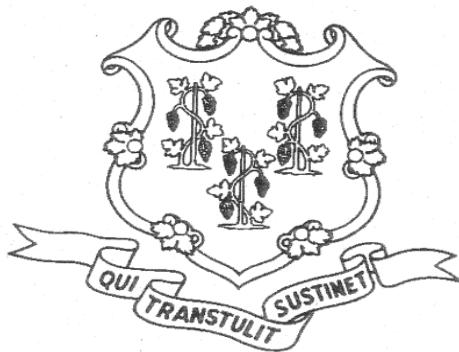


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Notre Dame Convalescent Homes, Inc.	
Address (No. & Street, City, State, Zip Code) 76 West Rocks Road, Norwalk, CT 06851	
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 286-C	RHNS	(Specify)	Medicare Provider 07-5356
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Medicaid Provider Numbers:	CCNH 2865	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) Notre Dame Convalescent Homes, Inc.	License No. 286-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 Notre Dame Convalescent Homes, Inc. [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.

(a) Subject to the Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Gregory Shahum			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 Notre Dame Convalescent Homes, Inc.	Period Covered:		From 10/1/2020	To 9/30/2021
Address of Facility 76 West Rocks Road, Norwalk, CT 06851				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 12/7/2021		
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 203-847-5893	Report for Year Ended 9/30/2021	Page 2
Name of Facility (as shown on license) Notre Dame Convalescent Homes, Inc.		Address (No. & Street, City, State, Zip) 76 West Rocks Road, Norwalk, CT 06851	
License Numbers:	CCNH 286-C	RHNS	(Specify)
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)			
Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship <input 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 Gregory Shahum		Nursing Home Administrator's License No.:	001929
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name N/A		License No.:	

General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2021	Page of 3B 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire

Related Parties*

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-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 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 type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**			
		<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.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-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 expenses	Total of Direct and Allocated Costs

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

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

N/A

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

N/A

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

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

N/A



LEASE AGREEMENT

1720 A Crets Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-425-2626

LESSEE LEGAL NAME: Notre Dame Convalescent Homes Incorporated		Telephone No: 203-847-5853
Billing Address: 76 West Rocks Rd., Norwalk, CT. 06851	Equipment Location (if other than Billing Address):	
EQUIPMENT DESCRIPTION: (Indicate quantity, new or used and include make, model, serial # and all attachments – see below and/or attached Schedule A)		
See Attached Schedule A		
BASE TERM IN MONTHS 60	TOTAL NUMBER OF LEASE PAYMENTS 60 @ \$ 756.80 (plus taxes) followed by @ \$ _____ (plus taxes)	END OF LEASE PURCHASE OPTION
		<input checked="" type="checkbox"/> Fair market value, plus taxes <input type="checkbox"/> 10% of Equipment cost, plus taxes <input type="checkbox"/> \$1.00, plus taxes <small>(FMV unless another option is selected. You may not exercise a purchase option if you are in default. If you exercise a purchase option we will convey all of our right, title and interest in such Equipment to you on an AS-IS WHERE IS without warranty.)</small>
		(a) Advance Payment: \$ _____ (b) Security Deposit: \$ _____ (c) Documentation Fee: \$ 35.00, <i>(initials)</i> Total due a + b + c =: \$ _____

****If more than one lease payment is required as an Advance Payment, the balance will be applied to lease payments in inverse order, starting with the last lease payment. Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.**

In this agreement ("Lease"), "we," "our," and "us" refers to LEAF Capital Funding, LLC as Lessor and "you" and "your" refer to the Lessee. You agree to lease the Equipment upon the following terms and conditions:

1. LEASE PAYMENTS AND TERM: The Lease is enforceable on you upon your execution. The term of the Lease shall commence on the date the Equipment is delivered to you ("Lease Commencement Date"). The first Lease Payment shall be due on the date we specify in the month following the Lease Commencement Date as set forth in our invoice, and the remaining Lease Payments will be due on the same day of each subsequent month (each, a "Payment Date") until paid in full. The Base Term shall commence on the date one month prior to the first Payment Date. We may charge you a portion of one Lease Payment for the period from the Lease Commencement Date until the first day of the Base Term ("Interim Rent"). The Interim Rent shall be due as invoiced. We may adjust the Lease Payments up to 15% if the actual costs are different than the estimate used to calculate the Lease Payments.

2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation. You unconditionally accept the Equipment upon the earlier of (a) your oral or written acceptance of the Equipment, or (b) 10 days after delivery of the Equipment. You authorize us to fill in the Lease Commencement Date, serial numbers and other information. You will not move the Equipment from the above location without our written consent and are responsible for maintaining the Equipment in good repair. We are not responsible for Equipment or vendor failures.

3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, lease, possession, delivery or return of Equipment.

4. LEASE EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Lease of your election to return or purchase the Equipment, this Lease will renew on a month-to-month basis at the same monthly Lease Payment until you either exercise the purchase option or provide us with at least 90 days notice and return the Equipment. If you return the Equipment, (i) it must be to the location we designate and you are responsible for all return costs and we may charge a Restocking Fee equal to one Lease Payment, and (ii) you must securely remove all data from any and all disk drives or magnetic media prior to returning the Equipment (and you are solely responsible for selecting an appropriate removal standard that meets your business needs and complies with applicable laws). You will pay us for any loss in value resulting from failure to maintain the Equipment in accordance with this Lease or for damages incurred in shipping and handling. If you exercise a purchase option we will convey all of our interest in such Equipment to you on an AS-IS WHERE IS basis without representation or warranty.

5. LATE FEES AND CHARGES: If any amount is not paid within three (3) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount. Amounts which are not paid within 30 days of when due shall accrue interest at 1.5% per month (or if less, the maximum legal rate) until paid. You agree to pay \$25 for each pay by phone and \$35 for each returned payment.

6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. **WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.**

7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition or purchased by you ("Risk Period"). During the Risk Period you will maintain property and liability insurance on the Equipment acceptable to us, naming us loss payee and additional insured. If you do not provide us with proof of such insurance, we may secure insurance on the Equipment to

cover our interests (and only our interests). If we obtain such insurance, you will pay us an additional amount for the cost of it and an administrative fee, the cost of which may be more than the cost to obtain your own insurance and on which we may make a profit.

8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment. You authorize us to file UCC financing statements to confirm our interest. You will pay, when due, all taxes, fines and penalties relating to the purchase, use, leasing and/or ownership of the Equipment. If we pay any taxes (including property tax), fees or penalties on your behalf, you will pay us the amount we paid plus an administrative fee. You agree to pay us the documentation fee specified above or if not so specified, the greater of either \$125 or 0.5% of the Equipment cost. If we require an Equipment site inspection, or you request administrative services, you agree to reimburse our costs.

9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Lease, any warranty or any license relating to the Equipment, you will be in default. If you default, we may require you to do any combination of the following: (a) immediately pay all amounts then due, plus the present value of the remaining Lease Payments, Interim Rent and residual value of the Equipment, as determined by us, discounted at an annual rate of 3%; (b) return all of the Equipment; (c) allow us to repossess the Equipment; or (d) use any and all remedies available to us under applicable law. If you default, you agree to pay the cost of repossession and our attorney's fees and costs. In addition to all other charges and as reimbursement for expenses incurred and not as a penalty, we may require you to reimburse us for the phone calls, letters, and any additional expense incurred in the collection or servicing of this Lease for you. If we take possession of the Equipment, we may sell or otherwise dispose of it with or without notice, at a public or private sale, and apply the net proceeds (after we have deducted all costs related to the sale or disposition of the Equipment) to the amounts that you owe us. You agree that if notice of sale is required by law, 10 days' notice shall constitute reasonable notice. You remain responsible for any amounts that are due after we have applied such net proceeds. We may apply any security deposits to your obligations and if you do not default, the balance will be refunded without interest.

10. ASSIGNMENT: You have no right to sell or assign the Equipment or Lease. We may sell or assign our rights in the Lease and/or Equipment and the new owner will have all our rights but will not be subject to any claim or defense you have against us.

11. ARTICLE 2A: You agree this Lease is a "finance lease" as defined in Article 2A of the Uniform Commercial Code. You waive all rights and remedies conferred upon a lessee by Article 2A (509-522) of the UCC. You have received a copy of the Supply Contract or been informed of the identity of the Supplier and you may have rights under the Supply Contract and may contact the Supplier for a description of those rights.

12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.

13. CHOICE OF LAW: THIS LEASE WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.

14. MISCELLANEOUS: This Lease is the parties' entire agreement and can be amended only in writing signed by both parties. This Lease may be executed in counterparts (manually or by electronic means) and, when transmitted to us shall be binding upon you for all purposes. This Lease is not binding on us until we sign it. You agree not to raise as a defense to the enforcement of this Lease that it was executed or transmitted to us by electronic means. You will use the Equipment only for business purposes and not for personal, family or household use. The USA PATRIOT Act requires us to obtain, verify, and record information that identifies you thus we ask for your name, address and other information or documents that substantiate your identity.

ACCEPTED BY LESSEE:

[Signature]
X _____
Lessee Authorized Signature

Print Name: *Gregory Shahn*Title: *Administrator*E-Mail Address: *gshahn@ndh.rehab.org*Date: *08/01/2021*Tax ID Number: *E-4171*

PERSONAL GUARANTY: Undersigned guarantees that Lessee will make all payments and perform all other obligations under the Lease when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Lessee or the Equipment. Undersigned also waives all suretyship defenses and notification if the Lessee is in default and consents to any extensions or modifications granted to Lessee. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or Lessee. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the State or Federal courts in Pennsylvania and expressly waive any right to a trial by jury.

SIGNED X

Print Name: _____

E-Mail Address: _____

Accepted by:

LEAF CAPITAL FUNDING, LLC By:

Title: _____

Date: _____

(LEASE 01 2-7-2019)



BBI TECHNOLOGIES

OFFICE EQUIPMENT SOLUTIONS

269 Woodmont Road, PO Box 3680 Milford, CT 06460

Toll Free 1-800-548-9336 Local 203-878-3581 Fax 203-878-1219

Visit us on the web at www.bbitech.com

PRINT MANAGEMENT MAINTENANCE AGREEMENT

We pledge and dedicate the skills and technical knowledge of our certified, factory trained technicians and customer support staff to insure the performance of your office equipment.

PRIORITY SERVICE: You receive priority attention on your service call request

PREVENTATIVE MAINTENANCE: To minimize downtime, preventive maintenance is performed per manufacturer specifications

SERVICE HOURS 8:30 AM to 5:00 PM - Monday through Friday excluding holidays

PLEASE READ THE FOLLOWING EXCEPTIONS CAREFULLY:

- A. Repair or adjustment caused by water, fire, accident, abuse, improper operation or foreign matter in equipment
- B. Repair or adjustment resulting from input power line fluctuations or failure to comply with proper grounding requirements
- C. Replacement of parts or assemblies which are no longer available from the manufacturer
- D. Relocation of your equipment not covered under this agreement
- E. This agreement covers **Hardware Only**. Printer driver installation, scanning configuration, fax configuration or reinstallation of software is **NOT COVERED UNDER THIS AGREEMENT**
- F. **OPTIONAL REMOTE SOFTWARE SUPPORT** Includes: Remote Setup for Scan to Folder / Email & Printer Driver Installation

\$9.95 per month (Please check one and initial): Yes Not Required Customer Initials

RENEWAL Upon completion of the "period covered" below, this agreement will be renewed quarterly, unless cancelled by either party within 30 days written notice.

This agreement may be subject to an annual increase.

Customer Name:

Notre Dame Health and Rehab Center

Period Covered:

Street Address:

76 West Rocks Rd.

City:

Norwalk

State:

CT

Zip:

06851

Contact: Delores Email Address: dtirpak@ndhrehab.org Phone: 203-847-5853

Equipment Covered by this Agreement: See attached

MAKE	MODEL	SERIAL NUMBER	ID#	Location
COPYSTAR	CS-5053ci			Hallway
COPYSTAR	CS-3553ci			Business Office
COPYSTAR	CS-3553ci			Staff Office

Cost per Black Print: \$0.0065

Cost per Color Print: \$0.06

Copies/Prints Included with this Contract: Black Color Monthly/Quarterly/Annually/Overall

Base Billed: Monthly Quarterly Yearly N/A Base Amount per Month: \$

Overage Billed: Monthly Quarterly Semi Annual Yearly:

COMPLETE SERVICE & SUPPLY AGREEMENT: Includes all parts, labor, travel and consumables. Not included: PAPER & STAPLES

Approved for Service BBI Technologies, Inc.	BBI Representative	DATE	CUSTOMER SIGNATURE	DATE
				6/1/2023



**SCHEDULE A TO LEASE AGREEMENT
(EQUIPMENT DESCRIPTION)**

Lease Application No.: **658941**

QNT	Equipment Description	New/Used	Make	Model	Serial Number
-----	-----------------------	----------	------	-------	---------------

Location: 76 West Rocks Rd., Norwalk , CT 06851

1	Copy Star CS 5053ci	New	CS 5053ci
	Copy Star CS 3553ci		
	Copy Star CS 3553ci		

LESSEE: Notre Dame Convalescent Homes Incorporated

BY: Gregory Shabum

PRINT NAME: Gregory Shabum

TITLE: Administrator

DATE: 6/1/2011

LEAF CAPITAL FUNDING, LLC

BY: _____

PRINT NAME: _____

TITLE: _____

DATE: _____



BBI TECHNOLOGIES

OFFICE EQUIPMENT SOLUTIONS

269 Woodmont Road, PO Box 3680 Milford, CT 06460

Toll Free 1-800-548-9336 Local 203-878-3581 Fax 203-878-1219

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PRINT MANAGEMENT MAINTENANCE AGREEMENT

We pledge and dedicate the skills and technical knowledge of our certified, factory trained technicians and customer support staff to insure the performance of your office equipment.

PRIORITY SERVICE: You receive priority attention on your service call request

PREVENTATIVE MAINTENANCE: To minimize downtime, preventive maintenance is performed per manufacturer specifications

SERVICE HOURS 8:30 AM to 5:00 PM - Monday through Friday excluding holidays

PLEASE READ THE FOLLOWING EXCEPTIONS CAREFULLY:

- A. Repair or adjustment caused by water, fire, accident, abuse, improper operation or foreign matter in equipment
- B. Repair or adjustment resulting from input power line fluctuations or failure to comply with proper grounding requirements
- C. Replacement of parts or assemblies which are no longer available from the manufacturer
- D. Relocation of your equipment not covered under this agreement
- E. This agreement covers **Hardware Only**. Printer driver installation, scanning configuration, fax configuration or reinstallation of software is **NOT COVERED UNDER THIS AGREEMENT**
- F. **OPTIONAL REMOTE SOFTWARE SUPPORT** Includes: Remote Setup for Scan to Folder / Email & Printer Driver Installation

\$9.95 per month (Please check one and initial): Yes Not Required Customer Initials

RENEWAL Upon completion of the "period covered" below, this agreement will be renewed quarterly, unless cancelled by either party within 30 days written notice.

This agreement may be subject to an annual increase.

Customer Name:

Notre Dame Health and Rehab Center

Period Covered:

Street Address:

76 West Rocks Rd.

City:

Norwalk

State:

CT

Zip:

06851

Contact: Delores

Email Address: dtirpak@ndhrehab.org

Phone: 203-847-5853

Equipment Covered by this Agreement: See attached

MAKE	MODEL	SERIAL NUMBER	ID#	Location
COPYSTAR	CS-5053ci			Hallway
COPYSTAR	CS-3553ci			Business Office
COPYSTAR	CS-3553ci			Staff Office

Cost per Black Print: \$.0065

Cost per Color Print: \$.06

Copies/Prints Included with this Contract: Black

Color

Monthly/Quarterly/Annually/Overall

Base Billed: Monthly: Quarterly: Yearly: N/A Base Amount per Month: \$

Overage Billed: Monthly Quarterly: Semi Annual Yearly:

COMPLETE SERVICE & SUPPLY AGREEMENT: Includes all parts, labor, travel and consumables. Not included: PAPER & STAPLES

Approved for Service BBI Technologies, Inc.	BBI Representative	DATE	CUSTOMER SIGNATURE	DATE
--	--------------------	------	--------------------	------

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-6 Rev. 9/2002

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

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

Name of Facility		License No.		Report for Year Ended 9/30/2021			Page 6 of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
U.S. Bank Equipment Finance, Inc., P O. Box 790448, St. Louis, MO 61379	<input type="radio"/>	<input checked="" type="radio"/>	Copiers/Fax (See attached amendment to include additional equipment)	02/03/16	Monthly	17,779	17,779
Marlin Business	<input type="radio"/>	<input checked="" type="radio"/>	Telephone Messaging Service	12/01/11	Quarterly	223	223
Leaf	<input type="radio"/>	<input checked="" type="radio"/>	New Copier	06/01/21	Monthly	4,557	4,557
	<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"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		Total ***	22,559

* 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 Notre Dame Convalescent Homes,	License No. 286-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 Yes If "No," explain.
previous period? No

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511
---	--

Services Provided by This Firm (*describe fully*)

1 Cost reporting, Auditing, and Accounting	\$ 69,222
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 69,222

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

Yes No |Page 15, Line 1d

Legal Services Information

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

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

1 P.O. Box 1832, New Haven, CT 06508 2 Connecticut Ave., Norwalk, CT 06851 3 4 5	
--	--

Services Provided by This Firm (*describe fully*)

1 General Resident Matters	\$ 6,106
2 General Representation and Employee Matters	\$ 12,959
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 19,065

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

Yes No |Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Notre Dame Convalescent Homes, Inc.			License No. 286-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					60	60						
A. On last day of PREVIOUS report period	60	60										
B. On last day of THIS report period	60	60							60	60		
2. Number of Residents					49	49						
A. As of midnight of PREVIOUS report period	49	49										
B. As of midnight of THIS report period	43	43							43	43		
3. Total Number of Days Care Provided During Period					7	1,764	1,757		7	450	450	
A. Medicare	2,214	2,207										
B. Medicaid (Conn.)	9,903	9,800			103	7,125	7,053		72	2,778	2,747	31
C. Medicaid (other states)												
D. Private Pay	2,471	2,469			2	1,924	1,924			547	545	2
E. State SSI for RCH												
F. Other (Specify) Managed Care	290	290				197	197			93	93	
G. Total Care Days During Period (3A thru F)	14,878	14,766			112	11,010	10,931		79	3,868	3,835	33
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)	14,878	14,766			112	11,010	10,931		79	3,868	3,835	33

Schedule of Resident Statistics (Cont'd)

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	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	30		6				
Per Diem Rate								
a. One bed rm.	Various	279.79		420.00				
b. Two bed rms.	Various	279.79		390.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	1,379	1,379	(Specify)
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other	4,683	4,683	
D. Total Physical Therapy Treatments	6,062	6,062	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	198	198	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other	588	588	
D. Total Speech Therapy Treatments	786	786	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	1,001	1,001	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other	4,853	4,853	
D. Total Occupational Therapy Treatments	5,854	5,854	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		286-C	9/30/2021	10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes		<input type="radio"/> No	
		Total Cost and Hours			
Item		CCNH	Hours	RHNS	Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	135,610	2,208			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	197,467	12,580			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	60,662	3,368			
c. Dietary Workers	328,050	28,945			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	180,044	22,193			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	70,294	3,383			
b. Other Maintenance Workers	57,272	3,442			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	75,155	7,827			
9. Barber and Beautician Services					
10. Protective Services					
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	100,784	3,372			
b. RN					
1. Direct Care	281,261	8,359			
2. Administrative**	235,712	12,085			
c. LPN					
1. Direct Care	523,857	27,379			
2. Administrative**					
d. Aides and Attendants	915,327	78,222			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	111,417	7,644			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
j. Dentists					
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	79,662	4,316			
n. Marketing					
o. Other (Specify) See Attached Schedule	169,379	9,625			
<i>A-13. Total Salary Expenditures</i>	3,521,953	234,948			

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

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Schedule of Other Fees (Page 13)

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

Name of Facility Notre Dame Convalescent Homes, Inc.			License No. 286-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).										
Sisters Congregation _ Saint Thomas of Villanova	10,133			Non-discrim.	Employee	N/A	A4			
Sisters Congregation _ Saint Thomas of Villanova	126,932			Non-discrim.	Employee	7,633	A12o			

* 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
Notre Dame Convalescent Homes, Inc.				286-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***										
Dana J Paul	49,135			Non-discriminatory	Administrator 10/1/2020-1/15/2021	800	A2			
Gregory Shahum	86,475			Non-discriminatory	Administrator 1/15/2021-9/30/2021	1,408	A2			
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 Notre Dame Convalescent Homes, Inc.	License No. 286-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	8,785	220			
2. Dentist	3,872	5			
3. Pharmacist	888	7			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	142,310	1,562			
b. Other					
6. Social Worker	21,300	533			
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	67,550	261			
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) Medical Staff					
9. Speech Therapist					
a. Resident Care	57,541	415			
b. Other					
10. Occupational Therapist					
a. Resident Care	133,899	1,516			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	225,983	1,958			
2. Administrative***					
b. LPN					
1. Direct Care	82,326	1,513			
2. Administrative***					
c. Aides	111,752	3,214			
d. Other					
12. Other (Specify) See Attached Schedule	44,945	847			
B-13 Total Fees Paid in Lieu of Salaries	901,151	12,051			

* 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 Notre Dame Convalescent Homes, Inc.	License No. 286-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		
HealthPro Heritage PO Box 69268 Baltimore, MD 21264	Physical, Occupational and Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Select Rehabilitation, 2600 Compass Rd. Glenview Il. 60026	Physical, Occupational and Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Access Capital, 405 Park Ave. New York, NY. 10022	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Nurse Network, PO BOX 982 Southington CT. / 360 Bloomfield Ave Windsor CT.	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
AAA Nursing, 3303 Main St, Stratford, CT 06614	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Partners Pharmacy, P.O. Box 9689, Uniondale, NY 11555-9689	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Gale Healthcare 11274 W Hillsborough Ave, Tampa, FL 33635	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
JP American Staffing, 1825 Barnum Ave, Stratford, CT 06614	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Health Drive Eye Care, 888 Worcester St, Wellesley, MA 02482	Eye Care	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Health Drive Dental Group, 888 Worcester St, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. Richard Huntley, 40 Cross Street #400, Norwalk, CT 06851	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. Edward McDermott, 27 Fisher Ave. Tuckahoe N.Y. 10707	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Emily Quade, 55 Myrtle St. Ext. Norwalk, CT 06855	MDS Coord.	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Lynn Holmberg, 6 Ellin Drive, Greenwich, CT 06831	Dietician Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Joan Danford 251 Hoyt Farm Rd New Canaan, CT 06492	Dietician Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Simone Parkes 64 Eaton Ave, Bridgeport, CT 06606	Medical Records	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Erla Ticsay, 215 Alba Ave, Bridgeport CT 06606	LPN	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Tempositions, 622 Third Ave New York, NY 10017	Medical Records	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
MDS Rescue, 507 Main St. Torrington, CT 06790	MDS Coord.	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Various	Visiting Priest	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<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 Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2021	Page 15	of 37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 94,495	94,495		
2. Disability Insurance	\$ 18,283	18,283		
3. Unemployment Insurance	\$ 7,704	7,704		
4. Social Security (F.I.C.A.)	\$ 225,982	225,982		
5. Health Insurance	\$ 372,878	372,878		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 8,740	8,740		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (Specify) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 29,955	29,955		
d. Accounting and Auditing	\$ 69,222	69,222		
e. Legal (Services should be fully described on Page 7)	\$ 19,065	19,065		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 15,786	15,786		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 28,167	28,167		
2. Cellular Phones	\$			
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	\$			
3. Resident Day User Fee	\$ 215,054	215,054		
Subtotal	\$ 1,105,331	1,105,331		

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

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

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

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2021		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		1,105,331	1,105,331		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	15,959	15,959		
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$	45	45		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	787	787		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	14,931	14,931		
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	\$	5,041	5,041		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	11,840	11,840		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	6,005	6,005		
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>)	\$	88,310	88,310		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	119,808	119,808		
<i>C-14 Total Administrative & General Expenditures</i>	\$	1,368,057	1,368,057		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	0		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Admin. - Public Relations - A	14,931		
Total Other Advertising	\$ 14,931	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CT CAHCF	\$ 10,400		
CT Dept. of Admin Svcs.	\$ 715		
ALTCFM	\$ 85		
Dept Consumer Protection	\$ 40		
AHCA	\$ 600		
Total Dues	\$ 11,840	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Other Income - Refunds(disallowed)	\$ 42,129		
Admin - Bank Service Charge	\$ 1,501		
Admin - Administrative Fees	\$ 6,003		
Admin - Pre Employment Screening	\$ 8,766		
Admin - Civil Penalties	\$ 655		
Bus. Office - Paychecks/ADP	\$ 37,330		
COVID 19 Care	\$ 22,702		
Religious Supplies	\$ 722		
Total Other Administrative and General	\$ 119,808	\$ -	\$ -

State of Connecticut

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CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2021	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 #
N/A			

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

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

Name of Facility	License No.	Report for Year Ended		Page of
		9/30/2021		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 139,550	139,550		
2. Non-Food Supplies	\$ 7,423	7,423		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 1,952	1,952		
c. Other (Specify) _____	\$ _____			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 148,925	148,925		
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 Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2021		Page of 19 37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) Laundry & Linen Supplies	\$	21,437	21,437	
3D. Total Laundry Expenditures (3a + b + c)	\$	21,437	21,437	
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 Notre Dame Convalescent Homes, Inc.	License No. 286-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.	\$ 36,189	36,189		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
	Amt.	\$			
C. Other (Specify)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	36,189	36,189		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	51,431	51,431		
b. Medicine Cabinet Drugs	\$	19,057	19,057		
c. Medical and Therapeutic Supplies	\$	137,835	137,835		
d. Ambulance/Limousine***	\$	6,277	6,277		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	7,049	7,049		
f. X-rays and Related Radiological Procedures***	\$	23,891	23,891		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	46,807	46,807		
i. Recreation	\$	14,774	14,774		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$				
5M. Total Resident Care Expenditures (5a - 5j)	\$	307,121	307,121		

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

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

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

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

Schedule of Other Resident Care

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

Name of Facility Notre Dame Convalescent Homes, Inc.				License No. 286-C	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.***				Pg	Line
		Yes	No			CCNH	RHNS	(Specify)			
		<input type="radio"/>	<input checked="" type="radio"/>								
Pylon Technology	PO Box 441 Westport, CT 06880	<input type="radio"/>	<input checked="" type="radio"/>		Computer Technology	36,388				16 M11	
PointClickCare Technologies	PO Box 674802 Detroit, MI 48267-4802	<input type="radio"/>	<input checked="" type="radio"/>		Computer Technology	20,018				16 M11	
Honeywell Building Solutions	12490 Collection Center Chicago, IL 60693	<input type="radio"/>	<input checked="" type="radio"/>		HVAC Maintenance	18,644				22 6F	
Finocchio Brothers	49 Liberty Place, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Garbage Disposal	15,131				22 6F	
E T's Landscaping	41 Fair St, Norwalk, CT 06851	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	23,635				22 6F	
Ratnick Combustion	PO Box 6406 Bridgeport, CT 06606	<input type="radio"/>	<input checked="" type="radio"/>		HVAC Maintenance	12,339				22 6F	
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-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	\$	24,291	24,291			
b. Heat	\$	104,827	104,827			
c. Light & Power	\$	68,967	68,967			
d. Water	\$	25,600	25,600			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	22,559	22,559			
f. Other <i>(itemize)</i>	\$	101,546	101,546			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	347,790	347,790			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	34,655	34,655			
c. Non-Movable Equipment	\$	4,803	4,803			
d. Movable Equipment	\$	31,442	31,442			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	70,900	70,900			
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	\$	34,304	34,304			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	105,204	105,204			

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

Schedule of Other Repairs and Maintenance

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

**Ties to Page 23, Line C3

Schedule of Movable Equipment Acquired during this report period

*Ties to Page 23, Line D2c

****Ties to Page 23, Line D2b**

Schedule of Leasehold Improvements Acquired during this report period

*Ties to Page 24, Line C3

**Ties to Page 24, Line C3

Amortization Schedule*

Name of Facility Notre Dame Convalescent Homes, Inc.			License No. 286-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:

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

Upholstery and furnishings	10/15/2013	10,338	10,338	10	S/L	4,136	1,034	5,170	1,034	6,204	1,034	7,238	1,034	8,272	2,066
		10,338	10,338			4,136	1,034	5,170	1,034	6,204	1,034	7,238	1,034	8,272	2,066
Total		433,873	433,873			331,787	22,668	354,455	22,668	377,123	22,668	399,791	4,803	404,594	29,280
Motor Vehicles - Movable Equipment															
Acquired prior 2011 per 2011 Cost Report															
1997 Ford Truck	8/1/2002	9,538	9,538	8	S/L	9,538	-	9,538	-	9,538	-	9,538	-	9,538	-
1999 Toyota Forerunner	1/1/2004	17,025	17,025	5	S/L	17,025	-	17,025	-	17,025	-	17,025	-	17,025	-
2005 Chrysler Van	12/1/2008	6,500	6,500	5	S/L	6,500	-	6,500	-	6,500	-	6,500	-	6,500	-
		33,063	33,063			33,063	-	33,063	-	33,063	-	33,063	-	33,063	-
Acquired in 2016															
2012 GMC Sierra Truck	2/1/2016	23,710	23,710	5	S/L	9,484	4,742	14,226	4,742	18,968	4,742	23,710	-	23,710	0
		23,710	23,710			9,484	4,742	14,226	4,742	18,968	4,742	23,710	-	23,710	0
Acquired in 2020															
2020 Mobility Trans S4X	2/19/2020	75,500	75,500	5	S/L	-	-	-	-	-	15,100	15,100	15,100	30,200	45,300
		75,500	75,500			-	-	-	-	-	15,100	15,100	15,100	30,200	45,300
Total		132,273	132,273			42,547	4,742	47,289	4,742	52,031	19,842	71,873	15,100	86,973	45,300
Movable Equipment															
Acquired prior 2011 per 2011 Cost Report															
Movable Equipment	Various	655,485	655,485	Var.	S/L	655,485	-	655,485	-	655,485	-	655,485	-	655,485	-
		655,485	655,485			655,485	-	655,485	-	655,485	-	655,485	-	655,485	-
Acquired in 2011															
ADS Time Clock System	10/1/2010	4,185	4,185	5	S/L	4,185	-	4,185	-	4,185	-	4,185	-	4,185	-
Computer Equipment (Softchoice)	11/30/2010	5,813	5,813	5	S/L	5,813	-	5,813	-	5,813	-	5,813	-	5,813	-
Computer, Monitor, and Printer	3/31/2011	2,257	2,257	5	S/L	2,257	-	2,257	-	2,257	-	2,257	-	2,257	-
Alliance Patient Stand-Assist Lift	7/1/2011	3,061	3,061	10	S/L	2,143	306	2,449	306	2,755	306	3,061	-	3,061	1
61 Cherry Overbed Tables	6/30/2011	12,410	12,410	10	S/L	8,687	1,241	9,928	1,241	11,169	1,241	12,410	-	12,410	-
25 Flat Screen TVs	6/30/2011	4,462	4,462	10	S/L	3,123	446	3,569	446	4,015	446	4,461	-	4,461	1
PointClickCare Software	7/30/2011	17,375	17,375	5	S/L	17,375	-	17,375	-	17,375	-	17,375	-	17,375	-
Nursing Station Kiosks & Install	9/1/2011	12,171	12,171	5	S/L	12,171	-	12,171	-	12,171	-	12,171	-	12,171	-
		61,734	61,734			55,753	1,993	57,746	1,993	59,739	1,993	61,732	-	61,732	1
Acquired in 2012															
Kiosk Bundle	10/31/2011	165	165	5	S/L	165	-	165	-	165	-	165	-	165	-
Mobility Cart	11/17/2011	2,440	2,440	5	S/L	2,440	-	2,440	-	2,440	-	2,440	-	2,440	-
Mobility Cart	1/25/2012	287	287	5	S/L	287	-	287	-	287	-	287	-	287	-
Touch Screen Tablet PC	3/3/2012	2,555	2,555	5	S/L	2,555	-	2,555	-	2,555	-	2,555	-	2,555	-
Beds	2/8/2012	2,826	2,826	10	S/L	1,696	283	1,979	283	2,262	283	2,545	283	2,828	(2)
Beds	2/27/2012	3,276	3,276	10	S/L	1,966	328	2,294	328	2,622	328	2,950	328	3,278	(2)
Telephone Equipment	12/15/2011	17,833	17,833	7	S/L	15,286	2,547	17,833	-	17,833	-	17,833	-	17,833	-
Antenna Module	2/14/2012	464	464	7	S/L	397	67	464	-	464	-	464	-	464	-
Flatscreen TV	7/1/2012	1,890	1,890	10	S/L	1,134	189	1,323	189	1,512	189	1,701	189	1,890	(0)
Laptop	8/9/2012	1,003	1,003	5	S/L	1,003	-	1,003	-	1,003	-	1,003	-	1,003	-
LCD Monitor	8/9/2012	366	366	5	S/L	366	-	366	-	366	-	366	-	366	-
		33,105	33,105			27,296	3,414	30,709	800	31,509	800	32,309	800	33,109	(4)
Acquired in 2013															
Lenovo Monitor	2/7/2013	2,166	2,166	5	S/L	2,166	-	2,166	-	2,166	-	2,166	-	2,166	-
		2,166	2,166			2,166	-	2,166	-	2,166	-	2,166	-	2,166	-
Acquired in 2014															
Radiant Heat Plate Dispenser	7/10/2014	1,500	1,500	7	S/L	857	214	1,071	214	1,285	214	1,499	1	1,500	0
Cambris 2-compartment Meal Delivery Cart	8/11/2014	6,881	6,881	10	S/L	2,752	688	3,440	688	4,128	688	4,816	688	5,504	1,377
17" CarePoint Kiosk Bundle Computer	1/4/2014	1,664	1,664	7	S/L	951	238	1,189	238	1,427	238	1,665	-	1,665	(1)
Electric beds (5)	5/2/2014	7,500	7,500	10	S/L	3,000	750	3,750	750	4,500	750	5,250	750	6,000	1,500
		17,545	17,545			7,560	1,890	9,450	1,890	11,340	1,890	13,230	1,439	14,669	2,876
Acquired in 2015															
Economy Beverage Service Cart w/ locking doors	4/7/2015	2,931	2,931	10	S/L	879	293	1,172	293	1,465	293	1,758	293	2,051	880
Careworkx - Computer kiosk for nursing	5/21/2015	8,071	8,071	5	S/L	4,842	1,614	6,456	1,614	8,070	1	8,071	1	8,072	(1)
Fiberglass Dining Tble (11) Spectables, Inc.	4/28/2015	9,077	9,077	10	S/L	2,724	908	3,632	908	4,540	908	5,448	908	6,356	2,721
		20,080	20,080			8,445	2,815	11,260	2,815	14,075	1,202	15,277	1,202	16,479	3,601
Acquired in 2016															
Elliptical	11/1/2015	3,100	3,100	4	S/L	1,550	775	2,325	775	3,100	-	3,100	-	3,100	-
Carepoint Kiosk	12/9/2015	3,070	3,070	3	S/L	2,046	1,023	3,069	1	3,070	-	3,070	-	3,070	0
Industrial Blender	1/1/2016	1,279	1,279	10	S/L	256	128	384	128	512	128	640	128	768	511
Hospital Beds	9/1/2016	3,658	3,658	10	S/L	732	366	1,098	366	1,464	366	1,830	366	2,196	1,462
Hospital Beds	1/1/2016	3,138	3,138	10	S/L	628	314	942	314	1,256	314	1,570	314	1,884	1,254
Walkie - Talkies	3/1/2016	3,780	3,780	8	S/L	946	473	1,419	473	1,892	473	2,365	473	2,838	942
Hospital Beds	3/1/2016	11,543	11,543	10	S/L	2,308	1,154	3,462	1,154	4,616	1,154	5,770	1,154	6,924	4,619
Snow Plow	5/1/2016	4,740	4,740	5	S/L	1,896	948	2,844	948	3,792	948	4,740	-	4,740	(0)
Dryers	6/1/2016	17,954	17,954	10	S/L	3,590	1,795	5,385	1,795	7,180	1,795	8,975	1,795	10,770	7,184
Water Dispenser	7/1/2016	5,055	5,055	8	S/L	1,264	632	1,896	632	2,528	632	3,160	632	3,792	1,263
		57,317	57,317			15,216	7,608	22,824	6,586	29,410	5,810	35,220	4,862	40,082	17,235
Acquired in 2017															
Hospital Beds	10/18/2016	1,829	1,829	10	S/L	183	183	366	183	549	183	732	183	915	914
Hospital Beds	1/24/2017	2,926	2,926	10	S/L	293	586	293	586	879	293	1,172	293	1,465	1,461
Hospital Beds	7/17/2017	5,423	5,423	10	S/L	542	542	1,084	542	1,626	542	2,168	542	2,710	2,713
HK Laundry Equipment	12/1/2016	11,587	11,587	10	S/L	1,159	1,159	2,318	1,159	3,477	1,159	4,636	1,159	5,795	5,792
		21,765	21,765			2,177	2,177	4,354	2,177	6,531	2,177	8,708	2,177	10,885	10,880
Acquired in 2018															
Sure Temp Thermometer	11/16/2017	2,208	2,208	5	S/L	-	442	442	442	884	442	1,326	442	1,768	440

Sure Temp Thermometer	12/4/2017	2,208	2,208	5	S/L	-	442	442	442	884	442	1,326	442	1,768	440		
Hospital bed	1/3/2018	1,601	1,601	10	S/L	-	160	160	160	320	160	480	160	640	961		
Hospital Beds	2/6/2018	3,766	3,766	10	S/L	-	377	377	377	754	377	1,131	377	1,508	2,258		
John Deere Lawn Mower	5/19/2018	2,147	2,147	5	S/L	-	429	429	429	858	429	1,287	429	1,716	431		
		11,930	11,930				1,850	1,850	1,850	3,700	1,850	5,550	1,850	7,400	4,530		
Acquired in 2020																	
AeroClave Room Decontamination System		13,999	13,999	10	S/L	-	-	-	-	-	1,400	1,400	1,400	2,800	11,199		
3 Portable Applicators, Hand Sprayers		3,747	3,747	5	S/L	-	-	-	-	-	749	749	749	1,499	2,248		
3 Remote Head Tripod		327	327	5	S/L	-	-	-	-	-	65	65	65	131	196		
Vital Oxide Disinfectant Solution 3 Cases		480	480	10	S/L	-	-	-	-	-	48	48	48	96	384		
Freight Outbound		280	280	5	S/L	-	-	-	-	-	56	56	56	112	168		
Aeroclave data logging software		850	850	3	S/L	-	-	-	-	-	283	283	283	567	283		
Electrotherapy System		3,795	3,795	7	S/L	-	-	-	-	-	542	542	542	1,084	2,711		
CardioTech GT-4500 Hand-held Bladder Scanner		3,695	3,695	7	S/L	-	-	-	-	-	528	528	528	1,056	2,639		
		27,173	27,173				-	-	-	-	-	3,672	3,672	3,672	7,344	19,829	
Acquired in 2021																	
Power Lift	8/3/2021	4,795	4,795	5	S/L	-	-	-	-	-	-	-	160	160	4,635		
Body Scanner	8/5/2021	5,390	5,390	5	S/L	-	-	-	-	-	-	-	180	180	5,210		
		10,185	10,185				-	-	-	-	-	-	340	340	9,846		
Total		918,484	918,484				774,099	21,747	795,845	18,111	813,956	19,394	833,350	16,342	849,692	68,793	
Cost Report Totals		4,540,605	4,540,605				3,676,087	87,093	3,763,180	83,457	3,846,637	95,944	3,942,581	70,900	4,013,481	527,125	
T/B		4,717,994											150,909	3,763,724	150,909	3,763,724	954,270
Variance		(177,389) (a)											(54,965)	178,857	(80,009)	249,757	(427,145)
Reconciliation														(b)			
Variance Prior to FY2016		76,089															
Variance from FY2016		1,280															
Variance from FY2017		21															
Add Back: Restricted Contributions Revenue FY2016		60,000															
Add Back: Restricted Contributions Revenue FY2017		40,000															
Rounding		(1)															
Reconciliation Total		177,389 (a)															

Tickmarks
(a) - carry forward amount from prior year depreciation schedule. In FY2016, there was an additional variance of \$1,280 and restricted capital improvement revenue of \$100,000 added to the initial \$76,089, \$21 variance in FY2017, which ultimately totals to the \$137,389

Reconciliation Amounts

(b) F/S vs C/R NBV - Pg 31, Line B9
 Rounding Variance - Pg 31, Line B9
(c) F/S vs C/R Deprec - Pg 36, Line F1

427,145

80,009

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

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-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	1952-Convent			
2. Date Structure Completed	1967, 1972			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	05/20/05			
5. Total Licensed Bed Capacity	60			
6. Square Footage	32,319			
7. Acquisition Cost				
a. Land	1966-\$15,000			
b. Building	1966- \$286,852			

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 9/30/2021

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 Notre Dame Convalescent Homes, Inc.	License No. 286-C	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)		\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$				
14. Insurance						
a. Insurance on Property (buildings only)		\$ 26,536	26,536			
b. Insurance on Automobiles		\$ 16,284	16,284			
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$ 22,220	22,220			
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$ 82,300	82,300			
ADMIN.-INSUR.(PRO.CAS.LIAB.)						
14d. Total Insurance Expenditures (14a + b + c)		\$ 147,340	147,340			
15. Total All Expenditures (A-13 thru C-14)		\$ 6,905,167	6,905,167			

D. Adjustments to Statement of Expenditures

Name of Facility Notre Dame Convalescent Homes, Inc.			License No. 286-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.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<i>Page 13 - Professional Fees</i>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$	133,899	133,899	
7.			Other - See attached Schedule	\$	4,750	4,750	
<i>Pages 15 & 16 - Administrative and General</i>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$	29,955	29,955	
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$	14,931	14,931	
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$	46,358	46,358	
<i>Page 18 - Dietary Expenditures</i>							
24.			Meals to employees, guests and others who are not residents	\$			
<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)			\$	229,893	229,893		

* 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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	13	Admin - Civil Penalites	\$ 655		
16	13	Religious Supplies	\$ 722		
16	13	Other Income - Refunds	\$ 42,129		
16	13	Bank Service Charge - Bounced Check	\$ 102		
16	3	Discriminatory Gifts	\$ 2,750		
Total Other A&G Adjustments			\$ 46,358	\$ -	\$ -

Notre Dame Convalescent Homes, Inc.
Schedule of Disallowance- Priests and Nuns
September 30, 2021

	Square Feet	Percent
Convent	8,058	19%
Priest Quarters	1,170	3%
Nursing Home	32,319	78%
	41,547	100%

Property & Overhead Cost Disallowance

	<u>Cost Reported</u>	<u>Convent</u>	<u>Priest</u>
A&G Expense Items:			
Repairs & Maintenance	24,291		
Heat	104,827		
Light & Power	68,967		
Water	25,600		
Other Maintenance	101,546		
Total	325,231		
Allocation % from above		19%	3%
Allocation Cost		63,078	9,159
Factor*		0.33333	0.33333
Unallowable Amount		21,026	3,053
Amount to Disallow - Page 29 , Line 39	<u>21,026</u>	<u>3,053</u>	

Insurance Disallowance

Property Insurance	<u>26,536</u>	
Allocation % from above		19%
Allocation Cost		5,147
Factor*	0.33333	0.33333
Unallowable Amount (Page 29, Line39)	<u>1,716</u>	<u>249</u>

* Based on space in use only 8 out of 24 hours a day

Total amount on page 29a	<u>26,044</u>
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State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility			License No.	Report for Year Ended		Page of	
Notre Dame Convalescent Homes, Inc.			286-C	9/30/2021		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 229,893	229,893		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 51,431	51,431		
28.	20	5d	Ambulance/Limousine	\$ 6,277	6,277		
29.	20	5f	X-rays, etc	\$ 23,891	23,891		
30.	20	5h	Laboratory	\$ 46,807	46,807		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 7,049	7,049		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 8,334	8,334		
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	\$ 26,044	26,044		
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	\$ 10,152	10,152		
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)				\$ 409,878	409,878		

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

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

Notre Dame Convalescent Homes, Inc.

September 30, 2021

Cable Disallowance Calculation

Page 29a Attachment

Total Allowable Amount		3,600
Amount Reported	Page 20, LN 5i	11,934
Disallowance		<u>8,334</u> Page 29a

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page of
		9/30/2021		30 37
Item		Total	CCNH	RHNS
I. Resident Room, Board & Routine Care Revenue				(Specify)
1. a. Medicaid Residents (<i>CT only</i>)	\$ 2,543,279	2,543,279		
b. Medicaid Room and Board Contractual Allowance **	\$			
2. a. Medicaid (<i>All other states</i>)	\$			
b. Other States Room and Board Contractual Allowance **	\$			
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,037,233	1,037,233		
b. Medicare Room and Board Contractual Allowance **	\$			
4. a. Private-Pay Residents and Other	\$ 1,125,600	1,125,600		
b. Private-Pay Room and Board Contractual Allowance **	\$			
II. Other Resident Revenue				
1. a. Prescription Drugs - Medicare	\$ 46,860	46,860		
b. Prescription Drugs - Medicare Contractual Allowance **	\$			
c. Prescription Drugs - Non-Medicare	\$ 1,310	1,310		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$			
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	\$ 218,998	218,998		
b. Physical Therapy - Medicare Contractual Allowance **	\$			
c. Physical Therapy - Non-Medicare	\$ 926	926		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$			
4. a. Speech Therapy - Medicare	\$ 76,849	76,849		
b. Speech Therapy - Medicare Contractual Allowance **	\$			
c. Speech Therapy - Non-Medicare	\$			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$			
5. a. Occupational Therapy - Medicare	\$ 224,130	224,130		
b. Occupational Therapy - Medicare Contractual Allowance **	\$			
c. Occupational Therapy - Non-Medicare	\$			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$			
6. a. Other (<i>Specify</i>) - Medicare	\$ 281,530	281,530		
b. Other (<i>Specify</i>) - Non-Medicare	\$ 45,911	45,911		
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,602,626	5,602,626		
IV. Other Revenue*				
1. Meals sold to guests, employees & others	\$ 675	675		
2. Rental of rooms to non-residents	\$			
3. Telephone	\$			
4. Rental of Television and Cable Services	\$			
5. Interest Income (<i>Specify</i>)	\$ 338	338		
6. Private Duty Nurses' Fees	\$			
7. Barber, Coffee, Beauty and Gift shops	\$			
8. Other (<i>Specify</i>)	\$ 950,981	950,981		
V. Total Other Revenue (1 thru 8)	\$ 951,994	951,994		
VI. Total All Revenue (III +V)	\$ 6,554,620	6,554,620		

* 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 10a	X-RAY MEDICARE A	\$ 13,182		
30 10a	LAB MEDICARE a	\$ 7,778		
30 10a	HHS CRF Funds (MEDICARE)	\$ 260,570		
Total Other Resident Revenue - Medicare		\$ 281,530	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
30 10b	LAB MEDICAID	\$ 31		
30 10b	COVID RELIEF PAYMENT (MEDICAID)	\$ 45,880		
Total Other Resident Revenue		\$ 45,911	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 10b	Rev.Spec.Serv. - Interest	\$ 338	0		
Total Interest Income		\$ 338	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 Sub 18	Rev. Spec. Serv. - Unrestricted Contribution	\$ 58,174	0	
30 Sub 18	Unrealized Gain/Loss	\$ 102,230		
30 Sub 18	Rev. Spec. Serv. - Unrestricted Contribution	\$ 42,091		
30 Sub 18	Rev. Spec. Insurance Reimbursement(Disallowed)	\$ 17		
30 Sub 18	Staff Recognition Fund	\$ 10,135		
30 Sub 18	COVID Federal Loan	\$ 738,334		
Total Other Revenue		\$ 950,981	\$ -	\$ -

G. Balance Sheet

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-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>)			\$ 714,963	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 968,103	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ (18)	
4. Inventories			\$ 37,012	
5. Prepaid Expenses			\$ 4,730	
a. General		4,730		
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$ (17,650)	
8. Other Current Assets (<i>itemize</i>)			\$ 29,220	
Sequestration - Ins.		4,021		
Medicaid Settlement		25,199		
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 1,736,360	
B. Fixed Assets				
1. Land			\$ 36,800	
2. Land Improvements	*Historical Cost	94,852	\$	
	Accum. Depreciation	94,852	Net	
3. Buildings	*Historical Cost	2,961,123	\$	383,753
	Accum. Depreciation	2,577,370	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	433,873	\$	29,279
	Accum. Depreciation	404,594	Net	
6. Movable Equipment	*Historical Cost	918,484	\$	68,791
	Accum. Depreciation	849,693	Net	
7. Motor Vehicles	*Historical Cost	132,273	\$	45,300
	Accum. Depreciation	86,973	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$ 427,147	
F/S vs C/R NBV		427,145		
See Schedule		2		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 991,070	

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

Total Prepaid Expenses		\$ -

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

Page Ref Line Ref Description

Total Other Current Assets (Itemize)		\$ -

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

Page Ref Line Ref Description

			\$ 2
Total Other Other Fixed Assets (Itemize)			\$ 2

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	A12	Resident Refunds	\$ 45,114
33	A12	Due to Others	\$ 82,448
Total Other Current Liabilities (Itemize)			\$ 127,562

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

Page Ref Line Ref Description

Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2021	Page 32	of 37
Account		Amount		
		Total Brought Forward:		\$ 2,727,430
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>)			\$	2,088,189
Investment Account	1,971,547			
Ratchford Trust	116,642			
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	2,088,189
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,815,619

* 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 Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2021	Page 33	of 37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 134,519
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>)				\$ 72,256
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$ (15,293)
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>)				\$ 200,121
Client Fund Liability		12,108	Employee Tax Shelter Pl	(6,249)
Sunshine Club		1,871	Payroll Savings	53,398
Wage Garnishments		183	Roth - PPI/Ameriprise	5,116
403-B Loan Repayment		6,132	See Schedule	127,562
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 391,603

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

G. Balance Sheet (cont'd)

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			391,603	
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)			\$	391,603

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

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-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			\$	4,854,572
6. Gain or Loss for Period	10/1/2020	thru	9/30/2021	\$ (430,556)
7. Total Net Worth			\$	4,424,016
C. Total Reserves and Net Worth			\$	4,424,016
D. Total Liabilities, Reserves, and Net Worth			\$	4,815,619

H. Changes in Total Net Worth

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2021	Page 36	of 37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	4,930,594
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	6,554,620
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	6,985,176
D. Net Income or Deficit			\$	(430,556)
E. Balance			\$	4,500,038
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Expenses per Pg. 27	\$6,905,167			
F/S vs C/R Deprec.	\$80,009			
Expense Per F/S	\$6,985,176			
2. Other (<i>itemize</i>)				
Prior Period Adjustment		(76,022)		
F-3. Total Additions			\$	(76,022)
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (No., City, State, Zip)		Title	Amount	
2. Other Withdrawals (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period	09/30/21		\$	4,424,016

I. Preparer's/Reviewer's Certification

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	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		
Matthew S. Bavlack		
Address		Phone Number
555 Long Wharf Drive, New Haven, CT 06511		203-781-9600
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number
Delores Tirpak		203-847-5893
Contact Email Address		
dtirpak@ndhrehab.org		

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the “Cost Report”) for Notre Dame Convalescent Homes, Inc. for the year ended September 30, 2021, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants’ Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Notre Dame Convalescent Homes, Inc. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Notre Dame Convalescent Homes, Inc. and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT
January 18, 2022



Prepared By: Notre Dame

Provider Name: Notre Dame Conv. Homes, Inc
Provider Number: 2865
Period Ended: 9/30/2021

Name of Workpaper: VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE: To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Comment
1	Are all vehicles registered and insured in the facility's name? <i>Please provide copies of the most recent insurance cards and current vehicle registration.</i>			
2	Are all purchase and lease agreements made in the facility's name?			
3	Are mileage logs maintained for facility vehicles claimed for reimbursement?			
4	Has the maximum allowable number of vehicles claimed for reimbursement been exceeded?			
5	Was there any personal usage of Facility vehicles? If so, please state the personal use percentage.			
6	Have all newly acquired motor vehicle additions for the 2013 cost year been supported with invoices or purchase/lease agreements and cancelled checks? Please provide copies.			