thermostatic Mixing Valve	\$ 4,348	120	\$ 290
4/8/2021	Motor-Heating Unit	\$ 2,143	120	\$ 107
5/20/2021	Hot Water Coil RTU	\$ 9,855	120	\$ 411
8/11/2021	Vinyl Floor Business Office	\$ 8,179	120	\$ 136
7/19/2021	Compressor-Walk in Cooler	\$ 3,070	180	\$ 51
8/8/2021	Vinyl Floor Reception & Admission	\$ 2,871	120	\$ 48
6/29/2021	Motor - Walk In Condenser	\$ 2,044	180	\$ 45
5/29/2021	13: GPS Needlepoint Ionization	\$ 6,861	180	\$ 191
5/27/2021	13: GPS Needlepoint Ionization	\$ 6,861	180	\$ 191
5/26/2021	28: GPS Needlepoint Ionizations	\$ 14,778	180	\$ 411
6/28/2021	GPS Needlepoint Ion-Install	\$ 10,912	180	\$ 242
Total additions for Building Improvement		\$ 75,368	\$ 2,521	*
Deletions:				
Total deletions for Building Improvement		\$ -	\$ -	**

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

					ttachment Pages 23 24
Total deletions for Non-Movable Equipment		\$ -		\$ -	**

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
9/14/2020	Epson M30 Printer-POC Test	\$ 4	96	\$ 1	
9/25/2020	Epson M30 Printer-POC Test	\$ 279	96	\$ 38	
9/22/2020	Epson M30 Printer-POC Test	\$ 10	96	\$ 1	
8/20/2020	Inverter Drive-Washer	\$ 2,618	120	\$ 305	
1/5/2021	Prodigy Ice Maker 475 Lb & Bin	\$ 4,184	120	\$ 314	
1/20/2021	Motor-Dryer	\$ 2,110	120	\$ 158	
6/10/2021	Thurmduke Steam Table 5 Open	\$ 5,535	180	\$ 123	
8/25/2021	10:DwrChest & 10 Bedside Cabinet	\$ 8,089	180	\$ 90	
4/24/2020	10: Wakefield Overbed Table	\$ (1,308)	180	\$ (131)	
8/17/2021	4:WC Scale 7:VS Monitor	\$ 20,391	120	\$ 340	
9/22/2021	6: Ipad Otterbox Case	\$ 402	36	\$ 11	
Total additions for Movable Equipment		\$ 42,313		\$ 1,250	*
Deletions:					
11/30/2020	PCC Services	\$ (3,155)			
4/30/2021	7: MD Galaxy Tab	\$ (2,050)			
4/30/2021	GRI Powerdock 5 IOS	\$ (1,200)			
5/31/2021	2015 PCC	\$ (240)			
5/31/2021	2015 PCC	\$ (480)			
Total deletions for Movable Equipment		\$ (7,125)		\$ -	**

*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:					
Total additions for Leasehold Improvemen		\$ -		\$ -	*
Deletions:					
Total deletions for Leasehold Improvemen		\$ -		\$ -	**

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Bride Brook Health and Rehabilitation Cente			License No. 2082-C		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.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Bride Brook Health and Rehabilitation	License No. 2082-C	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				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	130			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				

Part B - Owner and Related Parties

1st Mortgage

2nd Mortgage

3rd Mortgage

4th Mortgage

1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				

Complete if Mortgage was Refinanced

During Current Cost Year

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2021			Page of 26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage		\$			
Name of Lender	Rate				
Address of Lender					
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)		\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$				
14. Insurance						
a. Insurance on Property (buildings only)		\$ 50,157	50,157			
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$ 79,567	79,567			
General & Professional Liability, Crime & Kidnap						
14d. Total Insurance Expenditures (14a + b + c)		\$ 129,723	129,723			
15. Total All Expenditures (A-13 thru C-14)		\$ 14,378,847	14,378,847			

D. Adjustments to Statement of Expenditures

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-C	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)
<i>Page 10 - Salaries and Wages</i>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A.12.	Occupational Therapy	\$ 431,234	431,234		
4.			Other - See attached Schedule	\$			
<i>Page 13 - Professional Fees</i>							
5.	13	B.8.c	Resident Care Physicians **	\$ 20,786	20,786		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<i>Pages 15 & 16 - Administrative and General</i>							
8.			Discriminatory Benefits	\$			
9.	15	C.1.c	Bad Debts	\$ 116,034	116,034		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	C.1.I.	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 2,500	2,500		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	C.1.m	Unallowable Advertising *	\$ 12,769	12,769		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ (1,033,397)	(1,033,397)		
22.			Barber and Beauty	\$ 641	641		
23.			Other - See attached Schedule	\$ (580,455)	(580,455)		
<i>Page 18 - Dietary Expenditures</i>							
24.			Meals to employees, guests and others who are not residents	\$ (190)	(190)		
<i>Page 19 - Laundry Expenditures</i>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<i>Page 20 - Housekeeping Expenditures</i>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ (1,030,078)	(1,030,078)			

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	C.1.m.12	Remove Management Fee per General Ledger	\$ 759,493		
15	C.1.a.1	Remove Worker's Compensation Reserve Expense	\$ 204,277		
15	C.1.a.1	Include Worker's Compensation Paid Claims	\$ (55,785)		
15	C.1.a.5	Remove Self Insured Health Insurance General Ledger Expense	\$ 929,937		
15	C.1.a.5	Include Self Insured Health Ins. Paid Claims	\$ (882,400)		
15	C.1.j	Franchise Taxes in excess of \$250	\$ 300		
16	C.1.m.8.a	Civic Dues	\$ 1,073		
16	C.1.m.13	Memorium/Benevolence Expense	\$ 558		
16	C.1.m.13	Lost Resident Property	\$ 2,660		
16	C.1.m.13	Director and Trustee Fees	\$ 532		
16	C.1.m.13	Extraordinay Gain/Loss	\$ (1,541,400)		
16	C.1.m.13	Interest Income	\$ 300		
Total Other A&G Adjustments			\$ (580,455)	\$ -	\$ -

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.	2082-C	9/30/2021		29 37
Item Description			Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward			\$ (1,030,078)	(1,030,078)		
Page 20 - Resident Care Supplies***						
27.	20	C.5.a	Prescription Drugs	\$ 291,629	291,629	
28.	20	C.5.d	Ambulance/Limousine	\$ 51,284	51,284	
29.	20	C.5.f	X-rays, etc	\$ 13,898	13,898	
30.	20	C.5.h	Laboratory	\$ 45,525	45,525	
31.			Medical Supplies	\$		
32.		C.5.e	Oxygen (non emergency)	\$ 11,510	11,510	
33.	20	C.5.c	Occupational Therapy	\$ 486	486	
34.			Other - See Attached Schedule	\$ 141,013	141,013	
Page 22 - Maintenance and Property						
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$		
36.			Depreciation on Unallowable Motor Vehicles	\$		
37.			Unallowable Property and Real Estate Taxes	\$		
38.			Rental of Building Space or Rooms	\$		
39.			Other - See Attached Schedule	\$		
Page 27 - Insurance						
40.			Mortgage Insurance	\$		
41.	27	C.14.	Property Insurance	\$ 54,262	54,262	
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)		\$	(420,471)	(420,471)	

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	C.5.c	Ancillary Cost of Goods Sold - P.E.N. Therapy	\$ 3,139		
20	C.5.c	Respiratory Therapy	\$ 1,356		
20	C.5.c	Ancillary Cost of Goods Sold - IV Therapy	\$ 30,985		
20	C.5.c	Ancillary Cost of Goods Sold - Equipment Rental	\$ 90,693		
20	C.5.c	Oxygen Concentrators	\$ (665)		
20	C.5.c	Adjust Medical Supplies to Proper Cost to Charge Ratio	\$ 15,506		
Total Other Ancillary Costs			\$ 141,013	\$ -	\$ -

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
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)		\$ 15,393,802	15,393,802			
b. Medicaid Room and Board Contractual Allowance **		\$ (10,469,025)	(10,469,025)			
2. a. Medicaid (<i>All other states</i>)		\$				
b. Other States Room and Board Contractual Allowance **		\$				
3. a. Medicare Residents (<i>all inclusive</i>)		\$ 7,841,927	7,841,927			
b. Medicare Room and Board Contractual Allowance **		\$ (4,815,453)	(4,815,453)			
4. a. Private-Pay Residents and Other		\$ 7,854,377	7,854,377			
b. Private-Pay Room and Board Contractual Allowance **		\$ (3,722,432)	(3,722,432)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare		\$ 260,472	260,472			
b. Prescription Drugs - Medicare Contractual Allowance **		\$ (257,683)	(257,683)			
c. Prescription Drugs - Non-Medicare		\$ 69,514	69,514			
d. Prescription Drugs - Non-Medicare Contractual Allowance **		\$ (39,346)	(39,346)			
2. a. Medical Supplies - Medicare		\$				
b. Medical Supplies - Medicare Contractual Allowance **		\$				
c. Medical Supplies - Non-Medicare		\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **		\$				
3. a. Physical Therapy - Medicare		\$ 1,645,072	1,645,072			
b. Physical Therapy - Medicare Contractual Allowance **		\$ (783,772)	(783,772)			
c. Physical Therapy - Non-Medicare		\$ 308,381	308,381			
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$ (169,024)	(169,024)			
4. a. Speech Therapy - Medicare		\$ 634,637	634,637			
b. Speech Therapy - Medicare Contractual Allowance **		\$ (251,888)	(251,888)			
c. Speech Therapy - Non-Medicare		\$ 74,008	74,008			
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$ (43,530)	(43,530)			
5. a. Occupational Therapy - Medicare		\$ 1,736,111	1,736,111			
b. Occupational Therapy - Medicare Contractual Allowance **		\$ (836,517)	(836,517)			
c. Occupational Therapy - Non-Medicare		\$ 320,240	320,240			
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$ (177,825)	(177,825)			
6. a. Other (<i>Specify</i>) - Medicare		\$ 800,113	800,113			
b. Other (<i>Specify</i>) - Non-Medicare		\$ (182,300)	(182,300)			
III. Total Resident Revenue (Section I. thru Section II.)		\$ 15,189,860	15,189,860			
IV. Other Revenue*						
1. Meals sold to guests, employees & others		\$ (190)	(190)			
2. Rental of rooms to non-residents		\$				
3. Telephone		\$				
4. Rental of Television and Cable Services		\$				
5. Interest Income (<i>Specify</i>)		\$ 300	300			
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift shops		\$				
8. Other (<i>Specify</i>)		\$				
V. Total Other Revenue (1 thru 8)		\$ 110	110			
VI. Total All Revenue (III +V)		\$ 15,189,970	15,189,970			

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

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

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

Page Ref	Description	CCNH	RHNS	(Specify)
30.II.6.a	Medicare A- Nursing General	\$ 793,251		
	Medicare A Ancillary Rev Contra Adj	\$ 582,271		
	Outpatient Medicare B Rev Contra Adj	\$ (554)		
	Medicare Replacement Rev Ancillary Revenue Contra Adj	\$ (609,343)		
	Medicare Oxygen Concentrator Rental	\$ 746		
	Medicare IV Therapy	\$ 26,307		
	Medicare Acute Care Services	\$ 7,435		
	Total Other Resident Revenue - Medicare	\$ 800,113	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
30.II.6.b	Revenue Reserves Nursing General Contra Adj	\$ (2,851)		
	Post Payment Review Recoupment Nursing General Contra Adj	\$ (23,343)		
	Charity Care Revenue Nursing General Contra Adj	\$ (32,146)		
	HMO/MGD Revenue Ancillary Revenue Contra Adj	\$ 222,391		
	Medicaid Revenue Ancillary Revenue General Contra Adj	\$ (1,913)		
	Hospice Revenue Ancillary Rev General Contra Adj	\$ (125,430)		
	VA Revenue Ancillary Rev General Contra Adj	\$ (224,753)		
	Medicaid Rev Acute Care Service	\$ (54)		
	Managed B Rev Laboratory	\$ (426)		
	HMO/MGD, Medicaid, VA Rev - Oxygen Concentrator Rental	\$ 1,396		
	HMO/MGD, Medicaid, VA Rev - IV Therapy	\$ 4,829		
	Total Other Resident Revenue	\$ (182,300)	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30.IV.8	Interest Income - Administrative	\$ 300			
	Total Interest Income	\$ 300	\$ -	\$ -	

Schedule of Other Revenue

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

G. Balance Sheet

Name of Facility Bride Brook Health and Rehabilitation C	License No. 2082-C	Report for Year Ended 9/30/2021	Page 31	of 37
Account		Amount		
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	2,575
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,584,128
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	5,688
a. <u>Prepaid Insurance</u>	1,208			
b. <u>Prepaid Prop Insurance</u>	(225)			
c. <u>Prepaid License</u>	273			
d. See Schedule	4,432			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,592,392
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	_____	Net	
3. Buildings	*Historical Cost	21,320,673	\$	14,754,413
	Accum. Depreciation	6,566,259	Net	
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
6. Movable Equipment	*Historical Cost	667,924	\$	108,169
	Accum. Depreciation	559,755	Net	
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	1,609
	Clearing Account	1,609		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	14,864,191

* 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

Page Ref	Line Ref	Description	
Total Other Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
	33	PL/GL Post Petition Claims	\$ 159,375
	A.12	Self Funded Health Insurance Accrual	\$ (155,577)
		Accrued Property Taxes	\$ 162,020
		Accrued Other Taxes	\$ 153,089
		Accrued Interest	\$ 148,354
		CLO Current Portion	\$ 290,006
Total Other Current Liabilities (Itemize)			\$ 757,268

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:	\$ 16,456,583
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				\$
2. Land Improvements	*Historical Cost	Accum. Depreciation	Net	\$
3. Buildings	*Historical Cost	Accum. Depreciation	Net	\$
4. Non-Movable Equipment	*Historical Cost	Accum. Depreciation	Net	\$
5. Movable Equipment	*Historical Cost	Accum. Depreciation	Net	\$
6. Motor Vehicles	*Historical Cost	Accum. Depreciation	Net	\$
7. Minor Equipment-Not Depreciable				\$
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost	Accum. Depreciation	Net	\$
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care (<i>itemize</i>)				\$
6. Loans to Owners or Related Parties (<i>itemize</i>)				\$
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)				\$ 8,723
Refundable Deposits	8,723			
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$ 8,723
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 16,465,306

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Bride Brook Health and Rehabilitation Cente	2082-C	9/30/2021	33 37
Account			Amount
Liabilities			
A. Current Liabilities			
1. Trade Accounts Payable			\$ 436,060
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>)			\$ 424,497
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$
6. Accrued Payroll Taxes Payable			\$ 144,445
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*			\$ 412
12. Other Current Liabilities (<i>itemize</i>)			\$ 2,207,325
Utility Accrual - Electric			3,976 A/P Other - Unclaimed F 528,839
Utility Accrual - Water			24,648 A/P Other - Medicare Ac 775,633
A/P Other			5,921 A/P Other - Medicaid Ac 103,000
A/P Other - Agency Payable			8,040 See Schedule 757,268
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 3,212,739

* 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 Bride Brook Health and Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			3,212,739	
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>)			\$	(17,482,272)
Name and Address of Lender	Amount	Loan Date		
Intercompany Revolver	(17,482,272)			
4. Other Long-Term Liabilities (<i>itemize</i>)			\$	19,717,613
PL/GL Post Petition Claims	678,642			
Workers Comp Post Petition Claims	206,786			
Capital Lease Obligations	19,229,187			
See Schedule	(397,002)			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$	2,235,341
C. Total All Liabilities (Lines A-13 + B-5)			\$	5,448,081

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

Name of Facility Bride Brook Health and Rehabilitation	License No. 2082-C	Report for Year Ended 9/30/2021	Page 35	of 37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 10,206,103
6. Gain or Loss for Period 10/1/2020 thru 9/30/2021				\$ 811,123
7. Total Net Worth				\$ 11,017,226
C. Total Reserves and Net Worth				\$ 11,017,226
D. Total Liabilities, Reserves, and Net Worth				\$ 16,465,306

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Bride Brook Health and Rehabilitation C	2082-C	9/30/2021	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2020				\$ 10,206,103		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 15,189,970		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 14,378,847		
D. Net Income or Deficit				\$ 811,123		
E. Balance				\$ 11,017,226		
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				\$ 11,017,226		

I. Preparer's/Reviewer's Certification

Name of Facility Bride Brook Health and Rehabilitation	License No. 2082-C	Report for Year Ended 9/30/2021	Page	of
<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		
Margaret Philen		
Address	Phone Number	
5300 W. Sam Houston Pkwy N	832-467-6225	
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number
Margaret Philen		832-467-6225
Contact Email Address		
MLPhilen@Savasc.com		