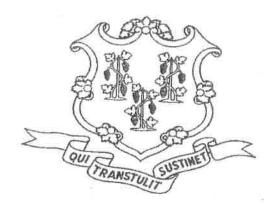
# **State of Connecticut**



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

Name of Facility (as l	licensed)							
Stamford Elderly Hor	using Corp. d/b	/a Scofield Ma	anor					
Address (No. & Stree	et, City, State, Z	(ip Code)						
614 Scofield Road, S	tamford, CT 06	903						
Type of Facility								
Chronic and C	Convalescent		Rest Home wit	th Nursing				
☐ Nursing Home only			Supervision on	ıly	$\checkmark$	Residenti	ial Ca	re Home
(CCNH)			(RHNS)					
Report for Year Begin	nning		Report for Yea	r Ending				
10/1/2020			9/30/2021					
License Numbers: CCNH		CCNH	RHNS	HNS Residential Care Home 1822-RCH		Home	Medicare Provider	
Medicaid Provider N	1	CC	CNH	DI	INS		ICF-IID	
Medicaid Provider N	umbers:		·I <b>NΠ</b>	KI	INS		IC.	1-11D
For Department Use	e Only							,
Sequence Number	Signed and	Date	Sequence N	lumber	Signed a	nd Notari	zed	Date Received
Assigned	Notarized	Received	Assign	ed	Digitod a		204	Date Received

#### **General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Stamford Elderly Housing Corp. d/b/a Scofield Manor	1822-RCH	9/30/2021	1	37

#### Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 Stamford Elderly Housing Corp. d/b/a Scofield Manor [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 Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Lavern Edwards			Printed Name (Owner) Natalie Coard	
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 Adjus	Page	of			
•				1A	37
Name of Facility		Period Cov	ered:	From	То
Stamford Elderly Housing Corp. d/b/a Scofield Manor				10/1/2020	9/30/2021
Address of Facility					
614 Scofield Road, Stamford, CT 06903				T	
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-96	500	2/9/2022	
					Residentia 1 Care
Item		Total	CCNH	RHNS	Home
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**

		Pho	ne No. of Fac	ility	Report for Ye	ar Ended	Page		of
		203	-329-2388		9/30/2021		2		37
Name of Facility (as shown on license)			Address (No	o. & S	Street, City, Sto	ite, Zip)			
Stamford Elderly Housing Corp. d/b/a Scofield M	lanor		614 Scofield	d Roa	d, Stamford, C	CT 06903			
CC	CNH		RHNS		dential Care H	ome	Medicare F	rovio	ler No.
License Numbers:				1822	2-RCH				
Type of Facility (Check appropriate box(es))									
Chronic and Convalescent Nursing Home only (CCNH)			t Home with ervision only			Resident	ial Care Hon	ne	
Type of Ownership (Check appropriate box)									
O Proprietorship O LLC O Partne	rship	0	Profit Corp.		Non-Profit Con		Government	0	Trust
If this facility opened or closed during report year	r provid	e:		Date	e Opened	Date Clo	sed		
Has there been any change in ownership									
or operation during this report year?		0	Yes	<u> </u>	No	If "Yes,"	explain full	y	
Administrator									
Name of Administrator					Nursing H	ome			
Lavern Edwards					Administra				
					License 1	No.:			
Other Operators/Owners who are assistant admin	istrators	(ful	l or part time	) of th		·			
Name N/A					License 1	No.:			
0:									

# General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page	of
Stamford Elderly Housing Cor	p. d/b/a Scofield Manor	1822-RCH	9/30/2021		3	37
Legal Name of Parti	nership/LLC	Business A	Address	State(s) and/o Which R		
N/A	•		¥.			
Name of Partners/Members	Business Ac	ddress	,	Γitle	% Ov	vned
N/A				1		
					i)	
9.						

## General Information and Questionnaire Corporate Owners

Name of Facility	License No. Report for Year En	ded	Page of		
Stamford Elderly Housing Corp. d/b/a Scofie			3A 37		
If this facility is owned or operated as a corporated	oration, provide the following informa-				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated			
Stamford Elderly Housing Corp.	614 Scofield Road, Stamford, CT	CT			
d/b/a Scofield Manor	06903				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each		
Richard Ostuw	32 Blackberry Drive, Stamford, CT 06903	resident/Vice P	N/A		
Susan Rutz	59 Twin Brook Drive, Stamford, CT 06907	Chairwoman	N/A		
Sheila Williams- Brown	64 Fairgate Drive, Stamford, CT 06902	Resident Commissioner	N/A		
Lester McKoy	1399 Long Ridge Road, Stamford, CT 06903	Board of Commissioner	N/A		
Vincent Tufo	40 Pipers Hill Road, Wilton, CT 06897	Secretary & Treasurer	N/A		
Names of Stockholders Owning at Least 10% of Shares					

## General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Stamford Elderly Housing Corp. d/b/a Scofield Ma	1822-RCH	9/30/2021	3B 37
If this facility is owned or operated as an individua	ıl proprietorship, p	rovide the following informat	ion:
Ow	ner(s) of Facility		
N/A			

## General Information and Questionnaire Related Parties\*

Name of Facility		License	No.		Report for Year Ended		Page	of
Stamford Elderly Housin	ng Corp. d/b/a Scofield Manor	18	322-RC	H	9/30/2021		4	37
Are any individuals rece	iving compensation from the fa	cility re	lated the	rough		If "Yes," provide th	e Name/Ado	dress and
marriage, ability to contr	rol, ownership, family or busine	ess assoc	ciation?	0	Yes O No	complete the inform	nation on Pa	ge 11 of the report.
Are any individuals or c	ompanies which provide goods	or servi	ces,					
including the rental of p	roperty or the loaning of funds	to this fa	acility,					
related through family a	ssociation, common ownership,	control	, or busi	iness	• Yes O No			
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide th	e following	information:
		Als	o Provi	des		Indicate Where		
		Good	ls/Servio	ces to		Costs are Included		
Name of Related	Business	Non-R	Related I	Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Charter Oak Communities	22 Clinton Ave, Stamford, CT 06901	0	•		Management Services	Page 16 / Line m12	132,715	132,715
Charter Oak Communities	22 Clinton Ave, Stamford, CT 06901	0	•		IT Service Requests & Troubleshooting	Page 16 / Line m11	2,133	2,133
Rentention Group (HARRG)	Stamford, CT	0	0		Health Insurance	Pg. 15 / Line 1a5	228,480	228,480
Municipal Employee Retirement Fund	Stamford, CT	0	•		Pension	Pg. 15 / Line 1a7	112,975	112,975
Stamford Housing Authority	Stamford, CT	0	0		Property, Liability, Auto Insurance	Pg. 27 / Line 14d	29,940	29,940
Stamford Housing Authority	Stamford, CT	0	0		Workers Compensation	Pg. 15 / Line lal	30,736	30,736
Stamford Housing Authority	Stamford, CT	0	0		All Employee Payroll	Pg. 10 / Line A13	833,126	833,126
City of Stamford	Stamford, CT	0	•		Leasehold Improvements	Pg. 22 / Line 8c	18,331	18,331
		0	0					

<sup>\*</sup> 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**

, and the second	License No		Report for Year Ended	Page	of				
Stamford Elderly Housing Corp. d/b/a Scofield									
If the facility is licensed as CDH and/or RCH or	r provides A	IDS or TB	I services with special Medicai	d rates,	costs				
must be allocated to CCNH and RHNS as follow	ws:								
Item		Method of Allocation							
Dietary		Number of meals served to residents							
Laundry			pounds processed						
Housekeeping			square feet serviced						
			hours of routine care provided	-					
Nursing			classification, i.e., Director (or	_					
		_	Nurses, Licensed Practical Nu	rses, Ai	des and				
		Attendants							
Direct Resident Care Consultants			hours of resident care provide	d by EA	.CH				
		specialist (See listing page 13)							
Maintenance and operation of plant		Square feet							
Property costs (depreciation)		Square feet							
Employee health and welfare		Gross salar							
Management services			e cost center involved						
All other General Administrative expenses		Total of Direct and Allocated Costs							
The preparer of this report must answer the following	owing quest	ions applic							
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why suc	h alloca	tion was				
costs allocated as required?	0 103		not made.						
N/A									
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data	a					
N/A - One level of care									
3. Did the Facility appropriately allocate and se				ome cost	t centers?				
(e.g., Assisted Living, Home Health, Outpati	ent Services	s, Adult Da	y Care Services, etc.)						
	Yes	O No	If "No," explain fully why suc not made.	h alloca	tion was				
N/A									

## **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.

-		License No.	Report for Y	Page	of			
Stamford Elderly Housing Corp. d/b/a Scofie	eld Man	or	1822-RCH	9/30/2021	9/30/2021		J - 1	37
		ed * to						
	l .	ners,				Annual		
	1 -	ators, cers		Date of	Term of	Amount	Am	ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease		
CIT Technology, 20 Commerce Drive, Cromwell CT 6416	0	0	Copier Lease	06/27/16	5 years	826	826	
Great America Financial Services Corp, PPO Box 660831, Dallas, TX, 752266	0	•	Phone System Lease	03/01/17	5 years	2,111	2,111	
	0	•						
	0	•						
	0	•						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						

Is a Mileage Log Book Maintained for All Leased Vehicles?

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

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

### General Information and Questionnaire Accounting Basis

Name of Facility		Report for Year Ended		Page	of
Stamford Elderly Housing Corp. d/	1822-RCH	9/30/2021		7 ]	37
		were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this		*CH2* # 1 1			
P	Yes	If "No," explain.			
· · · · · · · · · · · · · · · · · · ·	No				
N/A					
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Whittlesey & Hadley		280 Trumbull St, Hartford, CT 06103			
2 Marcum LLP		555 Long Wharf Drive, New Haven 0651	11		
3					
Services Provided by This Firm (de.	scribe fully)				
1 Audit & 990 for Year End	serioe juity j		\$	14,310	
2 Medicaid Cost Report & Filing			\$	7,700	
3			\$	21.000	
4			\$		
			Charge for	· Services Pro	vided
	55		\$	22,010	
		es, Specify Expense Classification and Line No.			
⊙ Yes O No	Page 15, Line 1d				
Legal Services Information			T-11	M b au	
Name of Legal Firm or Independent			Telephone 860-493-0		
1 Kainen, Escalera and McHale I			860-493-0		
2 HOOPES MORGANTHALER	RAUSCH		000-273-0	800	
3 4					
5					
Address (No. & Street, City, State, 2	Zip Code )		1		
1 21 Oak Street, Suite 601, Hartf	-				
2 185 Asylum Street, CityPlace I	I, Floor 15, Hartford, CT 061	03			
3					
4					
5					
Services Provided by This Firm (de.	scribe fully )				
1 Employment Matters/Tenant Matters			\$	10,457	
2 Secretary of State Filings			\$	4,153	
3			\$		
4			\$		
5			\$	G ' B	11.1
			Charge for	Services Pro 14,610	vided
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
⊙ Yes O No	Page 15, Line 1e				

### **Schedule of Resident Statistics**

Name of Facility			License 1	No.			Report fo	r Year Ende	d		Page	of
Stamford Elderly Housing Corp. d/b/a Scofield Mand	or		182	2-RCH			9/30/202	1			8	37
						Period 10	/1 Thru 6/	30		Period 7/	7/1 Thru 9/30	
		Total	Total	Total								
	Total All Levels	CCNH Level	RHNS Level	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
Certified Bed Capacity	Levels	Level	Level	Care Home	Total	CCNII	KIINS	Care Home	Total	CCMI	KIINS	Care Home
A. On last day of PREVIOUS report period	50			50	50			50				
B. On last day of THIS report period	50			50					50			50
2. Number of Residents												
A. As of midnight of PREVIOUS report period	40			40	40			40				
B. As of midnight of THIS report period	42			42					42			42
3. Total Number of Days Care Provided During Period												
A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay	730			730	546			546	184			184
E. State SSI for RCH	14,115			14,115	10,526			10,526	3,589			3,589
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	14,845			14,845	11,072			11,072	3,773			3,773
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	159			159	18			18	141			141
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	15,004			15,004	11,090			11,090	3,914			3,914

Schedule of Resident Statistics (Cont'd)

Stanford Elderly Housing Corp. dr.ha Scorie   1822-RC11   9/30/2021   9   37	Name of Faci	lity			Licen	ise No.				Report for Year Ended				Page	of
If "YES", provide the following information:	Stamford Eld	erly Hou	ising Co	rp. d/b/a Scofie	182	2-RCH					9/30/202	1		9	37
Pilace of Change Residential Date of CNH RHNS Care Home CCNH RHNS Care Home (1) (2) (3) (1) (2) (3) (1) (2) (3) CNH RHNS Care Home Residential Residential CCNH RHNS Care Home Residential		-	_		certified bed capacity during the report year?  ge									No	
Dute of CCNH RHNS   Care Home   Lost   Gained   Change   Residential   Care Home   Care Home   Care Home   Care Home   Reason for Change   Residential   Care Home   Reason for Change   Care Home   Reason for Change   RESIDENT DAYS for 90 days following the change.    Change in Resident Days   CCNH   RHNS   Residential Care Home   RESIDENT DAYS for 90 days following the change   Change   Change   Change   Change   CONH   RHNS   Residential Care Home   Residential Care Home   CoNH   CONH   RHNS   CONH   RHNS   CONH   RHNS   Care Home   CONH   CONH   RHNS   Care Home   Care Home   CANH   Care Home   Ca	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				iioii.	CI		in Dad	0		Cox	ancity Afte	or Change		
Date of   CCNH RHNS   Care Home   Lost   Gained   Change   CCNH RHNS   Care Home   Reason for Change   CCNH RHNS   Care Home   Reason for Change   CCNH RHNS   Care Home   Reason for Change   CCNH RHNS   CCNH RHNS   CCNH RHNS   CCNH RHNS   CCNH RHNS   CARE Home   CCNH RHNS   CARE Home   CCNH RHNS   CARE Home   CARE		_	Place of			CI	iange	III Ded	8	-	Caj	Jacity Atte	or Change		
Change	Date of	CCNH	RHNS			Lost		(	Gaine	d					
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.  Change in Resident Days  Change in Resident Days  Ist change 2nd change 4th change 6. Number of Residents and Rates on September 30 of Cost Year  Medicare Medicaid Self-Pay Other State Assisted  Residential Care Home  Residential  Residential  Care Home  CCNH CCNH RHNS CCNH RHNS CCNH RHNS Care Home  18. One bed m.  b. Two bed ms.  C. Three or more bed ms.  7. Total Number of Physical Therapy Treatments  A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  2. Restorative Treatments  3. Total Number of Speech Therapy Treatments  4. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  2. Restorative Treatments  3. Total Number of Part B)  1. Maintenance Treatments  3. Total Number of Occupational Therapy Treatments  4. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  2. Restorative Treatments  3. Total Number of Occupational Therapy Treatments  4. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  2. Restorative Treatments  3. Residential Care Home  A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  2. Restorative Treatments  3. Residential Care Home  A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  2. Restorative Treatments  3. Residential Care Home  4. Medica	C1			1							1		Residential		
RESIDENT DAYS for 90 days following the change.  Change in Resident Days  CCNH RHNS Residential Care Home  2nd change 3rd change 3rd change 4th change 4th change  Medicare  Medicare  Medicare  Medicaid Self-Pay  Other State Assisted  Residential Care Home R.C.H. ICF-MR  No. of Residents Per Diem Rate a. One bed ms. b. Two bed ms. c. Three or more bed rms.  TOTAL  TOTAL  Residential Care Home  R.C.H. ICF-MR  Residential Care Home  R.C.H. ICF-MR  Residential Care Home  TOTAL  CCNH RHNS Care Home  R.C.H. ICF-MR  Residential Care Home  R.C.H. ICF-MR  Residential Care Home  TOTAL  CCNH RHNS Care Home  Residential Care Home  R.C.H. ICF-MR  Residential Care Home  TOTAL  CCNH RHNS Care Home  Residential Care Home  R.C.H. ICF-MR  Residential Care Home  TOTAL  CCNH RHNS Care Home  Residential Care Home  R.C.H. ICF-MR  R.C.H. ICF-MR  Residential Care Home  R.C.H. ICF-MR  R.C.H. ICF-MR  Residential Care Home  R.C.H. ICF-MR  Residential Care Home  R.C.H. ICF-MR  Residential Care Home  R.C.H. ICF-MR  R.C.H. ICF-MR  Residential Care Home  R.C.H. ICF-MR  Residential Care Home  R.C.H. ICF-MR  R.C.H. ICF-MR  Residential Care Home  R.C.H. ICF-MR  Residential Care Home  R.C.H. ICF-MR  Residential Care Home  R.C.H. ICF-MR  R.C.H.	Change	_(1)_	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason fo	or Change
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2nd change 4th change 6. Number of Residents and Rates on September 30 of Cost Year  Medicare Medicaid Self-Pay Other State Assisted    Number of Residents   Number of Residents   Number of Residents	1 =4 =1. =			Change in Ro	esiden	t Days					CC	NH	KHNS	Residential	Care Home
3rd change											-				
Althorage															
Medicare   Medicare   Medicard   Self-Pay   Other State Assisted															
Item   CCNH   CCNH   RHNS   CCNH   RHNS   Care Home   R.C.H.   ICF-MR	6. Number	of Resid	lents and		mber			ar							
Rem				Medicare		Medi	caid				Se	lf-Pay		Other Star	e Assisted
Residential															
No. of Residents		Ψ.		COM		CNIII		Did	00	NA 11 T	D.I.	D.I.C.		D C II	ICE MD
Per Diem Rate	No of P			CCNH	C	CNH	RF	INS	- ((	NH	KF	INS	Care Home		ICF-WIK
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C. Other															
	С		JIANYE	1 1 Cathlettes											
			ccupati	onal Therapy T	reatm	ents									

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

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Report of Ex		- Salaili			T 2	r
Name of Facility	License No.		Report for Yea	r Ended	Page	of
Stamford Elderly Housing Corp. d/b/a Scofield Manor	1822-RCH		9/30/2021		10	37
Are time records maintained by all individuals receiving co.	mpensation?	•	Yes	0	No	
Leave I was a second with the second			Total Cost	and Hours		
					Residential	
ltem	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*	£7.61	350		7.8 = 5 W		F 500
Operators/Owners (Complete also Sec. I	5.83	_0				
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III	for the state of		Aur Vale	g==;=	Marie 1 (1)	
of Schedule A1)					87,485	2,096
3. Assistant Administrator (Complete also Sec. IV			N DEGREE			N HIVING
of Schedule A1)					l	
4. Other Administrative Salaries (telephone					65,000	2.071
operator, clerks, receptionists, etc.)					65,082	2,071
5. Dietary Service						
a. Head Dietitian b. Food Service Supervisor				+		
c. Dietary Workers			-			
6. Housekeeping Service	89 STORY U.S.	8581	44,55 85,00		(C272)	VERY LEX
a. Head Housekeeper						
b. Other Housekeeping Workers					23,406	3,953
7. Repairs & Maintenance Services	Sile of Super	SYTTY				81V 81 7/11
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					46,317	2,082
8. Laundry Service	SULVE HEVEL				10 10 10 10	THIS SILV.
a. Supervisor						
b. Other Laundry Workers					-	
9. Barber and Beautician Services					-	
10. Protective Services 11. Accounting Services	On the State of the Land	7,727		4		e Hollow
a. Head Accountant	The same of the sa				Berning and Street	
b. Other Accountants						
12. Professional Care of Residents						A SEE HOUSE
a. Directors and Assistant Director of Nurses						
b. RN	TO THE RULE OF	2 211	FRIENDS			S. JETTA
1. Direct Care					88,910	2,088
2. Administrative**						
c. LPN				1000 N		
1. Direct Care					63,256	2,135
2. Administrative**					450 (50)	10.000
d. Aides and Attendants				-	458,670	19,062
e. Physical Therapists	-			-	-	
f. Speech Therapists g. Occupational Therapists				1		
g. Occupational Therapists h. Recreation Workers				1		
i. Physicians	Tables 1	TO SALVE WAS	WOUNDED & F			
Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)	Ell'Institution	- X-1,-X			PARTIES TO	A STATE OF THE STA
j. Dentists				-		
k. Pharmacists				-	1	
1. Podiatrists					-	
m. Social Workers/Case Management		-		-		
n. Marketing o. Other (Specify)		3.55 A.	- ID	187 0		- 1000
See Attached Schedule				10-		
A-13. Total Salary Expenditures					833,126	33,487
11 10. 10 or Sandy Emperiores of	-1		-			

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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)

			CC	NH	RHNS			Residential Care Home		
Position		\$		Hours	9		Hours		\$	Hours
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			11							
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	بقيات المستعدد									
								0		
Total		\$	* 1		\$		81	\$		

### Schedule of Other Fees (Page 13)

			CC	NH			RH	INS	Re	sidential	Care Home
Service		\$		Hours		\$		Hours		\$	Hours
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Fotal		\$	140			\$	•	•	1 0		<u>ئى</u>

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

CSP-11 Rev. 10/2005

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

Name of Facility				License No.			Year Ended		Page	of
Stamford Elderly Housing Corp. of	l/b/a Scofie	ld Manor		1822-RCH		9/30/2021			11	37
		Salary Pai	d Residential	Fringe Benefits and/or Other	Evil Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	Care Home	Payments (describe fully)	Full Description of Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section I - Operators/Owners										
			18							
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).										

<sup>\*</sup> No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include all employment worked during the cost year.

### **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 Y	ear Ended		Page	of
Stamford Elderly Housing Corp. d	/b/a Scofiel	d Manor		1822-RCH		9/30/2021			12	37
Name	CCNH	Salary Pai	d Residential Care Home		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
Section III - Administrators***										
Lavern Edwards			87,485	Non Discrim	Administrator	2,096	A2			
Section IV - Assistant Administrators										

<sup>\*</sup>No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include  $\underline{\mathbf{all}}$  other employment worked during the cost year.

<sup>\*\*\*</sup> If more than one Administrator is reported, include dates of employment for each.

CSP-13 Rev. 9/2002

**B. Report of Expenditures - Professional Fees** 

100000	License No.	D CILI	Report for Y	ear Ended	Page	of
Stamford Elderly Housing Corp. d/b/a Scofield Man	1822-	RCH	9/30/2021	1.7.7	13	37
			Total Cost	and Hours	r 1	
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
B. Direct care consultants paid on a fee					Principle 19	200mm
for service basis in lieu of salary						
(For all such services complete Schedule B1)	13 30 14 15		11000			
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy					FV CONCERN	( ) E
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review		- 19 8/E W				<u> </u>
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility				1891		
1. Infection Control Committee						
(Quarterly meetings)  2. Pharmaceutical Committee						
(Quarterly meetings)						
<ol> <li>Staff Development Committee</li> </ol>						
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist		TO THE STA	No.			
a. Resident Care						
b. Other						
11. Nurses and aides and attendants				123325		1.080
a. RN		, (1) (1) (1) (1) (1) (1)				2 (** 100)
1. Direct Care						
2. Administrative***						
b. LPN				March 1	Smell's facility	1160 =
1. Direct Care				-	67,709	1128/Est
2. Administrative***					E. 155	0.550 (7)
c. Aides					74,173	2558/Est
d. Other					THE RESIDENCE	
12. Other (Specify) See Attached Schedule					THE STATE OF	
B-13 Total Fees Paid in Lieu of Salaries					141,882	

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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 Stamford Elderly Housing Corp. d/b/a Scofield Manor		License No. 1822-RCH	Report for \ 9/30/2021	Page 14	î	of 37			
Stamford Elderly Housing Corp. 0/b/a Sco	Tierd ivianor	1022-КСП	Related**	to Owners,		17			
Name & Address of Individual	Full Expla	anation of Service		rs, Officers					
Time Stranger of marriage			Yes	No					
Delta-T Group Hartford Inc		LPN's	0	•	N/A				
Firstlight Homecare		C.N.A's	0	•	N/A				
			0	•					
			0	•					
			0	•					
			0	•					
			0	•					
			0	0					
			0	0					
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			0	0					
			0	0					
			0	•					

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

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

Name of Facility License No.	 Report for Ye	ear Ended	Page	of
Stamford Elderly Housing Corp. d/b/a Scofield M 1822-RCH	9/30/2021		15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General		MILE HOUSE	TENER	The House had
a. Employee Health & Welfare Benefits				N SUITE IV SUITE
1. Workmen's Compensation	\$ 30,736			30,736
2. Disability Insurance	\$ 13,441			13,441
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 72,257			72,257
5. Health Insurance	\$ 228,480			228,480
6. Life Insurance (employees only)	3 / NE S / S		DRAME	
(not-owners and not-operators)	\$ 10,393			10,393
7. Pensions (Non-Discriminatory)	\$ 112,975			112,975
(not-owners and not-operators)	SX 8 VIII II VIII	N. Valley IV. IV.		
8. Uniform Allowance	\$ 759			759
9. Other (Specify)	\$ 21,014			21,014
See Attached Schedule				
b. Personal Retirement Plans, Pensions, and	\$			
Profit Sharing Plans for Owners and	TRE NEW			
Operators (Discriminatory)*				
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 22,010			22,010
e. Legal (Services should be fully described on Page 7)	\$ 14,610			14,610
f. Insurance on Lives of Owners and	\$			
Operators (Specify)*				er all a line in the contract of the contract
g. Office Supplies	\$ 6,401			6,401
h. Telephone and Cellular Phones				U VE IS SHOW
1. Telephone & Pagers	\$ 12,691			12,691
2. Cellular Phones	\$ 1,354			1,354
i. Appraisal (Specify purpose and	\$			
attach copy)*				
j. Corporation Business Taxes (franchise tax)	\$			
k. Other Taxes (Not related to property - See Page 22)	San Say LH		TIEL IL VOIL	
1. Income*	\$ -11			
2. Other (Specify)	\$			
See Attached Schedule		0,00 A 103 a		THE RESERVE
3. Resident Day User Fee	\$			
Subtotal	\$ 547,121			547,121

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

Attachment Page 15

### **Schedule of Other Employee Benefits**

Description	CCN	J <b>H</b>	R	HNS		sidential re Home
Description		111		11115	T	-
Dental					\$	21,014
						u u " "
						11 × 1
Total	\$	7	\$	#	\$	21,014

**Schedule of Other Taxes** 

					Resid	dential
Description	CCN	H	R	HNS	Care	Home
						3
	11.7					
Total	\$	( <del>4</del>	\$	20	\$	21

\_\_\_\_\_\_\_

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

Name of Facility	icense No.	1	Report for Y	ear Ended	Page	of
Stamford Elderly Housing Corp. d/b/a Scofield Manor	1822-RCH		9/30/2021		16	37
		T				
						Residential
Item			Total	CCNH	RHNS	Care Home
	Brought Forward	d:	547,121			547,121
Travel and Entertainment						(20 L L 12 - 20 J
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$		â		
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$				
5. Education Expenses Related to Seminars and	Conventions	\$	1,382			1,382
6. Automobile Expense (not purchase or depres	ciation)	\$	5,649			5,649
7. Other (Specify)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expenses	)	\$				
2. Advertising Telephone Directory (all such ex	penses )***	\$				
3. Advertising Other (Specify)***		\$	569			569
See Attached Schedule						Contract of
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)	)***				No. Vents	3 3 3 3 3
7. Postage		\$	2			2
* 8. Dues and Membership Fees to Professional		\$	1,490			1,490
Associations (Specify)			SHARW			
See Attached Schedule				THE SECTION		
8a. Dues to Chamber of Commerce & Other Non-All	owable Org.***	\$				
9. Subscriptions		\$	2,392			2,392
10. Contributions***		\$				
See Attached Schedule				PYER SE		
11. Services Provided by Contract (Specify and C	Complete	\$	54,544			54,544
Schedule C-2, Page 21 for each firm or indiv	idual)					Mary Threat X
12. Administrative Management Services**		\$	132,715			132,715
13. Other (Specify)		\$	237,465			237,465
See Attached Schedule				SanseW/II		W. A. L. Control
C-14 Total Administrative & General Expenditures		\$	983,329			983,329

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

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

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

### Schedule of Other Travel and Entertainment

Description	CCNH		RHNS		dential Home
		_			:4
				+	-
				4	
		-			
Total Other Travel and Entertainment	\$	S		\$	

#### Schedule of Other Advertising

Description	CCNH	RHNS		dential Home
Advertising and Marketing (Disallow Page 28)			\$	569
Total Other Advertising	\$ .	s -	S	569

#### Schedule of Dues

Description	CCN	NH	RH	NS		idential e Home
State of CT- CT Department of Public Health Renewal Fee					\$	700
Carch- CT Association of Residential Care Homes 2021 Dues					S	790
		_		-		
				-		
Total Dues	\$	100	\$	+	Ś	1,490

#### Schedule of Contributions

Description	C	CCNH		RHNS		Residential Care Home	
						24.5	
Total Contributions	2	7,40	2	-	1.9	- 3	

#### Schedule of Other Administrative and General

Description	CC	CNH	RI	INS	7.9	esidential ire Home
Front Line Fee for Service					s	2,133
Office Expenses - Equipment & Furniture Purchases					\$	217
Office Expenses - Internet					S	1,785
Other Administrative - Tenant Leasing					S	21
Tenant Services - Amazon, ACCUflo, Dishwasher Rental, Driver, Linens	100				S	33,158
Extraordinary Operating Expense - COVID					ŝ	200,095
Hiring Costs					S	56
				-	Н	
	-				-	
Total Other Administrative and General	s		S	-	s	237,465

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

Name of Facility Stamford Elderly Housing Corp. d/b/a Sco	License No. 1822-RCH	Report for Year Ended 9/30/2021	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Chater Oak Communities	132,715	Accounting, Payroll, Personnel, Union Contract, Secretarial & Clerical	Pg 16 / Line m12

<sup>\*</sup> 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)

Non	ne of Facility	_	Licen		No.	Report for	Year Ended	Page of
	nford Elderly Housing Corp. d/b/a Scofield Ma	mor			22-RCH	9/30/202		18   37
Stan	Hord Edderly Hodsling corp. drora Scotterd Wa	шог	1	T	22-1(0)1	7/30/202	1	Residential Care
	Item				Total	CCNH	RHNS	Home
2.	Dietary			0				
	a. In-House Preparation & Service			1				
	1. Raw Food			\$				
	2. Non-Food Supplies			\$				
	3. Other (Specify)		+3	\$				
						表準標2		
	b. Purchased Services (by contract other			\$	536,569			536,569
	than through Management Services)							
	(Complete Schedule C-2 att. Page 21)							
	c. Other (Specify)			\$				
	Other Dietary Supplies							
2D.	Total Dietary Expenditures (2a + b + c + d)			\$	536,569			536,569
				T				Residential Care
2E.	Dietary Questionnaire				Total	CCNH	RHNS	Home
F.	Resident Meals: Total no. of meals served per	r da	y:*					
G.	Is cost of employee meals included in 2D?	0	Yes		•	No		
H.	Did you receive revenue from employees?	0	Yes		•	No	If yes, specify amt.	
I.	Where is the revenue received reported in the	Со	st Repo	ort'	(Page/Line	Item)		
	Is cost of meals provided to persons other						If yes, specify	
J.	than employees or residents (i.e., Board	0	Yes		0	No	cost.	.=0
	Members, Guests) included in 2D?							See Page 29
K.	Is any revenue collected from these people?	•	Yes		0	No	If yes, specify amt.	See Page 30
L.	Where is the revenue received reported in the	Co	st Repo	ort'	(Page/Line	Item)	am.	
	Is cost of food (other than meals, e.g.,							
M.	snacks at monthly staff meetings, board meetings) provided to employees included	0	Yes		•	No	If yes, specify cost.	
	in 2D?							
N.	Is any revenue collected from employees?	0	Yes		•	No	If yes, specify amt.	
Ο.	Where is the revenue received reported in the	Co	st Repo	ort?	P (Page/Line	Item)		

<sup>\*</sup> 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)

	e of Facility	License	No. 22-RCH	Report for 3 9/30/2021		Page 19	of 37
Stan	nford Elderly Housing Corp. d/b/a Scofield Manor	104	ZZ-KCH	9/30/2021			ential Care
	Item		Total	CCNH	RHNS		Iome
3.	Laundry  a. In-House Processing*  1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.					
	washed, ironed, and/or processed.***  2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
	processed.***	Amt. \$					
	3. Personal clothing of residents	Lbs.					
	washed, ironed, and/or processed.***	Amt. \$					
	4. Repair and/or purchase of linens.***	Lbs. Amt. \$					
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				( ) Thu	
	c. Other (Specify) Supplies	\$	6,780				6,780
3D.	Total Laundry Expenditures (3a + b + c)	\$	6,780				6,780
3E. F.	Laundry Questionnaire  Is cost of employee laundry included in 3D? O	Yes	•	No	If yes, specify cost.		
G.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost	Report?		(Page/Line	e Item)		
Ι,,	Is Cost of laundry provided to persons other	Yes		No	If yes, specify cost.		
J.	Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost	Report?	'	(Page/Line	e Item)		

<sup>\*</sup> 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.

<sup>\*\*\*</sup> 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)

	ne of Facility		Repo	ort for Year E	Ended	Page	of
Star	nford Elderly Housing Corp. d/b/a Scofield	1822-RCH	<u> </u>	9/30/2021		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$				
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	-			
	Page 21)						
	C. Other (Specify)	1	\$	22,358			22,358
	Supplies				WE ST WAR		
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	22,358			22,358
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$				
					Winds Harry		
	b. Medicine Cabinet Drugs		\$				
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$				
	e. Oxygen					No. 10 IN E	
	1. For Emergency Use		\$				
	2. Other***		\$				
	f. X-rays and Related Radiological		\$				
	Procedures***				E I		
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)					William Strategie	
	h. Laboratory***		\$				
	i. Recreation		\$	78,283			78,283
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				
	l. Other (Specify)****		\$				
	See Attached Schedule				A STATE OF THE REAL PROPERTY.	1888V 1 VIVIE	
5M.	Total Resident Care Expenditures (5a - 5	j)	\$	78,283			78,283

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

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

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

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

### **Schedule of Other Resident Care**

	CCNH	RHNS	Residential Care Home
Description	CCIVII	Idin	
			0 = 0
		_	
	0	\$ -	\$ -
Total Other Resident Care	\$ -	\$ -	•

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

Name of Facility				License No.	Report for Year Ende	d			Page	
Stamford Elderly Housing Cor	rp. d/b/a Scofield Man	or		1822-RCH	9/30/2021				21	37
		Related ** to Operators,					Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg	Line
Granite Telecommunications	1 Albion Rd, Lincoln, RI 02865	0	•	N/A	Telephone Services			12,605	15	1h1
ADP Inc	1266 East Main Street, Stamford, CT 06902	0	•	N/A	Payroll Processing			16,137	16	m11
Brightstar Care of Fairfield	Suite 109, Stamford, CT 06905	0	•	N/A	Temp Labor- Attendants Resident Services			14,505	16	mll
Family Centers Inc	888 Washington Blvd, Stamford, CT 06901 109 Winesap Road,	0	•	N/A	Coordinator			45,210	16	m13
Creative Culinary Services LLC	Stamford, CT 06903	0	•	N/A	Food Service			536,569	18	2b
Eversource	CT 06443  185 International Dr,	0	0	N/A	Electricity			38,897	22	6с
Sprague Operating Resources LLC	Portsmouth, NH 03801  8 Viaduct Road,	0	0	N/A	Fuel Service			27,834	22	6b
City Carting & Recycling	Stamford, CT 06907	0	0	N/A	Garbage Removal COVID-19- Disinfectant			10,198	22	6f
Greenway Maintenance	Danbury CT Philadelphia, PA 19176-	0 :	0	N/A	Services			151,147	16	m13
Optimum	0340 5 Hillandale Ave,	0	0	N/A	Internet Services			10,006	16	m13
Sentinel Maintenance East LLC	Stamford, CT 06902 30 Manor St, Stamford,	0	•	N/A	Driver			47,744	20	51
Mickels Landscape Inc Northeast Elevator/ Champion	CT 06902 Floor, New York, NY	0	•	N/A	Snow Removal Elevator Repairs &			11,713		6f
Elevator	10018 5 Hillandale Ave,	0	•	N/A	Maintenance		2	10,910		6f
Sentinel Maintenance East LLC	Stamford, CT 06902	0	•	N/A	Janitorial Services			25,760	22	6f

 $<sup>\</sup>ast$  List all contracted services over \$10,000. Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

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

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

Name of Facility Stamford Elderly Housing Corp. d/b/a	Scofield Manor			License No. 1822-RCH	Report for Year Ended 9/30/2021				Page 21a	10
same a seery reasing earprayaya		Related ** t	•	TOZZ KOM	7/30/2021		Total Co	st/Page Ref.**		
				Explanation of	Full Explanation of Service			Residential		
Name of Individual or Company	Address	Yes	No	Relationship	Provided*	CCNH	RHNS	Care Home	Pg	Line
Sentinel Maintenance East LLC	5 Hillandale Ave, Stamford, CT 06902	0	0	N/A	Driver	0	0	47,744	16	m13
Mickels Landscape Inc	30 Manor St, Stamford, CT 06902	0	0	N/A	Snow Removal	0	0	11,713	22	2 6f
Northeast Elevator/ Champion Elevator	1450 Broadway 5th Floor, New York, NY 10018	0	0	N/A	Elevator Repairs & Maintenance	0	0	10,910	22	2 6f
Sentinel Maintenance East LLC	5 Hillandale Ave, Stamford, CT 06902	0	0	N/A	Janitorial Services	0	0	25,760	22	2 6f
		0	0			0	0	0		
		0	0			0	0	0		
		0	0			0	0	0	ļ	
		0	0			0	0	0		
		0	0			0	0	0		
		0	0			0	0	0		
		0	0			0	0	0		
		0	0			0	0	0		
		0	0			0	0	0		
		0	0			0	0	0		

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

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> 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  License No. 1714 G. G. 1 1000 P.		Report for Ye	ear Ended		Page of 22   37
Stamford Elderly Housing Corp. d/b/a Scofiel 1822-RC	JH_	9/30/2021			
					Residential Care
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	1,340			1,340
b. Heat	\$	33,069			33,069
c. Light & Power	\$	38,897			38,897
d. Water	\$	9,409			9,409
e. Equipment Lease (Provide detail on page 6)	\$	2,937			2,937
f. Other (itemize)	\$	98,681			98,681
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$	184,333			184,333
7. Depreciation (complete schedule page 23*)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$	25,399			25,399
c. Non-Movable Equipment	\$	1,570			1,570
d. Movable Equipment	\$	3,904			3,904
*7e. Total Depreciation Costs (7a + b + c + d)	\$	30,873			30,873
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$	18,331			18,331
d. Other (Specify)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$	18,331			18,331
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	49,204			49,204

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

### Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	idential e Home
- Asset Provided in the Control of t			-
Maintenance Materials - Appliances & Parts			\$ 1,223
Maintenance Materials - Carpentry			\$ 1,498
Maintenance Materials - Electrical			\$ 1,131
Maintenance Materials - Keys & Locks			\$ 41
Maintenance Materials - HVAC			\$ 3,917
Maintenance Materials - Plumbing			\$ 1,020
Maintenance Materials - Equipment & Tools			\$ 3,197
Maintenance Services - Garbage & Trash Removal			\$ 10,198
Maintenance Services - HVAC			\$ 5,856
Maintenance Services - Snow Removal			\$ 11,713
Maintenance Services - Elevator Repairs			\$ 10,910
Maintenance Services - Landscaping & Grounds			\$ 9,730
Maintenance Services - Plumbing			\$ 2,224
Maintenance Services - Exterminating			\$ 2,100
Maintenance Services - Janitorial			\$ 25,760
Maintenance Services - Routine Repairs			\$ 7,727
Maintenance Services - Contract Labor			\$ 436
Total Other Repairs and Maintenance	\$	\$ -	\$ 98,681

**Depreciation Schedule** 

Name of Facility					License No.	ation be		Report for Year E	nded		Page	of
Stamford Elderly Housing Corp. d/b/a Scofi	eld Ma	anor			1822-F	RCH		9/30/2021			23	37
Property Item					Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements												
Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
A-4. Subtotal						8818	E-271 E-30			6-1-1		
B. Building and Building Improvements												
Acquired prior to this report period					1,143,970		1,143,970	1,077,304	S/L	Various	12,623	
Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)			255,510		255,510		S/L	Various	12,776	
B-4. Subtotal												25,399
C. Non-Movable Equipment												
Acquired prior to this report period					180,743		180,743	171,935	S/L	Various	1,570	
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
C-4. Subtotal					27 10 24							1,570
	logl	nileage book tained?	Dat	e of isition Year	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment	1 63	INU	Monut	I eat	Land	v aruc	Bepreciated	Tour a operations	Dopreciation	Ente	101 1330 1 001	70000
Movable Equipment     Motor Vehicles (Specify name, model and year of each vehicle)												
a. Prior Years	X		Var	Var	123,989		123,989			Various		
b. 2012 Toyota Sienna	X		2	2012	26,295		26,295	26,295	S/L	5 Years		
С.												
d.												
2. Movable Equipment		-326	201	[8] = "			100		0.7		2001	
a. Acquired prior to this report period	200	3,31			287,177		287,177	258,343	S/L	Various	3,904	
b. Disposals (attach schedule)		18										
c. Acquired during this report period								NAME OF THE OWNER, WHEN		188 Sept 1		
(attach schedule)												200:
D-3. Subtotal	23	Su Si	3									3,904
E. Total Depreciation	20. 20				E 0 0 000 000 0	58	3/2			19 1 2 2 1 N		30,873

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

•	Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				-
				_
Total additions for Land Improv	rements	\$		\$
Deletions:				
Total deletions for Land Improv	ements	\$ -		\$ -

<sup>\*</sup>Ties to Page 23, Line A3

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

Acquisition Date	Description of Item	Co	ost	Useful Life	Dep	reciation
Additions:						
10/1/2020	Roof & Gutter Repairs	\$ 2	55,510	20	\$	12,776
Total additions for	Building Improvements	\$ 2	55,510		\$	12,776
Deletions:						
Total deletions for I	Building Improvements	\$	-		\$	-

<sup>\*</sup>Ties to Page 23, Line B3

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

			Useful		
Acquisition Date	Description of Item	Cost	Life	Depre	ciation
Additions:					
					5 1
				-	
					-
Total additions for Non-Movab	e Equipment	\$ -		\$	
Deletions:					
				_	
		\$ -		\$	-
Total deletions for Non-Movabl	e Equipment	2 -		D	

<sup>\*</sup>Ties to Page 23, Line C3

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup>Ties to Page 23, Line C2

#### Schedule of Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
otal additions for Movable Eq	uipment	\$ -		\$ -
Deletions:				
	to the second se			
		The second second		
Total deletions for Movable Eq	uipment	\$		\$

<sup>\*</sup>Ties to Page 23, Line D2c

#### Schedule of Leasehold Improvements Acquired during this report period

			Useful		
Acquisition Date	Description of Item	Cost	Life	Depreciati	ion
Additions:					
					m
11.00					
					111.
Fotal additions for Leasehold In	nprovement	\$ -		\$	
Deletions:					
Fotal deletions for Leasehold In	provement	\$ -		\$	

<sup>\*</sup>Ties to Page 24, Line C3

<sup>\*\*</sup>Ties to Page 23, Line D2b

<sup>\*\*</sup>Ties to Page 24, Line C2

PROPERTY CATEGORY	Hist. Costs	Cost to Be Depre.	Method	Life	2020 Deprec.	2020 Accum	2021 Deprec,	2021 Accum	NBV
Building and Building Improvements Acquired prior 2000	1,015,310	1,015,310	S/L	Var	e.	1,015,310	==	1,015,310	53
2002 Acquisitions									
Kilchen Renovations	9,191	9,191	S/L	10		9,191	(4	9,191	39
Lounge Renovations	2,598	2,598	S/L	10	-	2,598	÷	2,598	3
Carpeting Sliding Door Window/Lock	7,751 4,503	7,751 4,503	S/L S/L	10 10	2	7,751 4,503	54 54	7,751 4,503	e 2
New Lighting in Hallway	6,000	6,000	S/L	10	18	6,000	6 <del>4</del>	6,000	4
Replace Generator	3,500	3,500	S/L	10	16	3,500	9	3,500	33
2004 Acquisitions									
Carpeting	1,460	1,460	S/L	5		1,460	35	1,460	
Carpeling	1,316	1,316	S/L	5	100	1,316	.55	1,316	<i>a</i>
2005 Acquisitions									
Security Cameras	5,705	5,705	S/L	5		5,705	2	5,705	4
Carpeling	2,224	2,224	S/L	5	4	2,224	-	2,224	
2006 Acquisitions	2 111	2 111	S/L	10	- 2	3,111	12	3,111	141
Improvements to Boiler Propane Tank	3,111 13,298	3,111 13,298	S/L	10	-	13,298		13,298	
Hot Waler system	6,135	6,135	S/L	10	be-	6,135	<del>11</del>	6,135	90
Fire suppression	288	*	n/a			900	9		288
2007 Acquisitions Hunter Mechanical valves	1,414	8	N/A			30	æ		1,414
2015 Acquisitions New Flooring	23,097	23,097	S/L	10	2,310	13,860	2,310	16,170	6,927
2015 Disposals Prior Unidentified Assets	(42,561)	(42,561)	S/L	Var	•	(42,561)	-	(42,561)	-
2016 Acquisitions Masonry Work-Fr BI	2,625	2,625	S/L	10	263	1,315	263	1,578	1,047
2017 Acquisitions									
New Lighting	2,541	2,541	S/L	10	254	1,016	254	1,270	1,271
Roofing Improvement	5,940	5,940	S/L	10	594	2,376	594	2,970	2,970
2018 Acquisitions									
Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations	60,896 (53,000)	60,896 (53,000)	S/L S/L	10 10	6,090 (5,300)	18,270 (15,900)	6,090 (5,300)	24,360 (21,200)	36,536 (31,800)
2019 Acquisitions									
Camera Systems Install	10,964	10,964	S/L	5	2,193	4,386	2,193	6,579	4,385
Hot Water Heater Advanced Computer Technologies Laptops	44,295	44,295 5,367	S/L S/L	10 3	4,430 1,789	8,860 3,578	4,430 1,789	13,290 5,367	31,005
	5,367	3,307	SIL	J	1,103	5,576	1,700	0,007	
2021 Acquisitions Roof & Gutter Repairs	255,510	255,510	S/L	20		<b>≆</b> 1.	12,776	12,776	242,734
Total Building Improvements	1,399,480	1,397,778		=	12,623	1,077,304	25,399	1,102,703	296,777
Non-Movable Equipment									
Acquired prior 2000	65,165	65,165	S/L	Var	240	65,165	<u>;÷</u>	65,165	- 2
CJLC Audit AJE	(3,789)	(3,789)			6	9.1		*	(3,789)
CJLC Audit AJE	(2,248)	(2,248)			100		Ħ	*	(2,248)
Ice Maker	1,213	1,213			116		i.e	*	1,213
Dishwasher Installation	5,916	5,916	S/L	10		5,916	(6	5,916	
Dishwasher	10,000	10,000	S/L	10	25	10,000	7.	10,000	5
Oven Kitchen Equipment	5,826 158	5,826 158	S/L	10	5.55	5,826	===	5,826	158
Freezer	3,725	3,725	S/L	10	123	3,725	-5 -7	3,725	100
Food Processor	1,378	1,378	U/L		100	0,720	2	3	1,378
Stainless Steel Tables	)7	-	S/L	10			2	잘	rain.
Nurse Call System	12,737	12,737	S/L	10	-	12,737	ű.	12,737	5
Furniture for Lounge	· ·	¥2	S/L	10	0.24	-		*	2
Ice Machine Simplex System	2,426 6,119	2,426 6,119	S/L	10	-	6,119	72 58	6,119	2,426
2003 Acquisitions		, , , ,							
Generator Replacement	7,140	7,140	S/L	10		7,140	*	7,140	
Window Treatments	2,919	2,919	S/L	5	500	2,919	*	2,919	3
2005 Acquisitions Hot Water Heater	2,974	2,974	S/L	10	653	2,974	8	2,974	72

2006 Acquisitions Security Solution Gas Stove	3,475 6,310	3,475 6,310	S/L S/L	5 10	.e. .e.	3,475 6,310	# 5	3,475 6,310	R15(9)
2007 New Acquisitions Communication system Landry Dryer	<b>4,</b> 235 2,595	4,235 2,595	S/L S/L	5 5	Ė	4,235 2,595	\$1 \$4	4,235 2,595	(i) (i)
2009 Acquisitions Nursing Call Bell System	17,251	17,251	S/L	10	3	17,251	•	17,251	용
2011 Acquisitions Emergency Generator Emergency Generator	Current depreciation a been included in prior for		S/L S/L	5 5	# #	859 859	5 8	859 859	(859) (859)
2014 Acquisitions Chiller Compressor (6/20/2014)	9,531	9,531	S/L	5	Ť	9,531	(1)	9,532	(1)
2017 Acquisitions Water Heater	5,797	5,797	S/L	10	580	2,320	580	2,900	2,897
2019 Acquisitions Awing Purchases from Misc. Contract Furiture	9,890	9,890	S/L	10	989	1,978	989	2,967	6,923
Total Non-Movable Equipment	180,743	180,743		9	1,570	171,934	1,570	173,504	7,239
Motor Vehicles: Prior years Honda Odyssey	46,960 26,470	46,960 26,470	S/L S/L	Var 5	ā.	46,960 26,470	알 알	46,960 26,470	*
2003 Acquisitions Plymouth Voyager (2003) Shuttle Bus	6,659 38,000	6,659 38,000	S/L S/L	5 5	*	6,659 38,000	é ×	6,659 38,000	*
2004 Acquisitions Used car for food	5,900	5,900	S/L	5	(2)	5,900	*	5,900	
2012 Acquisitions 2012 Toyota Sienna	26,295	26,295	S/L	5	(武)	26,295	Ē	26,295	3
Total Motor Vehicles	150,284	150,284		(0	•	150,284	<u>&amp;</u>	150,284	100
Other Movable Equipment Acquired prior 2000 Acquired during 2000 Galeway Computer (2001) Toaster (2001) Stainless Steel Tables Furniture for Lounge Equipment	168,845 2,733 1,036 1,143 3,160 3,614 2,697	168,845 2,733 0 0 3,160 3,614 2,697	S/L S/L S/L S/L S/L S/L S/L	Var 5 N/A N/A 10 10 5	*	168,845 2,733 3,160 3,614 2,697	¥ * *	3,160 3,614 2,697	1,036 1,143
2003 New Acquisitions Slicer/Misc Items (Kitchen Items) Chairs	2,468 4,104	2,468 4,104	S/L S/L	5 10	(*) (*)	2,468 4,104	# m	2,468 4,104	3 5
2004 New Acquisitions Patio Equipment (furniture) Food Equipment (steamtable) Patio Equipment (furniture)	1,200 4,740 1,200	1,200 4,740 1,200	S/L S/L S/L	5 10 5	:: (*) (2)	1,200 4,740 1,200	W230039	1,200 4,740 1,200	2 2 2
2007 Acquisition SWC Office furniture	2,538	2,538	S/L	5	120	2,538	92	2,538	×
2008 Acquisitions Freezer	4,964	4,964	SL	5	192	4,964	*	4,964	9
Ice Cube Machine	3,215	3,215	SL	5	360	3,215	3	3,215	2
2009 Acquisitions Dining Chairs (50)	19,858	19,858	S/L	15	1,324	15,887	1,324	17,211	2,647
2012 Acquisitions Lounge Furniture	14,767	14,767	S/L	15	984	8,858	984	9,842	4,925
2013 Acquisitions 52 Mattresses	9,099	9,099	S/L	5	- 3	9,099	8	9,099	2
2015 Acquisitions Chairs	15,523	15,523	S/L	5	523	15,523	Q.	15,523	*
2018 Acquisitions Ice Cube Maker									
ice Gube Maker	3,061	3,061	S/L	10	306	918	306	1,224	1,837

Kitchen Improvements	490	490	S/L	10	49	98	49	147	343
Total Other Movable Equipment	287,177	284,998		-	3,904	258,343	3,904	262,247	24,930
Elementario estante com del casa incider como deste regista con-				-	<del></del>	- Walles	7.17.		
Leasehold Improvements	487,581	487,581	S/L	Var	9	487,581	2:	487,581	
Acquired prior 2000 CJLC Audit AJE	(257,096)	(257,096)	OIL	Vui	14	(257,096)	<b>4</b> 5	(257,096)	8
CJLC Audit AJE	(6,569)	(6,569)			32	(6,569)	#5	(6,569)	-
ODEO AUGINATE	223,916	223,916		-		223,916	*	223,916	•
2001 New Acquisitions									
Upgrade Electrical/Booster	4,454	4,454	S/L	10	÷	4,454	**	4,454	*
Kitchen Renovation	7,500	7,500	S/L	10	19	7,500	**	7,500	≅
New Radiator Piping	5,053	5,053	S/L	10 _		5,053		5,053	
Total	17,006	17,006		-		17,006		17,006	<u> </u>
2007 Leasehold Improvements								04.000	
Pump Chamber Rebuild	81,996	81,996	S/L	10	-	81,996	<b>*</b>	81,996 15,850	
Asbestos Abalement for Pump Chamber	15,850	15,850 -53,522	S/L S/L	10 10	-	15,850 53,522	70	53,522	- 8
Landscaping Work	53,522 9,731	9,731	S/L	10	-	9,731	- 5	9,731	0
Landscaping Work HVAC	24,596	24,596	S/L	10		24,596		24,596	
Total	185,695	185,695		-		185,695	\$\$-	185,695	-
	JUNEAU ST.	312.37.00.00		=				17-17-21	
2008 Leasehold Improvements	6,680	6,680	S/L	15	445	5,787	445	6,232	448
Awning for Building Shower room/Bathroon Tile Floor	32,000	32,000	S/L	20	1,600	20,800	1,600	22,400	9,600
Storm Drain Repair	23,000	23,000	S/L	20	1,150	14,950	1,150	16,100	6,900
	61,680	61,680		=	3,195	41,537	3,195	44,732	16,948
2014 Leashold Improvements									
Asbestos Abalement Work	28,174	28,174	S/L	10	2,817	19,720	2,817	22,537	5,637
Emergency Lighting and Generator	100,000	100,000	S/L	20	5,000	35,000	5,000	40,000	60,000
	128,174	128,174		-	7,817	54,720	7,817	62,537	65,637
2015 Leashold Improvements									
Electrical & Generator	22,000	22,000	S/L	20	1,100	6,600	1,100	7,700	14,300
Electrical & Generator	20,000	20,000	S/L	20	1,000	6,000	1,000	7,000	13,000
Asbestos Maintenance Project	348	348	S/L	10	35 404	210	35 404	245 2,828	103 5,259
Boiler Upgrade	8,087 969	8,087 969	S/L S/L	20 20	404	2,424 288	404	336	633
Boiler Upgrade Boiler Room Hazardous Materials Inspection	2,213	2,213	S/L	10	221	1,326	221	1,547	666
Emergency Light Repair	1,560	1,560	S/L	20	78	468	78	546	1,014
Boiler Room Hazardous Materials Inspection	2,611	2,611	S/L	10	261	1,566	261	1,827	784
	57,788	57,788		-	3,147	18,882	3,147	22,029	35,759
2016 Leashold Improvements									
Architect Fees - Gutters, corridor handrails, etc.	9,263	9,263	S/L	10	926	4,630	926	5,556	3,707
Boiler Tank Repairs	1,502	1,502	S/L	10	150	750	150	900	602
Electrical & Generator	22,000	22,000 22,000	S/L S/L	20 20	1,100 1,100	5,500 5,500	1,100 1,100	6 600 6 600	15,400 15,400
Electrical & Generator Inspector Services - Boiler	22,000 176	176	S/L	10	18	90	18	108	68
Boiler - Burner Conversion	675	675	S/L	20	34	170	34	204	471
Boiler - Sludy & Design Development	4,005	4,005	S/L	20	200	1,000	200	1,200	2,805
Boiler - Study & Design Development/Construct, Docs	3,720	3,720	S/L	20	186	930	186	1,116	2,604
Boiler - Construction Documents	1,500	1,500	S/L	20	75	375	75	450	1,050
Boiler - Structural Support	2,000	2,000	S/L	20 20	100 113	500 565	100 113	600 678	1,400 1,586
Boiler - Structural Support	2,264	2,264 1,174	S/L S/L	20	59	295	59	354	820
Boiler - Structural Support Boiler - Structural Support	1,174 563	563	S/L	20	28	140	28	168	395
Boiler - Relocate Existing Condensate Pump	1,650	1,650	S/L	20	83	415	83	498	1,152
	72,492	72,492		=	4,172	20,860	4,172	25,032	47,460
Total Leasehold Improvement	746,751	746,751		(/ <b>=</b>	18,331	562,616	18,331	580,947	165,805
				er—				4 495 115	101 751
TOTAL	2,764,436	2,760,555		()=	36,428	2,220,481	49,204	2,269,685	494,751
Amount Per F/S (TB Linked)	1,298,447	3,881			31,781	934,485	44,401	978,887	319,560
Amount Per Cost Report	2,017,685				36,428	1,657,865	49,204	1,688,738	328,946
Rounding (Less)	(0.000)								
F/S vs C/R NBV - Page 31, Line B9	(9,386) 165.804. Mini	ıs 1 due to roundi	na						
Res. for Leasehold Properties - Page 35, Line A4 F/S vs C/R Dep - Page 36, Line F1	(4,803)	is ruus to roundi	19						
170 TO OTH Dop - 1 ago vo, billo 1 1	(-1,000)								

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

CSP-24 Rev. 10/2006

#### **Amortization Schedule\***

Nam	e of Facility			License No.		Report for Yea	r Ended		Page	of
	ford Elderly Housing Corp. d/b/a Scofield	d Manoi	•	1822-	RCH	9/30/2021			24	37
						Accumulated			İ	
		Date	e of			Amort. to				
		Acqui	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense				=					
	1.									Particular in the
	2.									
	3.									
A-4.	-4. Subtotal									
B.	Mortgage Expense									
	1.									
	2.									
	3.									
B-4.	Subtotal		X Fill							
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period	Var	Var	Various	746,751	562,616	S/L	Var	18,331	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)									fanalija sum
C-4.	Subtotal									18,331
D.	Total Amortization						THE REST MENTAL			18,331

<sup>\*</sup> Straight-line method must be used.

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

<sup>\*\*</sup> Specify which of the following bases were used:

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

Name of Facility License No.		Report for Year E	nded		Page	of
Stamford Elderly Housing Corp. d/b/a 1822-R	RCH	9/30/2021			25	37
11. Property Questionnaire						
Part A  Is the property either owned by the Facility or leased from a Related Party?*  *If any owner or operator of this facility is related business association to any person or organization.	oy family, n		ility to control or	No	If "Yes," complete	
a related party transaction.		Total	1 200			
Description		Total				
Date Land Purchased     Date Structure Completed		1920				
		01/01/3 N/A	- 0.0			
<ul><li>3. If NOT Original Owner, Date of Purchase</li><li>4. Date of Initial Licensure</li></ul>		1950				
Total Licensed Bed Capacity		1930				
		N/A				
<ul><li>6. Square Footage</li><li>7. Acquisition Cost</li></ul>		19/2	8 241			
a. Land		N/A				
b. Building		N/A				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
1. Financing		1st Wortgage	Zild Wortgage	51d Wortgage	Till Wortg	ago and a second
a. Type of Financing (e.g., fixed, variable	3	Bonds	4	UWIE-E-E-	And a second	
b. Date Mortgage Obtained	,	1930s				
c. Interest Rate for the Cost Year		N/A				
d. Term of Mortgage (number of years)		N/A				
e. Amount of Principal Borrowed		N/A				
f. Principal balance outstanding as of		N/A				
Complete if Mortgage was Refinanced		K, January II	Marie Marie	NO TON	1 39/Julius 11 /0 UTA	1821 - 40
During Current Cost Year		A STATE OF THE STA				
g. Type of Financing (e.g., fixed, variable	9					
h. Date of Refinancing	·)					
i. New Interest Rate						
j. Term of Mortgage (number of years)						
k. Amount of Principal Borrowed						
1. Principal Outstanding on Note Paid-Of	f					
Part C - Arms-Length Leases for Real P		improvements On	ly			
Name and Address of Lessor	Pro	perty Leased	Date of Lease	Term of Lease	Annual Amount	of Lease
		-				

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

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

Name of Facility License No.		Report for Ye	ar Ended		Page of
Stamford Elderly Housing Corp. d/b/s 1822-RCH		9/30/2021			26   37
					Residential Care
Item		Total	CCNH	RHNS	Home
12. Interest					
A. Building, Land Improvement & Non-Movable	•				
Equipment	\$				
First Mortgage  Name of Lender	Rate			Water Street	
Name of Lender	Kato				
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
					ME ALL DOWN
Address of Lender					
3. Third Mortgage	\$		Will Senson to		
Name of Lender	Rate				
Address of Lender				100	
4. Fourth Mortgage	\$	SAME UNSER!			
Name of Lender	Rate		5 7 6	Salar Balls	
Address of Lender					
B. CHEFA Loan Information					
Original Loan Amount	\$				
Loan Origination Date	Ψ			160	
3. Interest Rate %					
4. Term					
			Blanch Res R		
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$		 v Subtotals 1		

(Carry Subtotals forward to next page)

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

1 1						
· · · · · · · · · · · · · · · · · · ·						Residential
Item			Total	CCNH	RHNS	Care Home
Subto	otals Brou	ight Forward:				
12. C. Movable Equipment						
Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender	i i					
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 Inter	est	¢				
Expense (C1 + 2)  12. D. Other Interest Expense ( <i>Specify</i> )		\$ \$				
12. D. Other Interest Expense (Specify)		Φ				
13. Total All Interest Expense (12B7 + 120	C3 + 12D	) \$		20.00		
14. Insurance		<u></u>				
a. Insurance on Property (buildings of	nly)	\$	3,879			3,879
b. Insurance on Automobiles	,	\$				
c. Insurance other than Property (as s	pecified a	ibove)				
1. Umbrella (Blanket Coverage)						
2. Fire and Extended Coverage						
3. Other (Specify)	\$	26,061			26,061	
Liability&All Other Insurance						
14d. Total Insurance Expenditures (14a + 1	b+c)	\$	29,940			29,940
15. Total All Expenditures (A-13 thru C-1		\$				2,865,804

## D. Adjustments to Statement of Expenditures

	e of Fa		Housing Corp. d/b/a Scofield Manor	Lic	cense No. 1822-RCH	Report for Ye 9/30/2021	ar Ended	Page 28	of 37
Stam	TOTU E	lucity	Trousing Corp. d/b/a Scoriera Wanor		Total	7/30/2021		20	37
Ttom	Page	T ima			Amount of			Residen	tial Car
	ı ~		Item Description		Decrease	CCNH	RHNS	Ho	
	No.		-		Decrease	CCMI	KIIIVS	110	inc
	10 - 3	atari	Outpatient Service Costs	\$	8-8				-
1.			Salaries not related to Resident Care	\$					
2.				\$				-	
3.			Occupational Therapy Other - See attached Schedule	\$	50.552				50,553
4.	12 7	)		Φ	50,553				30,333
3,0	13 - I	rojes	sional Fees	Ф					
5.			Resident Care Physicians **	\$		-			
6.			Occupational Therapy Other - See attached Schedule	<u> </u>		ļ			40,567
7.	15.0	1/		<u> </u>	40,567				40,367
	S 13 &	: 10 -	Administrative and General	ø			FOMORIES 301		00 0
8.			Discriminatory Benefits	\$		<b>.</b>			
9.			Bad Debts	\$		ļ			
10.			Accounting	\$		<b>!</b>	0	-	
10a.			Legal	\$		4			
11.	1.5	11.0	Telephone	\$ \$	274				274
12.	15	1h2	Cellular Telephone	<u> </u>	274				2/4
13.			Life insurance premiums on the life	Φ			Maria Caracteria	B ( ) ( ) ( ) ( ) ( ) ( )	////
- 4 4			of Owners, Partners, Operators	\$				-	
14.			Gifts, flowers and coffee shops	\$	W - I - I				200
15.			Education expenditures to colleges or		just a say				
			universities for tuition and related costs	Φ.		Name of Street			THE PERSON
			for owners and employees	\$					Name of the
16.			Travel for purposes of attending			A US	1872 No. 14 1/2		
			conferences or seminars outside the						
			continental U.S. Other out-of-state					1233100	STEED PO
			travel in excess of one representative	\$		<u> </u>		-	
17.			Automobile Expense (e.g. personal use)	\$				-	7.60
18.	16	m2/3	Unallowable Advertising *	\$	569				569
19.			Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$				-	
21.			Unallowable Management Fees	\$				-	
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$					
	18 - 1	Dietar	y Expenditures	. 1					
24.			Meals to employees, guests and others				(2390)		
			who are not residents	\$					(1) (1)
	19 - 1	aund	ry Expenditures		5-W/4-N				
25.			Laundry services to employees, guests						TY ROLL
			and others who are not residents	\$					
	20 - I	Iouse	keeping Expenditures				WAS SILVER	8.0	
26.			Housekeeping services to employees, guests				Parker and	- No. 8	
			and others who are not residents	\$					
			Subtotal (Items 1 - 26	) \$	91,963				91,963

<sup>\*</sup> All except "Help Wanted".

<sup>(</sup>Carry Subtotal forward to next page)

<sup>\*\*</sup> 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	CC	CNH	R	HNS	sidential re Home
		RN: Direct Care Capped at avg. rate of Aides (See Attached)					\$ 38,669
10	12c1	LPN: Direct Care Capped at avg rate of Aides (See Attached)					\$ 11,884
				-			
Total Othe	r Salaries	Adjustment	\$	- 5	\$	- 1	\$ 50,553

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CO	CNH	RHN	S	sidential re Home
	11 b	Contract LPN Wage Rates in excess of C.N.A Payroll Rates					\$ 40,567
					200		
Total Othe	r Fees Adj	ustments	\$	1 2	\$	141	\$ 40,567

Schedule of Other A&G Adjustments

Page Ref	Line Ref Description	(	CCNH	RHNS	Residential Care Home
			- 11,111		
					تتيسي ستا
Fotal Othe	er A&G Adjustments	\$		\$	\$ -

# Waveny Care Center, Inc. Disallowance Schedule for Cell Phones 9/30/2021

Total Call Phone Eymone	<u>Amount</u> 1,354	TB Linked
Total Cell Phone Expense	1,334	I B Linked
Cell Phone Allowed Based on Bed Capacity	3	
Monthly Allowable amount per Cell Phone	\$ 30	
Months in Cost Report Year	12	<b>-</b> 21
Total Allowable Cost	\$ 1,080	
Disallowed Cell Phone (Page 28, Line 12)	\$ 274	

## STAMFORD ELDERLY HOUSING CORPORATION d/b/a SCOFIELD MANOR RN & LPN Salary Disallowance September 30, 2021

Total Aides Salaries	458,670
Total Aides Hours	19,062
Aides Dollars per Hour	\$ 24.06

RN Stats		
Total RN Salaries		88,910
Total RN Hours		2,088
RN Dollars per Hour	\$	42.58
Difference between RN and Aides		
hourly wage	<u> </u>	18.52
Total RN Hours		2,088
Disallowed Hourly Wage	\$	18.52
RN Disallowed Salary Expense	\$	38,669

LPN Stats		
	Sal	<u>aries</u>
Total LPN Salaries		63,256
Total LPN Hours		2,135
RN Dollars per Hour	\$	29.63
Difference between LPN and Aides		
hourly wage	\$	5.57
Total LPN Hours		2,135
Disallowed Hourly Wage	\$	5.57
LPN Disallowed Salary Expense	\$	11,884

	Contracted
	67,709
	1,128
\$	60.03
\$	35.96
	1,128
\$	35.96
\$	40,567

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

			D. Adjustments to Statemen								
Name	e of Fa	cility	*	Lic	ense No.	Report for Y	Year Ended	Page	of		
Stam	ford E	lderly	Housing Corp. d/b/a Scofield Manor					9/30/2021		29	37
					Total						
Item	Page	Line			Amount of			Reside	ntial Care		
			Item Description		Decrease	CCNH	RHNS	Н	ome		
			Subtotals Brought Forward	\$	91,963				91,963		
Page	20 - F	Reside	nt Care Supplies***		Market State N	Him 21 Value					
27.			Prescription Drugs	\$							
28.			Ambulance/Limousine	\$							
29.			X-rays, etc	\$							
30.			Laboratory	\$							
31.			Medical Supplies	\$							
32.			Oxygen (non emergency)	\$							
33.			Occupational Therapy	\$							
34.			Other - See Attached Schedule	\$	4,621				4,621		
Page	22 - N	Mainte	enance and Property			THE STOKE					
35.			Excess Movable Equipment Depreciation			E WILL W		32777	MUNICIPAL PROPERTY OF THE PARTY		
			See Attached Schedule	\$							
36.			Depreciation on Unallowable		NEW YEAR	ina. N. Julia			رۇرانلىرى.		
			Motor Vehicles	\$							
37.			Unallowable Property and Real					3 50 24 11 51	1 2 000		
			Estate Taxes	\$							
38.			Rental of Building Space or Rooms	\$							
39.			Other - See Attached Schedule	\$							
Page	27 - 1	nsura	ince				120 407 60				
40.			Mortgage Insurance	\$							
41.			Property Insurance	\$							
Othe	r - Mi	scella	neous						8 BW 4		
42.			Other - Indirect	\$							
43.			Interest Income on Account Rec.	\$							
44.			Other - Miscellaneous Administrative	\$							
45.			Management Fees Direct	\$							
46.			Management Fees Indirect	\$							
47.			Other - Direct	\$	141,932				141,932		
Not 1	For Pr	ofit P	Providers Only								
48.			Building/Non Movable Eq. Depreciation					122 34 17			
			Unallowable Building Interest -				<u> </u>	W W			
			See Attached Schedule	\$							
49	Total	Amo	unt of Decrease (Items 1 - 48)	\$	238,516				238,516		

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

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS		idential e Home
20		Cable TV (See Attached)			S	4,621
					+	
Total Othe	r Ancillary	Costs	\$ -	\$ =	\$	4,621

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref Description	CCNH	RHNS		sidential re Home
, e Entr					
				_	
Total Exce	ess Movable Equipment Depreciation	\$	\$	- \$	

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	 CCNI	I	RHNS	5 .	Residen Care He	
				-	-	-		-
				-	_			
Total Othe	r Property	Adjustments	5	- :	\$		\$	

Page Ref	Line Ref	Description	CCN	OH	RHI	NS	Reside Care F	
				_	-	-	-	
					-			8 11
Total Otho	r Adjustm	ents	\$	-	\$	27	\$	

#### Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref Description	CCNH	RHNS	Residential Care Home
Total Othe	r Adjustments	\$	\$ -	\$

#### $Schedule\ of\ Other\ -\ Direct\ Adjustments$

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
See page	29c	Wormser Disallowance (See Attachment)			\$ 141,932
Total Oth	er Adjustm	ents	\$ -	\$ -	\$ 141,932

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	 CCNH	RHNS	Residential Care Home
	H				
-					

## STAMFORD ELDERLY HOUSING CORPORATION d/b/a SCOFIELD MANOR Pg. 29b Cable TV Disallowance

9/30/2021

Disallowed Expense	\$	4,621	{a}
Total Allowable Expense	\$	3,600	
Total Months	·	12	<u>=</u> 1
Total Monthy Fee Allowed	\$	300	
Total Cable TV Expense	\$	8,221	TB Linked

Tickmark

{a}

Ties to page 29a

259,216

833,126 31.11%

#### STAMFORD ELDERLY HOUSING CORPORATION d/b/a SCOFIELD MANOR

Wormser meals disallowance

**September 30, 2021** 

Calcu	lation	of	Meals

Scofield Manor			
Resident Days	15,004	* Fringe benefit calculation:	
Meals per day	3_	Total Fringes	
Meals per year	45,012	Total Salaries	
Wormser Congregate	(***		
Number of Beds	44		
Meals per day	16060		
Meals per year	16,060		
Total dietary meals per year	61,072		
Square Footage of Facility	24,000		
Square Footage of Kitchen	683		
Kitchen space as % of total	2.84		
, in the space at 70 or 10 mg			
Total meals served	61,072	2	
Wormser meals	16,060	)	
Catering as % of dietary	26.30	<del>/</del> 6	
Catering Allocation of Kitcher	n space 0.75°	∕₀	
Expenses			
Administrative & General	Heat	33,069	
Administrative & Goneral	Light & Power	38,897	
	Water	9,409	
	Total	81,375	
	Catering Allocation	0.75%	
	Unallowable Amount	\$ 608	
Capital	Property Insurance	29,940	
	Catering Allocation	0.75%	
	Unallowable amount	\$ 224	
Direct	Dietary Salaries	·	
	Dietary Fringes	*	
	Dietary Supplies	<b>2</b> 1	
	P/S & Raw Food	536,569	
	Total	536,569	
	Meals served allocation	26.30%	
		\$ 141,101	
		<del></del>	
Total disallowed expenses	\$ 141,932		
	·		

#### F. Statement of Revenue

Name of Facility  License No.		Report for Ye 9/30/2021	ear Ended		Page of 30   37
Stamford Elderly Housing Corp. d/b/a Sci 1822-RCH	-	713012021			Residential Care
Item		Total	CCNH	RHNS	Home
I. Resident Room, Board & Routine Care Revenue			aiğil jar		
1. a. Medicaid Residents (CT only)	\$	1,891,771			1,891,771
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$				
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$	83,490			83,490
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				<u> </u>
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$				
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$			-	
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. <u>a. Occupational Therapy - Medicare</u>	\$				
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$				
b. Other (Specify) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$	1,975,261			1,975,261
IV. Other Revenue*					
Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$	39			39
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$				796,056
V. Total Other Revenue (1 thru 8)	\$	796,095			796,095
VI. Total All Revenue (III +V)	\$	2,771,356			2,771,356

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

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

#### Schedule of Other Resident Revenue - Medicare

#### Related Exp

Total Other Resident Revenue - Medicare	\$ -	\$ - \$	

#### Schedule of Other Non-Medicare Resident Revenue

#### Related Exp

Page Ref	Description	CCNI	1	RHNS		dential Home
						(€
			_		-	
			_			
				_	+	
Total Other	r Resident Revenue	\$	- \$		\$	0.4

#### **Interest Income**

#### Account

Page Ref	Account	Balance	CCNI	1	RHN	IS	iential Home
							2
30 IV 5	Operating Reserve Interest						\$ 10
30 IV 5	Replacement Reserve Interest		9				\$ 22
30 IV 5	Marie White Interest						\$ 3
30 IV 5	Donations Interest						\$ 4
Total Inte	rest Income		\$		\$		\$ 39

#### Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS		esidential are Home
30 IV 8	City Grant			\$	230,000
30 IV 8	Meals Revenue			\$	203,914
30 IV 8	FEMA COVID-19 Exp Reimbursement			\$	362,142
				+	
Total Oth	er Revenue	\$ *	\$ -	\$	796,056

#### G. Balance Sheet

Ctom		Facility	License No.	Report for Year Ended	- 1	Page		of
Stam	ifor	d Elderly Housing Corp. d/b/a	\$ 1822-RCH	9/30/2021		31		37
			Account			Ar	nount	
Asse	ets							
A.	Cu	rrent Assets						
	1.	Cash (on hand and in banks	)		\$		201	,166
	2.	Resident Accounts Receivab	le (Less Allowance for	r Bad Debts)	\$			
	3.	Other Accounts Receivable	Excluding Owners or	Related Parties)	\$		478	3,827
	4	Inventories			\$			
	5.	Prepaid Expenses			\$		4	1,382
		a. Prepaid Insurance		3,119				
		b. Prepaid Expenses		1,263	160			
		c	IV.	C				
		d. See Schedule			100	Harry Town		80.00
		Interest Receivable			\$			
	7.	Medicare Final Settlement R	eceivable		\$			
	8.	Other Current Assets (itemiz	e)		\$		(557	7,873
		Inter Program		(557,873)	- 50			
					-			
		See Schedule						
A-9.	To	tal Current Assets (Lines A1	thru 8)		\$		126	5,502
В.	Fix	ked Assets						
	1.	Land			\$			
	2.	Land Improvements	*Historical Cost		\$			
			Accum. Depreciatio	n Net				
	3.	Buildings	*Historical Cost	1,399,480	\$		296	5,777
			Accum. Depreciatio	n 1,102,703 Net				
	4.	Leasehold Improvements	*Historical Cost	746,751	\$		165	,804
			Accum. Depreciatio	n 580,947 Net				
	5.	Non-Movable Equipment	*Historical Cost	180,743	\$		7	7,239
			Accum. Depreciatio	n 173,504 Net				
	6.	Movable Equipment	*Historical Cost	287,177	\$		24	1,930
			Accum. Depreciatio	n 262,247 Net				
	7.	Motor Vehicles	*Historical Cost	150,284	\$			
			Accum. Depreciatio	n 150,284 Net				
	8.	Minor Equipment-Not Depre	eciable -		\$			
	Q	Other Fixed Assets (itemize)			\$		(9	,386
	٧.	F/S vs C/R	,	(9,386)	ľ		(-	, -,
		See Schedule		(2,500)				
B-10	)	Total Fixed Assets (Lines B	1 thru 9)		\$		485	5,364

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

Cabadula of	Dwanaid 12	women's Pore 21 Line AS	
		expenses Page 31 Line A5	
Page Ref	Line Ref	Description	
-	_		
Total Prep	ald Expens		\$ -
Schedule of	Other Cu	rrent Assets (itemized) Page 31 Line A8	
Page Ref	Line Ref	Description	
1	13100 1011	SECONDITION.	
_			
_			
	Car of the Car	CONTROL SAND	\$ .
I otal Othe	r Current,	Assets (Hemize)	,
Cabad to 1	Other P	ad Assets (Itanias) Page 21 Line D0	
schedule of	Other Fix	ed Assets (Itemize) Page 31 Line B9	
Page Ref	Line Ref	Description	
	200 22		٠.
Fotal Othe	r Other Fo	ted Assets (Itemize)	3
Schedule of	Other Ass	ets Page 32 Line D7	
Done Def	t inn Daf	Description	
Page Ref	Lane Rei	Description	
Total Othe	r Assets		\$ .
	***************************************		***************************************
Schedule of	Notes Pay	able (Itemize) Page 33 Line A2	
Page Ref	Line Ref	Description	
			-
Total Note:	Pausti		s -
outil Note:	rnyable		
Sahadala -	Other C	rrent Llabilities (Itemize) Page 33 Line A12	
ocnenule of	other Cu	HERE Enginetics (Herringe) 1 age 55 Line AL2	
Page Ref	Line Ref	Description	1
0			
-			
Paris (C)	· c	Likelidia (Hamilar)	s .
total Othe	r Current	Liabilitics (Itemize)	
Schedule o	Other Lo	ng-Term Liabilities (Itemize) Page 34 Line B4	
Page Ref	Line Ref	Description	
	-		
Total Othe	r Current	Liabilities (Itemize)	s -

## G. Balance Sheet (cont'd)

Nam	ne of Facility	License No.	Report for Year Ended		age	of			
Stam	nford Elderly Housing Corp. d/b	/a \$ 1822-RCH	9/30/2021	3	32	37			
		Account			Amou				
			Total Brought Forward:	\$		611,866			
C.,	Leasehold or like property rec	Leasehold or like property recorded for Equity Purposes.							
	1. Land			\$					
	2. Land Improvements	*Historical Cost							
		Accum. Depreciation	n Net	\$					
	3. Buildings	*Historical Cost							
		Accum. Depreciation	n Net	\$					
	4. Non-Movable Equipment	*Historical Cost	4						
		Accum. Depreciation	n Net	\$					
	5. Movable Equipment	*Historical Cost	s <del></del>						
		Accum. Depreciation	n Net	\$					
	6. Motor Vehicles	*Historical Cost	-						
		Accum. Depreciation	n Net	\$					
	7. Minor Equipment-Not Dep			\$					
C-8	Total Leasehold or Like Prop	\$							
D.	Investment and Other Assets								
	1. Deferred Deposits			\$					
	2. Escrow Deposits			\$					
	3. Organization Expense	*Historical Cost							
		Accum. Depreciation	n Net	\$					
	4. Goodwill (Purchased Only	)		\$					
	5. Investments Related to Re-	sident Care (itemize)		\$					
	6. Loans to Owners or Relate	d Dorting (itamiga)		\$	-/iii.41/C3				
	Name and Address	Amount	Loan Date	Ψ	B- 30 500 0	F1 = 188			
	Name and Address	Amount	Loan Date						
				<b>—</b>	P Sillings	Total State			
	7. Other Assets (itemize)			\$	DI TOST				
	Rounding								
D 0	See Schedule	4 4 (T !: TN1 41 - TN		\$		To Miles The B			
		Total Investments and Other Assets (Lines D1 thru 7)							
D-9.	Total All Assets (Lines A9 + 1	310 + C8 + D8)		\$		611,866			

<sup>\*</sup> 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 Fac	ility		License No.	Report for Year	Ended	Page	of
Stamford Ele	derly	Housing Corp. d/b/a Scofiel	1822-RCH	9/30/2021		33	37
			Account			Aı	nount
Liabilities							
Α.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable				\$	314,450
	2.	Notes Payable (itemize)				\$	
		See Schedule					
	3.	Loans Payable for Equipme	ent (Current portion	) (itemize)		\$	
		Name of Lender	Purpose	Amount	Date Due		E 1932
			•				
	4.	Accrued Payroll (Exclusive	of Owners and/or S	Stockholders only)	_	\$	43,175
	5.	Accrued Payroll (Owners a				\$	
	6.	Accrued Payroll Taxes Pay				\$	
	7.	Medicare Final Settlement	Payable			\$	
	8.	Medicare Current Financin	g Payable			\$	
	9.	Mortgage Payable (Curren	t Portion)			\$	
	10	. Interest Payable (Exclusive	of Owner and/or Re	elated Parties)		\$	
		. Accrued Income Taxes*				\$	
	12	Other Current Liabilities (i	temize)			\$	152,925
		Unearned Revenue - Tenant	79,8				
		Other Current Liabilities (itemize)	73,0	080			
				Saa Sahadula			
A-13	To	tal Current Liabilities (Line	es A1 thru 12)	See Schedule		\$	510,550
11.13		THE CHILDREN (EAR)					

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

## G. Balance Sheet (cont'd)

B. Long-Term Liabilities 1. Loans Payable-Equipment (itemize)  Name of Lender  Purpose  Amount  Date Due  2. Mortgages Payable 3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)	Name of Facility	License No.	Report for Year	Ended	Page		of
Liabilities (cont'd) B. Long-Term Liabilities 1. Loans Payable-Equipment (itemize)  Name of Lender  Purpose  Amount  Date Due  2. Mortgages Payable 3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$ 10,550	Stamford Elderly Housing Corp. d/b/a Scof	1822-RCH	9/30/2021		34		37
Liabilities (cont'd)  B. Long-Term Liabilities  1. Loans Payable-Equipment (itemize)  Name of Lender  Purpose  Amount  Date Due  2. Mortgages Payable  3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)	A	Account			Ar		
B. Long-Term Liabilities 1. Loans Payable-Equipment (itemize)  Name of Lender  Purpose  Amount  Date Due  2. Mortgages Payable 3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$			Total Brough	t Forward:		510	0,550
1. Loans Payable-Equipment (itemize)  Name of Lender  Purpose  Amount  Date Due  2. Mortgages Payable  3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$ \$	Liabilities (cont'd)						
Name of Lender  Purpose  Amount  Date Due  2. Mortgages Payable  3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  S	_						
2. Mortgages Payable 3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)			· · · · · · · · · · · · · · · · · · ·				
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$	Name of Lender	Purpose	Amount	Date Due			
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$			.	Te.			
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
3. Loans from Owners or Related Parties (itemize)  Name and Address of Lender  Amount  Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$	2. Mortgages Pavable	,	ıl.	\$			
Name and Address of Lender Amount Loan Date  4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$		ated Parties (itemize)					
4. Other Long-Term Liabilities (itemize)  See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$ \$			Loan Da			WP#	18,812
See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$							
See Schedule  B-5. Total Long-Term Liabilities (Lines B1 thru 4)  \$	1 Other I and Tame I ishiliti	(itamiza)		0		man III	1000
B-5. Total Long-Term Liabilities (Lines B1 thru 4) \$	4. Onler Long-Term Liabilité	oo (11em112e )		1.00 pt		www in st	H 0330
B-5. Total Long-Term Liabilities (Lines B1 thru 4) \$	17						
B-5. Total Long-Term Liabilities (Lines B1 thru 4) \$							
B-5. Total Long-Term Liabilities (Lines B1 thru 4) \$	See Schedule						
		Lines B1 thru 4)		\$		Harrison of the Lorentz of the Loren	
	C. Total All Liabilities (Lines A-	13 + B-5)				51	0,550

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

	e of Facility License No. Report for Year Ended		Page	of
Stan	nford Elderly Housing Corp. d/b/a 1822-RCH 9/30/2021		35	37
_	Account	_	An	nount
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 (Equity)	\$		
	4. Reserve for leasehold real properties on which fair rental value is based	\$		165,804
	5. Reserve for funds set aside as donor restricted	\$		
	6. Total Reserves	\$		165,804
B.	Net Worth			
	1. Owner's Capital	\$		
	2. Capital Stock	\$		
	3. Paid-in Surplus	\$		
	4. Treasury Stock	\$		
	5. Cumulated Earnings	\$		25,157
	6. Gain or Loss for Period 10/1/2020 thru 9/30/2021	\$		(89,645)
	7. Total Net Worth	\$		(64,488)
C.	Total Reserves and Net Worth	\$		101,316
D.	Total Liabilities, Reserves, and Net Worth	\$		611,866

## H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	· Ended	Page	of
Stamford Elderly Housing Corp. d/b/z		9/30/2021		36	37
	Account				mount
A. Balance at End of Prior Period a		09/30/2020		\$	(50,739)
B. Total Revenue (From Statement				\$	2,771,356
C. Total Expenditures (From States	ment of Expenditures P	Page 27)		\$	2,861,001
D. Net Income or Deficit				\$	(89,645)
E. Balance				\$	(140,384)
F. Additions					
Additional Capital Contribution	•				
Expense Per Page 27	\$2,865,804 \$(4,803)		-		
_					
Expense Per F/S			Marine Township		
2. Other (itemize)					
Prior Period Adjustment	t	75,896			
1					
F-3. Total Additions				\$	75,896
G. Deductions					
Drawings of Owners/Operat				\$	
Name and Address (No., Ca	ity, State, Zip)	Title	Amount		
1			1 1		1
				STAN COM	
2. Other Withdrawings (Specif	ŷ)		7.7-2	\$	
Purpose		Amo	ount		
3. Total Deductions		le .		\$	
H. Balance at End of Period	09/30/2	21		\$	(64,488)
	07/30/2			T	(3.,,.00)

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

Name of Facility	License No.	Report for Year Ended Page of					
Stamford Elderly Housing Corp. d/b/a	1822-RCH	9/30/2021 37 37					
all.	Check appropriate category						
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home					
P	reparer/Reviewer Certifica	tion					
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 Freparer	Title PRINCIPAL	Date Signed					
Printed Name of Preparer							
Matthew S. Bavolack							
Addres Address		Phone Number					
555 Long Wharf Drive, New Haven, CT 0651	1	203-781-9600					
Contacted Person Regarding Additional Information	mation Needed Regarding This Report	Phone Number					
Darnel Paulemon	Darnel Paulemon						
Contact Email Address							
Dpaulemon@charteroakcommunities.org							
2 pautomonio onarter carcommantico.org							



Workpaper Index:

B.03

Prepared By:

Reviewed By:

Workpaper Date:

1/10/2022

Run Date:

1/10/2022

Name of Workpaper:

VHCL CKLST

Stamford Elderly Housing Corp. d/b/a Scofield Manor

Provider Name: Provider Number: Period Ended;

PURPOSE:

1822-RCH

9/30/21

VEHICLE COMPLIANCE CHECKLIST

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	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? Request insurance cards and current vehicle registration.	1			
2	Are all purchase and lease agreements made in the facility's name?	1			
3	Were mileage logs obtained for facility vehicles claimed for reimbursement	1			
4	Were the number of vehicles allowed for reimbursement determined?	1			
5	Was personal use of the facility vehicles determined?	1			
6	Has the maximum cost allowed for depreciation purposes or the maximum allowablemonthly lease expense been determined?	1			
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?		N/A		
8	Were all motor vehicle additions physically inspected?		N/A		

Conclusion:

Scofield Manor Medicard - Scofield Manor 2021 Cost Report 9/30/2021 Client; Engagement: Period Ending:

Period Ending: Trial Balance:	9/30/2021 A.01 - TB-OTHER					
Account	Description	UNADJ	JE Ref#	RJE	FINAL	1st PP-FINAL
		9/30/2021			9/30/2021	9/30/2020
100101	Operating Transfer	0.00			0,00	(44,295,00)
1110-01	Cash - Unrestricted - Operating	108,060.00			108,060,00	0.00
111101	Cash-unrestricted	0.00			0,00	105,966,00
111102	Cash-unrestricted	0.00			0,00	18,305,00 7,956,00
111103 111104	Cash-unrestricted Cash-unrestricted	0.00			0.00	5,583.00
111301	Cash-other restricted	0.00			0.00	45,095,00
1130-01	Cash - Restricted - Replacement Reserve	45,074.00			45,074.00	0,00
1130-02	Cash - Restricted - Operating Deficit Reserve	19,207.00			19,207,00	0.00
1130-08 1130-09	Cash - Restricted - Other Reserve Cash - Restricted - Other Reserve	7,882.00 5,531.00			7,882,00 5,531,00	0.00
1130-13	Cash - Restricted - Other Reserve	15,412.00			15,412,00	0.00
1240-01	Accounts Receivable - Other Government	113,702.00			113,702,00	0,00
124001	Account receivable - other government	0,00			0,00	109,746,00
1250-03	Accounts Receivable - Miscellaneous	3,576.00			3,576,00	0,00
1250-04 125050	Accounts Receivable - Miscellaneous Account receivable - miscellaneous - Other	362,142.00 0.00			362,142.00 0.00	0,00 2,707,00
125050	Account receivable - Other - Private	0.00			0.00	24,337.00
125052	Account receivable - Other	0.00			0.00	110,000.00
1260-01	Accounts Receivable - Tenants	12,065,00			12,065.00	0,00
126001	Accounts Receivable - Tenants	0.00			0.00	(366.00)
1261-01	Allowance for doubtful accounts - Tenants	(12,658,00) 0.00			(12,658,00) 0.00	0,00 (10,906,00)
126101 130000	Allowance for doubtful accounts - tenants Operating Reserve	0.00			0.00	19,217.00
1420-01	Prepaid Insurance	3,119.00			3,119.00	0.00
1420-02	Prepaid Expenses	1,263.00			1,263.00	0.00
142001	Prepaid Insurance	0.00			0.00	21,246.00
1440-01	Interfund - Due to/from - Revolving Fund	(557,873.00) 0.00			(557,873 00) 0.00	0,00 (165,854,00)
144001 1620-02	Inter program - due from Building Improvements	507,852.00			507,852.00	0.00
162001	Buildings	0.00			0.00	252,342.00
1630-01	Furniture, Fixtures & Equipment - Building	311,633.00			311,633.00	0.00
163001	Furniture, equipment and machinery - dwellings	0.00			0.00	311,633.00
1640-01	Furniture, Fixtures & Equipment - Administrative	478,962.00 0.00			478,962.00 0.00	0.00 478,962.00
164001 1660-01	Furniture, equipment and machinery - administration Accumulated Depreciation - Buildings	(978,887.00)			(978,887.00)	0.00
166001	Accumulated depreciation	0.00			0.00	(934,485.00)
303610	Interest Income	0.00			0.00	(303.00)
3120-01	Accounts Payable - Less than 90 Days	(37,767.00)			(37,767.00)	0.00
312001	Accounts payable <= 90 days	0.00 (57,458.00)			0.00 (57,458.00)	(115,520,00) 0.00
3130-01 3210-01	Accrued Current Liabilities - Operating Expenses Accrued Wages & Payroll Taxes	(9,491.00)			(9,491.00)	
321001	Accrued wage/payroll taxes payable	0.00			0.00	(46,442.00)
3220-01	Accrued Compensated Absences	(33,684.00)			(33,684.00)	
322001	Accrued compensated absences - current portion	0.00			0.00	(52,344_00)
3330-02 333001	Accounts Payable - Other Government - Other Accounts payable - other government	(21,173.00) 0.00			(21,173 00) 0.00	0.00 (94,810.00)
333001	Accounts payable - other government overpayments	0.00			0.00	(573.00)
3420-01	Unearned Revenue - Tenant	(79,845.00)			(79,845.00)	
342001	Deferred revenue - Other	0.00			0.00	(82,226.00)
3450-05	Other Current Liabilities - Patient Funds	(15,622.00)			(15,622.00) 0.00	
345001 401112	Other current liabilities SALARIES- ADMINISTRATION STAFF	0.00		65,082.00	65,082.00	(18,233.00) 64,330.00
401112	SALARIES ADMINISTRATION STALL	0.00	RJE - 10	65,082.00	00,002.00	0.,000.00
401113.1	SALARIES-RN DIRECT CARE	0.00			0.00	84,014.00
401115	SALARIES-HOUSE KEEPING STAFF	0.00			0.00	59,135_00
452937	Subscriptions	0.00	DIE 4	2,392,00	2,392.00	964.00
5100-10	Operating Transfer	(255,510.00)	RJE - 4	2,392.00	(255,510.00)	0.00
5120-01	Unrestricted Net Position	(25,157 00)			(25,157.00)	
512101	Unrestricted Net Assets	0.00			0.00	(281,008.00)
512742	TELEPHONE - CELLULAR	0,00		1,354.00	1,354.00	409.00
	SARI OVER BENESITO MEDE	0.00	RJE - 3	1,354.00	112.075.00	107 262 00
513352	EMPLOYEE BENEFITS-MERF	0.00	RJE - 1	112,975.00 108,380.00	112,975.00	107,263.00
			RJE - 7	4,595.00		
513355	Dental	0.00		21,014.00	21,014.00	17,988.00
			RJE - 1	21,014.00		
513356	LTD	0.00	DIE 4	13,441.00	13,441.00	12,867.00
F22C14	Faultment Loggo Evpanco	0.00	RJE - 1	13,441.00 2,937.00	2,937.00	2,862.00
522614	Equipment Lease Expense	0.00	RJE - 2	2,937.00	2,307.00	2,002.00
525131	DIETARY SUPPLIES	0.00		1052	0.00	14,191.00
543631	HOUSEKEEPING SUPPLIES	0.00		22,358.00	22,358.00	15,072.00
	A AUNIDOV DENITAL O	0.00	RJE - 12	22,358.00	0.00	055.00
545501 564541	LAUNDRY RENTALS FEDERAL SOCIAL SECURITY	0.00		72,257.00	0.00 72,257.00	655.00 72,641.00
JU4J4	CEDENAL GOGIAL GEOGINITI	0.00	RJE - 1	72,257.00	. 2,207.00	. 2,0-71100
7030-01	Tenant Rental Revenue	(2,233,357.00)			(1,891,771,00)	0.00

 Account	Description	UNADJ	JE Ref#	RJE	FINAL	1st PP-FINAL
Account	Description	9/30/2021	JE ICEI #		9/30/2021	9/30/2020
		0.00,202	RJE - 13	341,586,00		
	T 18 118	(00, 400, 00)	K3E - 13	341,380,00	(83,490,00)	0.00
7030-02	Tenant Rental Revenue	(83,490,00)				
703001	Tenant rental revenue	0,00			0.00	(74,547,00)
703002	Tenant rental revenue - DSS Rental Rev	0,00			0.00	(2,186,687,00)
7031-01	Vacancy Loss - Tenant Rent	341,586.00		(341,586,00)	0.00	0,00
			RJE - 13	(341,586.00)		
703100	Vacancies	0.00			0.00	233,159.00
7080-03	Other Government Grants - City of Stamford	(230,000.00)			(230,000.00)	0_00
7080-05	Other Government Grants	(153,173.00)		153,173.00	0.00	0.00
7000-00	Cirial Covernment Grante	(100,110,00)	RJE - 8	153,173.00		
708002	Other government grants	0.00	1102 0	100,110.00	0.00	(110,000.00)
		0.00			0.00	(25,557.00)
708003	Other government grants				(39,00)	
7110-01	Investment Income - Unrestricted	(39,00)			0.00	(87.00)
711001	Investment income - unrestricted	0.00				,
7150-02	Other Revenue	(203,914.00)			(203,914,00)	
7150-04	Other Revenue	(362,142.00)			(362,142,00)	
715001	Other revenue	0.00			0.00	(17,745.00)
715002	Other revenue	0.00			0,00	(197,434,00)
9110-01	Administrative Wages	152,567.00		(65,082,00)	87,485.00	0.00
	ů .		RJE - 10	(65,082,00)		
911001	Administrative salaries	0.00			0.00	91,062.00
9120-01	Auditing Fee	22,010.00			22,010.00	0.00
912001	Auditing fees	0.00			0.00	21,230.00
9130-01	Management Fee	132,715.00			132,715.00	0.00
		0.00			0,00	129,859.00
913001	Management Fee	2,133.00			2,133.00	0.00
9132-01	Front Line Fee for Service				0.00	4,458.00
913201	Front Line Service Fee	0.00				
9140-01	Advertising & Marketing	569.00			569.00	0.00
914001	Advertising and Marketing	0.00			0.00	156.00
9150-01	Administrative Employee Benefits - Medical	31,413.00		(31,413.00)	0,00	0.00
			RJE - 1	(31,413,00)		
9150-02	Administrative Employee Benefits - Dental & Vision	3,161.00		(3,161,00)	0.00	0.00
			RJE - 1	(3,161,00)		
9150-03	Administrative Employee Benefits - STD, LTD, Life	2,946.00		(2,946.00)	0,00	0.00
	,,,,	,	RJE - 1	(2,946,00)		
9150-04	Administrative Employee Benefits - Payroll Taxes	13,423.00		(13,423,00)	0.00	0.00
3130-04	Administrative Employee Benefits - 1 Byron Taxes	10,420.00	RJE - 1	(13,423.00)	0.00	
0450.05	Administrative Employee Popolite Popole	22,585.00	NOL - I	(22,585,00)	0.00	0.00
9150-05	Administrative Employee Benefits - Pension	22,365.00	DIE 4		0,00	0.00
		4 570 00	RJE - 1	(22,585,00)	0.00	0.00
9150-07	Administrative Employee Benefits - Other	1,576.00	D.IE. 7	(1,576,00)	0.00	0,00
			RJE - 7	(1,576.00)		
9160-01	Office Expenses - Equipment Maintenance & Repair	1,755.00		(826,00)	929.00	0.00
			RJE - 2	(826.00)		
9160-02	Office Expenses - Equipment & Furniture Purchases	217.00			217.00	0.00
9160-03	Office Expenses - Postage & Mailing	2.00			2.00	0.00
9160-04	Office Expenses - Supplies & Stationary	2,651.00			2,651.00	0.00
9160-05	Office Expenses - Telephone	16,156.00		(3,465.00)	12,691.00	0.00
J 100-00	Cities Expenses Telephone	10,100,00	RJE - 2	(2,111.00)	,	
			RJE - 3	(1,354.00)		
0400 07	Office Francisco Martinel Complier & Diagnosel	3.750.00	1/25 - 2	(1,004.00)	3,750.00	0.00
9160-07	Office Expenses - Medical Supplies & Disposal	•		(8,221.00)	1,785.00	0.00
9160-08	Office Expenses - Internet	10,006.00	0.15.0	` '	1,700.00	0.00
			RJE - 3	(8,221.00)		// 50/ 50
916001	Office Expenses - Equipment Maintenance & Repair	0.00			0.00	(1,661.00)
916002	Office Expenses - Equipment Purchases <5,000	0.00			0.00	3,202.00
916003	Office Expenses - Other Office Expense	0.00			0.00	1,058.00
916004	Office Expenses - Postage	0.00			0.00	29.00
916008	Office Expenses - Stationary/Supplies	0.00			0.00	2,328.00
916009	Office Expenses - Telephone	0.00			0.00	15,515.00
916011	Office Expenses - Medical Supplies & Disposal	0.00			0.00	1,095.00
9170-01	Legal Expense - Tenant	1,008,00			1,008.00	0.00
9170-01	Legal Expense - Labor	9,449.00			9,449.00	0.00
	Legal Expense - Cabol Legal Expense - Other	4,153.00			4,153.00	0.00
9170-03		0.00			0.00	18,022.00
917001	Legal Expense					0.00
9190-01	Other Administrative - Consulting	15,495.00			15,495.00	
9190-02	Other Administrative - Data Processing	23,132.00			23,132.00	0,00
9190-03	Other Administrative - Membership Fees	3,882.00			3,882.00	0.00
9190-04	Other Administrative - Staff Training & Conferences	1,225.00			1,225.00	0.00
9190-05	Other Administrative - Temporary Labor	14,505.00			14,505.00	0.00
9190-11	Other Administrative - Hiring Costs	(54.00)		110.00	56.00	0.00
			RJE - 9	110.00		
9190-12	Other Administrative - Tenant Leasing	21.00			21.00	0.00
9190-14	Other Administrative - Meeting & Training	157.00			157.00	0.00
9190-15	Other Administrative - Uniforms	869.00		(110,00)	759.00	0.00
			RJE - 9	(110.00)		
919002	Other - Consulting Fees	0.00		. = .	0,00	28,120.00
919004	Other - Data Processing	0.00			0.00	18,609.00
919004	Other - Membership Dues & Fees	0.00		(2,392.00)	(2,392.00)	
515000	Sales - Mornipolonip Dues & 1 ces	0.00	RJE - 4	(2,392.00)	(-,===)	
040000	Other Staff Training	0.00	1.00 - 4	(2,002.00)	0.00	5.00
919008	Other - Staff Training				0.00	17,698.00
919009	Other - Temporary Labor	0.00			0,00	7.00
919010	Other - Bank Fees	0.00		(00 0E0 00)		
9210-01	Tenant Services Wages - Attendant	391,800.00	D.IE	(63,256.00)	328,544.00	0,00
			RJE - 11	(63,256.00)		

Account	Description	UNADJ	JE Ref#	RJE	FINAL	1st PP-FINAL
		9/30/2021			9/30/2021	9/30/2020
9210-02	Tenant Services Wages - RN & LPN	88,910.00			88,910.00	0.00
9210-03	Tenant Services Wages - Housekeeper	23,406.00			23,406.00	0.00
9210-05	Tenant Services Wages - Other	7,697,00			7,697.00	0.00
	9	0.00			0.00	353,814.00
921001	Tenant services - salaries					
921002	Tenant services - salaries Overtime	0.00			0.00	89,623,00
9211-01	Tenant Services Wages - Overtime Attendants	121,232.00			121,232.00	0,00
9230-01	Tenant Services Employee Benefits - Medical	179,238.00		(179,238,00)	0.00	0.00
			RJE - 1	(179,238,00)		
9230-02	Tenant Services Employee Benefits - Dental & Vision	16,386.00		(16,386.00)	0.00	0.00
0200 02	7-11-11 - 11-11-11-11-11-11-11-11-11-11-1		RJE - 1	(16,386.00)		
0000 00	Tenant Services Employee Benefits - STD, LTD, Life	9,507.00	1101	(9,507,00)	0_00	0.00
9230-03	Teriant Services Employee Benefits - 31D, LTD, Life	9,507.00	D. IC. Sale		0_00	0.00
			RJE - 1	(9,507.00)	0.00	0.00
9230-04	Tenant Services Employee Benefits - Payroll Taxes	54,674,00		(54,674,00)	0.00	0.00
			RJE - 1	(54,674,00)		
9230-05	Tenant Services Employee Benefits - Pension	79,033.00		(79,033,00)	0.00	0.00
			RJE - 1	(79,033,00)		
9230-07	Tenant Services Employee Benefits - Other	2,652.00		(2,652,00)	0.00	0,00
	,		RJE-7	(2,652,00)		
9240-01	Tenant Services - Supportive Services	69,775.00		(-113-7)	69,775.00	0.00
	Tenant Services - Food Service	536,569.00			536,569.00	0.00
9240-02					287.00	0.00
9240-03	Tenant Services - Events & Activities	287.00		(F.000.00)		
9240-04	Tenant Services - Other	39,097.00		(5,939,00)	33,158,00	0.00
			RJE - 12	(5,939,00)		
924002	Tenant services - other (Food Services)	0.00			0.00	471,290,00
9310-01	Water	9,228.00			9,228.00	0.00
931001	Water	0.00			0.00	8,500.00
9320-01	Electricity	38,897.00			38,897.00	0.00
		0.00			0.00	44,350.00
932001	Electricity					•
9330-01	Gas	5,235.00			5,235.00	0.00
933001	Gas	0.00			0.00	9,054.00
9340-01	Fuel	27,834.00			27,834.00	0.00
934001	Fuel	0.00			0.00	27,897.00
9360-01	Sewer	181.00			181.00	0_00
9410-01	Maintenance Wages	46,018.00			46,018,00	0.00
941001	OM&O - Labor	0.00			0.00	45,983.00
941002	OM&O Labor - Overtime	0.00			0.00	1,516.00
					299.00	0.00
9411-01	Maintenance Wages - Overtime	299.00				0.00
9420-01	Maintenance Materials - Appliances & Parts	1,223.00			1,223,00	
9420-02	Maintenance Materials - Carpentry	1,498.00			1,498.00	0.00
9420-03	Maintenance Materials - Electrical	1,131.00			1,131.00	0.00
9420-04	Maintenance Materials - Keys & Locks	41.00			41.00	0.00
9420-05	Maintenance Materials - Grounds	411.00			411.00	0.00
9420-06	Maintenance Materials - Janitorial	23,199.00		(23, 199.00)	0.00	0.00
0.120.00	Trainer of the control of the contro	,	RJE - 12	(22,358.00)		
			RJE - 12	(841.00)		
0.400.07	Maintana Matariala IIV/AC	3,917.00	1100 - 12	(041,00)	3,917.00	0.00
9420-07	Maintenance Materials - HVAC					0.00
9420-09	Maintenance Materials - Plumbing	1,020.00			1,020.00	
9420-11	Maintenance Materials - Equipment & Tools	3,197.00			3,197.00	0.00
9420-12	Maintenance Materials - Life & Safety	81.00			81.00	0.00
942007	OM&O Materials - Other Materials	0.00			0.00	8,338.00
942009	OM&O Materials - Plumbing	0.00			0.00	192,00
942011	OM&O Materials - Vehicles	0.00			0.00	2,581.00
9430-01	Maintenance Services - Garbage & Trash Removal	10,198.00			10,198.00	0.00
9430-02	Maintenance Services - HVAC	5,856.00			5,856.00	0.00
9430-02	Maintenance Services - Snow Removal	11,713.00			11,713.00	0.00
9430-03	Maintenance Services - Show Removal	10,910.00			10,910.00	0.00
					9,730.00	0.00
9430-05	Maintenance Services - Landscaping & Grounds	9,730.00				
9430-08	Maintenance Services - Plumbing	2,224.00			2,224.00	0.00
9430-09	Maintenance Services - Exterminating	2,100.00			2,100.00	0.00
9430-10	Maintenance Services - Janitorial	25,760.00			25,760.00	0.00
9430-11	Maintenance Services - Life & Safety	10,312.00			10,312.00	0.00
9430-12	Maintenance Services - Routine Repairs	7,727.00			7,727.00	0.00
9430-13	Maintenance Services - Vehicle Repairs & Fuel	5,649.00			5,649.00	0.00
9430-14	Maintenance Services - Contract Labor	436.00			436.00	0.00
		0.00			0.00	14,652.00
943010	OM&O Contracts - Garbage/Trash Removal					
943020	OM&O Contracts - Heating/Cooling	0.00			0.00	38,410.00
943030	OM&O Contracts - Snow Removal	0.00			0.00	2,475.00
943040	OM&O Contracts - Elevator	0.00			0.00	7,424.00
943050	OM&O Contracts - Landscape/Grounds	0.00			0.00	10,440.00
943070	OM&O Contracts - Electrical	0.00			0.00	1,779.00
943080	OM&O Contracts - Plumbing	0.00			0.00	2,889.00
943090	OM&O Contracts - Extermination	0.00			0.00	2,575.00
943100	OM&O Contracts - Lacimination OM&O Contracts - Janitorial	0.00			0.00	168.00
		0.00			0.00	15,194.00
943110	OM&O Contracts - Routine Maintenance					
943120	OM&O Contracts - Miscellaneous	0.00		,	0.00	1,585.00
9450-01	Maintenance Employee Benefits - Medical	17,829.00		(17,829.00)	0.00	0.00
			RJE - 1	(17,829,00)		
9450-02	Maintenance Employee Benefits - Dental & Vision	1,467.00		(1,467.00)	0.00	0.00
-	, ,		RJE - 1	(1,467.00)		
9450-03	Maintenance Employee Benefits - STD, LTD, Life	988.00	- //	(988.00)	0.00	0.00
5 700 00	mandonario Employee Belletto OTD, ETD, ETD	050,00	RJE - 1	(988,00)	0,00	
0450-04	Maintenance Employee Benefits - Payroll Taxes	4,160.00	1000000	(4,160.00)	0.00	0.00
9450-04	maintenance Employee Delients - Payroll Taxes	4, 100.00	DIE 4		0.00	0.00
			RJE - 1	(4,160.00)		

9450-05   Maintenance Employee Benefits - Pension   6,762.00   16,762.00   0.	Account	Description	UNADJ	JE Ref#	RJE	FINAL	1st PP-FINAL
Section			9/30/2021			9/30/2021	9/30/2020
9450-07   Maintenance Employee Benefits - Other   RJE - 7 (367,00)   0.00   0.00	9450-05	Maintenance Employee Benefits - Pension	6,762,00			0.00	0.00
S20_01   Protective Services - Contract   1.412_00   0.00				RJE - 1			
Se20-01   Protective Services - Contract   1.412.00   0.00   9811-01   Property Insurance   3,879.00   0.00   0.00   9811-01   Property Insurance   0.00   0.00   2.5684.00   9812-01   Liability Insurance   2,4756.00   0.00   0.00   3,854.00   0.00   981201   Liability Insurance   0.00   0.00   19,534.00   0.00   0.00   19,534.00   0.00   0.00   19,534.00   0.00   0.00   19,534.00   0.00   0.00   19,647.00   0.00   0.00   19,647.00   0.00   19,647.00   0.00   0.00   19,647.00   0.00   0.00   0.00   19,647.00   0.0	9450-07	Maintenance Employee Benefits - Other	367.00	D.E. 7		0,00	0,00
Septillo   Property Insurance   3,379.00   3,879.00   0.00	0500.04	Destactive Continue Control	1 412 00	RJE - /	(367,00)	1 412 00	0.00
Sel1-01   Property Insurance   0.00   2.564.00							
9812-01   Liability Insurance							
981201							
Sel13-01   Workmen's Compensation Insurance   30,736.00   0.00			•				
Self-301   Workments Compensation   0.00   19,647,000   13,050.00   0.00   196,447,000   1305.00   0.00   1305.00   0.00   1305.00   0.00   1438,000   0.00   1438,000   0.00   1438,000   0.00   1438,000   0.00   1438,000   0.00   1438,000   0.00							
Self-4-01   All Other Insurance							
961401   All other Insurance   0.00   0.00   1,438.00   9620-01   Other General Expenses   153,173.00   (153,173.00)   0.00   0.00   962101   Compensated Absences   1,197.00   962101   Compensated absences   0.00   0.00   160.00   964001   Bad debt - tenant rents   0.00   0.00   160.00   9712-01   Extraordinary Operating Expense - COVID   0.00   7720.0		•					
9620-01 Other General Expenses 153,173.00			, 13				
Section   Compensated Absences   1,197.00   0.00					(450 470 00)		
9621-01         Compensated Absences         1,197,00         0.00         960         0.00         160,00         960,00         960,00         960,00         960,00         9702,00 <td< td=""><td>9620-01</td><td>Other General Expenses</td><td>153,173.00</td><td>D 15 A</td><td></td><td>0.00</td><td>0.00</td></td<>	9620-01	Other General Expenses	153,173.00	D 15 A		0.00	0.00
962101   Compensated absences   0.00   964001   Bad debt - tenant rents   0.00   9772.00   9772.00   97712.01   Extraordinary Operating Expense - COVID   341,977.00   RJE - 5   (141,882.00)   9702.00   9.702				RJE - 8	(153,173,00)	4 407 00	0.00
Solution							
9712-01 Extraordinary Operating Expense - COVID 341,977,00							
STILE   STIL	964001						,
971201         Extraordinary Operating Expense - COVID         0.00         RJE - 3         0.00         144,348.00           9740-01         Depreciation Expense         44,401.00         31,781.00         0.00         31,781.00           Marcum 10         Resident Transportation         0.00         8,221.00         62,21.00         31,781.00           Marcum 11         Cablevision (Residents)         0.00         RJE - 3         8,221.00         8,221.00         7,103.00           Marcum 12         Over the Counter Drugs         0.00         RJE - 3         8,221.00         6,951.00           Marcum 13         Linen Rental         0.00         0.00         0.00         6,951.00           Marcum 19         Resident Gifts         0.00         0.00         76.00           Marcum 23         Uniform/Other         0.00         0.00         34.18.00           Marcum 24         Background Checks         0.00         228,480.00         228,480.00         229,375.00           Marcum 30         Health Insurance         0.00         228,480.00         228,480.00         229,375.00           Marcum 32         Holiday Party         0.00         63,256.00         63,256.00         63,256.00         63,560.00         63,560.00         63,560.0	9712-01	Extraordinary Operating Expense - COVID	341,977,00			200,095.00	0.00
9740-01 Depreciation Expense				RJE - 5	(141,882.00)		
9740-01         Depreciation Expense         44,401.00         44,401.00         0.00           974001         Depreciation expense         0.00         0.00         31,781.00           Marcum 10         Resident Transportation         0.00         8,221.00         8,221.00         7,103.00           Marcum 11         Cablevision (Residents)         0.00         RJE - 3         8,221.00         8,221.00         7,103.00           Marcum 12         Over the Counter Drugs         0.00         RJE - 3         8,221.00         0.00         2,411.00           Marcum 13         Linen Rental         0.00         0.00         6,951.00         0.00         6,951.00           Marcum 16         Background Screening - Admissions         0.00         0.00         76.00         0.00         76.00           Marcum 19         Resident Giffs         0.00         0.00         76.00         0.00         76.00           Marcum 23         Uniform/Other         0.00         0.00         3,418.00         0.00         75.00           Marcum 24         Background Checks         0.00         228,480.00         228,480.00         229,375.00           Marcum 30         Health Insurance         0.00         63,256.00         63,256.00 <t< td=""><td>971201</td><td>Extraordinary Operating Expense - COVID</td><td>0.00</td><td></td><td></td><td>0.00</td><td>144,348.00</td></t<>	971201	Extraordinary Operating Expense - COVID	0.00			0.00	144,348.00
STADO				RJE - 3	0.00		
Marcum 10   Resident Transportation   0.00   8,221.00   390.00   Marcum 11   Cablevision (Residents)   0.00   8,221.00   8,221.00   7,103.00   RJE - 3   8,221.00   8,221.00   7,103.00   RJE - 3   8,221.00   RJE - 3   8,221.00   7,103.00   RJE - 3   8,221.00   7,103.00   RJE - 3   8,221.00   RJE - 3   8,221.00   RJE - 3   8,221.00   7,103.00   RJE - 3   8,221.00   RJE - 3   8,221.00   8,221.00   7,103.00   RJE - 3   8,221.00   8,221.00   7,103.00   RJE - 3   8,221.00   8,221.00   8,221.00   7,103.00   RJE - 3   8,221.00   8,221.00   7,103.00   RJE - 3   8,221.00   8,221.00   8,221.00   7,103.00   RJE - 3   7,000	9740-01	Depreciation Expense	44,401.00				
Marcum 11         Cablevision (Residents)         0.00         8,221.00         8,221.00         7,103.00           Marcum 12         Over the Counter Drugs         0.00         0.00         2,411.00           Marcum 13         Linen Rental         0.00         0.00         6,951.00           Marcum 16         Background Screening - Admissions         0.00         0.00         76.00           Marcum 19         Resident Gifts         0.00         0.00         56.00           Marcum 23         Uniform/Other         0.00         0.00         3,418.00           Marcum 24         Background Checks         0.00         228,480.00         228,480.00         229,375.00           Marcum 30         Health Insurance         0.00         RJE - 1         228,480.00         229,375.00           Marcum 32         Hollday Party         0.00         RJE - 1         228,480.00         229,375.00           Marcum 34         Recreation Services         0.00         63,256.00         63,256.00         63,256.00         64,533.00           Marcum 42         LPN - Direct Care         0.00         FJE - 5         67,709.00         67,709.00         63,012.00           Marcum 43         CNA - Direct Care         0.00         74,173.00	974001	Depreciation expense	0.00				
Marcum 12 Over the Counter Drugs 0.00	Marcum 10	Resident Transportation	0.00				
Marcum 12         Over the Counter Drugs         0.00         0.00         2,411.00           Marcum 13         Linen Rental         0.00         0.00         6,951.00           Marcum 16         Background Screening - Admissions         0.00         0.00         0.00         56.00           Marcum 19         Resident Gifts         0.00         0.00         0.00         3,418.00           Marcum 23         Uniform/Other         0.00         0.00         0.00         3,418.00           Marcum 24         Background Checks         0.00         228,480.00         229,375.00           Marcum 30         Health Insurance         RJE - 1         228,480.00         229,375.00           Marcum 32         Holiday Party         0.00         0.00         0.00         1,091.00           Marcum 34         Recreation Services         0.00         63,256.00         63,256.00         63,256.00         64,533.00           Marcum 42         LPN - Direct Care         0.00         RJE - 11         63,256.00         67,709.00         64,533.00           Marcum 43         CNA - Direct Care         0.00         74,173.00         74,173.00         64,027.00           Marcum 45         Laundry Supplies         0.00         6,780.00	Marcum 11	Cablevision (Residents)	0.00		8,221.00	8,221.00	7,103.00
Marcum 13		·		RJE - 3	8,221.00		
Marcum 16         Background Screening - Admissions         0.00         76.00           Marcum 19         Resident Gifts         0.00         0.00         56.00           Marcum 23         Uniform/Other         0.00         0.00         3,418.00           Marcum 24         Background Checks         0.00         0.00         157.00           Marcum 30         Health Insurance         0.00         228,480.00         229,375.00           Marcum 32         Holiday Party         0.00         RJE - 1         228,480.00         229,375.00           Marcum 34         Recreation Services         0.00         0.00         63,256.00         63,256.00         64,533.00           Marcum 42         LPN - Direct Care         0.00         RJE - 11         63,256.00         67,709.00         67,709.00         67,709.00         67,709.00         63,012.00           Marcum 43         CNA - Direct Care         0.00         RJE - 5         67,099.00         67,709.00         67,709.00         67,709.00         67,709.00         67,709.00         67,709.00         67,709.00         67,709.00         67,709.00         67,709.00         67,709.00         67,709.00         67,709.00         67,709.00         67,709.00         67,709.00         67,709.00         67,709.0	Marcum 12	Over the Counter Drugs	0.00			0.00	
Marcum 19         Resident Gifts         0.00         0.00         56.00           Marcum 23         Uniform/Other         0.00         0.00         3,418.00           Marcum 24         Background Checks         0.00         228,480.00         229,375.00           Marcum 30         Health Insurance         0.00         RJE - 1         228,480.00         229,375.00           Marcum 32         Holiday Party         0.00         0.00         0.00         38,604.00           Marcum 34         Recreation Services         0.00         63,256.00         63,256.00         64,533.00           Marcum 37         Salaries - LPNs         0.00         RJE - 11         63,256.00         63,256.00         64,533.00           Marcum 42         LPN - Direct Care         0.00         67,709.00         67,709.00         63,012.00           Marcum 43         CNA - Direct Care         0.00         RJE - 5         67,709.00         74,173.00         64,027.00           Marcum 44         Driver         0.00         6,780.00         6,780.00         0.00           Marcum 8         Medical Supplies         0.00         6,780.00         6,780.00         0.00	Marcum 13	Linen Rental	0.00			0.00	
Marcum 19 Marcum 23         Resident Gifts         0.00 Marcum 23         0.00 Marcum 24         0.00 Marcum 30         0.00 Marcum 30         0.00 Marcum 30         228,480.00 Marcum 30         228,480.00 Marcum 30         228,480.00 Marcum 32         0.00 Marcum 32 Marcum 34         Holiday Party Marcum 34         0.00 Marcum 34         0.00 Marcum 37         <		Background Screening - Admissions	0.00			0.00	76.00
Marcum 24 Marcum 30         Background Checks         0.00 Marcum 30         228,480.00 Marcum 30         228,480.00 Marcum 30         228,480.00 Marcum 32 Marcum 32 Marcum 34 Marcum 34 Marcum 37 Marcum 42 Marcum 37 Marcum 42 Marcum 43 Marcum 43 Marcum 43 Marcum 43 Marcum 44 Driver Marcum 44 Driver Marcum 44 Driver Marcum 45 Laundry Supplies Marcum 45 Marc	Marcum 19		0.00			0.00	56.00
Marcum 24 Marcum 30         Background Checks Health Insurance         0.00 228,480.00         228,480.00         228,480.00         229,375.00           Marcum 32 Marcum 32 Marcum 34 Recreation Services Marcum 37 Salaries - LPNs         0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Uniform/Other	0.00			0.00	3,418.00
Marcum 30         Health Insurance         0.00 RJE - 1         228,480.00 228,480.00         228,480.00         229,375.00           Marcum 32         Holiday Party         0.00         0.00         1,091.00           Marcum 34         Recreation Services         0.00         63,256.00         63,256.00         64,533.00           Marcum 37         Salaries - LPNs         RJE - 11         63,256.00         63,256.00         64,533.00           Marcum 42         LPN - Direct Care         0.00         67,709.00         67,709.00         63,012.00           Marcum 43         CNA - Direct Care         0.00         74,173.00         74,173.00         64,027.00           Marcum 44         Driver         0.00         6,780.00         6,780.00         6,780.00         0.00           Marcum 45         Laundry Supplies         0.00         6,780.00         6,780.00         0.00         635.00           Marcum 8         Medical Supplies         0.00			0,00			0.00	
Marcum 32 Marcum 32 Marcum 34 Recreation Services         Holiday Party         0.00 Marcum 34 Recreation Services         0.00 Marcum 37 Salaries - LPNs         0.00 Marcum 37 Marcum 42 Marcum 42 Marcum 42 Marcum 42 Marcum 43 Marcum 43 Marcum 43 Marcum 44 Marcum 45 Marcum 44 Marcum 45 Marcum 44 Marcum 45 Marcum 44 Marcum 45			0.00		228,480.00	228,480.00	229,375.00
Marcum 32 Marcum 34 Marcum 34 Recreation Services         0.00 Marcum 34 Recreation Services         0.00 Marcum 35 Rod4.00         0.00 Marcum 36 Rod4.00         0.00 Marcum 37 Rod4.00         0.00 Marcum 38 Rod6.00         0.00 Marcum 38 Rod6.00 </td <td>mai odini oo</td> <td>Today Mada</td> <td></td> <td>RJE - 1</td> <td>228,480.00</td> <td>·</td> <td></td>	mai odini oo	Today Mada		RJE - 1	228,480.00	·	
Marcum 34 Marcum 37         Recreation Services         0.00 Marcum 37         63,256.00 Sa,256.00 Sa,256.	Marcum 32	Holiday Party	0.00			0.00	1,091.00
Marcum 37         Salaries - LPNs         0.00 RJE - 11 63,256.00 RJE - 11 63,256.00         63,256.00 64,533.00         64,533.00           Marcum 42         LPN - Direct Care         0.00 RJE - 5 67,709.00 FJE - 5 67,709.00         67,709.00 FJE - 5 74,173.00 FJE - 5						0.00	38,604.00
Marcum 42         LPN - Direct Care         RJE - 11 (63,256.00 (67,709.00) (67,709.00) (67,709.00) (67,709.00) (67,709.00) (67,709.00) (67,709.00) (74,173.00) (64,027.00) (74,173.0			0.00		63.256.00	63,256.00	64,533.00
Marcum 42         LPN - Direct Care         0.00 RJE - 5 67,709.00 RJE - 5 74,173.00 RJE - 12 6,780.00 RJE - 12 6,7	Wardin or	Calaries El 140		RJE - 11	63,256,00	•	
Marcum 43         CNA - Direct Care         RJE - 5 (7,709.00 74,173.00 74,	Marcum 42	I PM - Direct Care	0.00			67.709.00	63.012.00
Marcum 43         CNA - Direct Care         0.00 RJE - 5         74,173.00 74,173.00         64,027.00           Marcum 44 Marcum 45         Driver Laundry Supplies         0.00 6,780.00 6,780.00         6,780.00         6,780.00           Marcum 8 Medical Supplies         0.00 RJE - 12 6,780.00         0.00 635.00           Total         0.00 0.00         0.00 0.00         0.00 0.00	Marcuil 42	EFTY - Birect Gare	0.00	RJE - 5			,
Marcum 44 Driver 0.00 0.00 6,780.00 0.00 Marcum 45 Laundry Supplies 0.00 RJE - 12 6,780.00 0.00 635.00 Total 0.00 0.00 0.00 0.00	Maraum 42	CNA Direct Care	0.00	1102 0		74 173.00	64.027.00
Marcum 44 Marcum 45         Driver Laundry Supplies         0.00 0 0.00 0.00 0.00 0.00 0.00 0.00 0	Marcum 45	CIVA - Direct Care	0.00	PIE-5		, ,,	- 1,0
Marcum 45 Laundry Supplies 0.00 6,780.00 6,780.00 0.00  RJE - 12 6,780.00  Marcum 8 Medical Supplies 0.00 0.00 0.00  Total 0.00 0.00 0.00	Moroum 44	Driver	0.00	NOL - U	77,170,00	0.00	38.243.00
RJE - 12 6,780.00  Marcum 8 Medical Supplies 0.00 0.00 635.00  Total 0.00 0.00 0.00					6.780.00		
Marcum 8         Medical Supplies         0.00         0.00         635.00           Total         0.00         0.00         0.00         0.00	Marcum 45	Laundry Supplies	0,00	R IF - 12		0,700.00	0.00
Total 0.00 0.00 0.00 0.00	Maroum 8	Medical Supplies	0.00	NOL - 12	0,700.00	0.00	635,00
TV SAID		Medical Supplies			0.00		
Net (Income) Loss 0.00 0.00 0.00 0.00	Total		0.00		0.00	3,00	
		Net (Income) Loss	0.00		0.00	0.00	0.00

Scofield Manor Medicald - Scofield Manor 2021 Cost Report 9/30/2021 A,01 - TB-0THER A,03 - Grouped TB Client: Engagement: Period Ending: Trial Balance: Workpaper

Workpaper: Account	A <sub>1</sub> 03 - Grouped TB  Description	UNADJ	JE Ref #	RJE	FINAL	1st PP-FINAL	
		9/30/2021			9/30/2021	9/30/2020	
Group : [10-A] Subgroup : [2]	Salarles and Wages Administrators						
9110-01	Administrative Wages	152,567,00	RJE - 10	(65,082 00) (65,082 00)	87,485 00	0 00	
911001 Sublolal [2] Administrators	Administrative salaries	152,567.00		(65,082.00)	0 00 87,485.00	91,062.00 91,062.00	
Subgroup : [4]	Other Administrative Salaries	-		200000000000000000000000000000000000000			
401112	SALARIES- ADMINISTRATION STAFF	0,00	RJE - 10	65,082 00 65,082 00	65,082 00	64,330 00	
Marcum 44 Subtolai [4] Olher Administra	Driver	0.00		0 00 65,082.00	0.00 65,082.00	38,243 00 102,573.00	
Subgroup : [6B]	Other Housekeeping Workers			00,000,000			
101115 1210-03	SALARIES-HOUSE KEEPING STAFF Tenant Services Wages - Housekeeper	0,00 23,406,00		0 00	0.00 23,406.00	59,135 00 0 00	
Subtotal [6B] Other Houseke		23,406.00		0,00	23,406.00	59,135,00	
Subgroup : [7B] 9410-01	Other Maintenance Workers Maintenance Wages	46,018,00		0.00	46,018 00	0.00	
41001 41002	OM&O - Labor OM&O Labor - Overtime	0.00		0.00	0.00	45,983 00 1,516 00	
411-01 Subtotal [78] Other Mainlena	Maintenance Wages - Overlime	299.00 46,317.00		0.00	299.00 46,317.00	0.00 47,499.00	
Subgroup : [12B1]	RNs - Direct Care						
901113 1 9210-02	SALARIES-RN DIRECT CARE Tenant Services Wages - RN & LPN	0,00 88,910.00		0.00 0.00	0.00 88,910.00	84,014,00 0.00	
Subtotal [12B1] RNs - Direct		88,910.00		0.00	88,910.00	84,014.00	
ubgroup : [12C1]	LPNs - Direct Care Salaries - LPNs	0.00		63,256.00	63,256 00	64,533.00	
larcum 37 Subtotal [12C1] LPNs - Direc		0.00	RJE - 11	63,256.00 63,256.00	63,256.00	64,533.00	
		0.00		03,230.00	03,230.00	04,000.00	
ubgroup : [12D] 210-01	Aides and Attendants Tenant Services Wages - Attendant	391,800,00	RJE - 11	(63,256.00) (63,256.00)	328,544,00	0,00	
210-05	Tenant Services Wages - Other	7,697.00	KJE II	0.00	7,697 00 0 00	0,00 353,814.00	
1001	Tenant services - salaries Tenant services - salaries Overtime	0,00		0.00	0.00	89,623,00	
11-01 21-01	Tenant Services Wages - Overtime Attendants Compensated Absences	121,232,00 1,197,00		0.00	121,232 00 1,197 00	0.00	
2101 ubtotal [12D] Aides and Att		0.00 521,926.00		(63,256,00)	0.00 458,670.00	160.00 443,597.00	
otal [10-A] Salaries and Wa	sistance treatine susmiridenenii	833,126.00		0.00	833,126.00	892,413.00	
roup : [13-B] ubgroup : [11B1]	Professional Fees LPN's - Direct Care						
arcum 42	LPN - Direct Care	0.00	RJE-5	67,709.00 67,709.00	67,709.00	63,012.00	
ublotal [11B1] LPN's - Direc		0.00		67,709.00	67,769.00	63,012,00	
ubgroup : [11C] larcum 43	Aldes CNA - Direct Care	0.00		74,173.00	74,173 00	64,027,00	
ubtotal [11C] Aldes		0.00	RJE - 5	74,173.00 74,173.00	74,173,00	64,027.00	
etal [13-B] Professional Fee	es	0.00		141,882.00	141,882,00	127,039,00	
roup : [15] ubgroup : [1A1]	Expenditures Other than Salarles Workmen's Compensation						
13-01 1301	Workmen's Compensation Insurance Workmen's Compensation	30,736.00		0 00	30,736 00 0 00	0.00 19,647.00	
iblolal [1A1] Workmen's Co	ompensation	30,736.00		0.00	30,736.00	19,647,00	
ubgroup : [1A2] 3356	Disability Insurance LTD	0.00		13,441.00	13,441.00	12,867,00	
ıbtotal [1A2] Disability İnst	urance	0.00	RJE - 1	13,441.00	13,441.00	12,867.00	
ibgroup : [1A4]	Social Security (FICA)	2					
4541	FEDERAL SOCIAL SECURITY	0,00	RJE - 1	72,257.00 72,257.00	72,257 00	72,641,00	
btolal [1A4] Social Securil	ty (FICA)	-0.00		72,257,00	72,257,00	72,641.00	
ubgroup ; [1A5]  50-01	Health Insurance Administrative Employee Benefits - Medical	31,413,00		(31,413.00)	0.00	0,00	
30-01	Tenant Services Employee Benefits - Medical	179,238.00	RJE - 1	(31,413 00) (179,238 00)	0.00	0,00	
150-01	Maintenance Employee Benefits - Medical	17,829,00	RJE - 1	(179,238 00) (17,829 00)	0.00	0,00	
arcum 30	Health Insurance	0,00	RJE - 1	(17,829 00) 228,480 00	228,480.00	229,375,00	
ubtotal [1A5] Health Insural		228,480.00	RJE - 1	228,480.00	228,480.00	229,375.00	
ıbgroup : [1A6]	Life insurance	·					
50-03	Administrative Employee Benefits - STD, LTD, Life	2,946,00	RJE - 1	(2,946 00) (2,946 00)	0 00	0.00	
30-03	Tenant Services Employee Benefits - STD, LTD, Life	9,507,00	RJE - 1	(9,507.00) (9,507.00)	0.00	0 00	
20-12 30-11	Maintenance Materials - Life & Safety Maintenance Services - Life & Safety	81,00 10,312,00		0.00	81 00 10,312 00	0.00	
50-03	Maintenance Employee Benefils - STD, LTD, Life	988,00	RJE - 1	(988 00) (988 00)	0.00	0.00	
ubtotal (1A6) Life Insurance	•	23,834.00		(13,441.00)	10,393.00	0.00	
ibgroup : [1A7] 3352	Pensions EMPLOYEE BENEFITS-MERF	0,00		112,975 00	112,975 00	107,263.00	
5552	and addition the many	5,50	RJE - 1 RJE - 7	108,380 00 4,595 00		.=	
150-05	Administrative Employee Benefits - Pension	22,585.00	RJE - 1	(22,585 00) (22,585 00)	0.00	0.00	
			, (OL * 1	(22,000 00)			

Client: Engagement Period Ending: Trial Balance: Workpaper: Scofield Manor Medicaid - Scofield Manor 2021 Cost Report 9/30/2021 A,01 - TB-OTHER A,03 - Grouped TB

Workpaper:	A.03 - Grouped TB						
Account	Description	UNADJ	JE Ref#	RJE	FINAL	1st PP-FINAL	
<del>)</del>		9/30/2021			9/30/2021	9/30/2020	
9230-05	Tenanl Services Employee Benefits - Pension	79,033.00	RJE - 1	(79,033,00) (79,033,00)	0,00	0.00	
9450-05	Maintenance Employee Benefits - Pension	6,762.00	NOC - I	(6,762,00)	0,00	0.00	
Cubintal MATI Bassians		108,380.00	RJE - 1	(6,762.00) 4,595.00	112,975,00	107,263.00	
Subtotal [1A7] Pensions		100,300.00		4,555,00	112,370,00	107,200,00	
Subgroup : [1A8]	Uniform Allowance	869 00		(110,00)	759 00	0.00	
9190-15	Other Administrative - Uniforms	009 00	RJE - 9	(110.00)			
Subtotal [1A8] Uniform Allow	ance	869.00		(110.00)	759,00	0.00	
Subgroup : [1A9]	Other						
513355	Dental	0.00	RJE - 1	21,014,00 21,014,00	21,014,00	17,988.00	
9150-02	Administrative Employee Benefits - Dental & Vision	3,161.00	KJE	(3,161,00)	0.00	0.00	
		12 422 00	RJE - 1	(3,161,00) (13,423,00)	0.00	0.00	
9150-04	Administrative Employee Benefits - Payroll Taxes	13,423.00	RJE - 1	(13,423.00)			
9150-07	Administrative Employee Benefits - Other	1,576.00	RJE - 7	(1,576,00) (1,576,00)	0.00	0.00	
9230-02	Tenant Services Employee Benefits - Dental & Vision	16,386.00		(16,386,00)	0.00	0.00	
9230-04	Tenant Services Employee Benefils - Payroll Taxes	54,674.00	RJE • 1	(16,386 00) (54,674,00)	0.00	0.00	
			RJE - 1	(54,674 00)		0.00	
9230-07	Tenant Services Employee Benefils - Other	2,652.00	RJE - 7	(2,652.00) (2,652.00)	0.00	0.00	
9450-02	Maintenance Employee Benefits - Dental & Vision	1,467 00		(1,467.00)	0.00	0.00	
9450-04	Maintenance Employee Benefits - Payroll Taxes	4,160.00	RJE - 1	(1,467 00) (4,160 00)	0.00	0.00	
		207.00	RJE - 1	(4,160 00)	0.00	0.00	
9450-07	Maintenance Employee Benefits - Other	367 00	RJE - 7	(367.00) (367.00)	0 00	0.00	
Marcum 23	Uniform/Other	0.00		0.00	0.00	3,418.00 21,406.00	
Subtotal [1A9] Other		97,866.00		{76,852.00}	21,014.00	21,400.00	
Subgroup : [1C]	Bad Debts	2.00		0.00	0.00	9,702.00	
964001 Subtotal [1C] Bad Debts	Bad debt - lenant rents	0.00		0.00	0.00	9,702.00	
Subgroup : [1D] 9120-01	Accounting and Auditing Auditing Fee	22,010.00		0.00	22,010.00	0.00	
912001	Auditing fees	0.00		0.00	22,010.00	21,230.00	
Subtotal [1D] Accounting and	Auditing	22,010.00		0,00	22,010.00	21,230.00	
Subgroup : [1E]	Legal	1,008.00		0.00	1,008.00	0.00	
9170-01 9170-02	Legal Expense - Tenant Legal Expense - Labor	9,449.00		0.00	9,449.00	0.00	
9170-03	Legal Expense - Other	4,153.00		0,00	4,153.00 0.00	16,022.00	
917001 Subtotal [1E] Legal	Legal Expense	14,610.00		0,00	14,610.00	18,022.00	
Sub-roup : MC1	Office Cumplies						
Subgroup : [1G] 9160-04	Office Supplies Office Expenses - Supplies & Stationary	2,651.00		0.00	2,651.00	0.00	
9160-07	Office Expenses - Medical Supplies & Disposal	3,750.00 0.00		0.00	3,750,00 0,00	0.00 1.058.00	
916003 916008	Office Expenses - Other Office Expense Office Expenses - Stationary/Supplies	0.00		0 00	0.00	2,328.00	
916011	Office Expenses - Medical Supplies & Disposal	6,401.00		0.00	6,401.00	1,095.00 4,481.00	
Subtotal [1G] Office Supplies		0,401.00		0.00	34,40,1100	1,100,100	
Subgroup : [1H1]	Telephone and Telegraph	16,156.00		(3,465.00)	12,691.00	0.00	
9160-05	Office Expenses - Telephone	16,136.00	RJE - 2	(2,111.00)	12,031,00	0,00	
040000	Office Eventure Telephone	0.00	RJE - 3	(1,354 00)	0.00	15,515.00	
916009 Subtotal [1H1] Telephone and	Office Expenses - Telephone  d Telegraph	16,156.00		(3,465.00)	12,691.00	15,515.00	
Cubarra (MUO)	Cellular Phones and Beepers						
Subgroup : [1H2] 512742	TELEPHONE - CELLULAR	0.00		1,354.00	1,354.00	409 00	
Subtotal [1H2] Cellular Phone	or and Booners	0.00	RJE - 3	1,354.00	1,354.00	409.00	
Total [15] Expenditures Other		549,342.00		(2,221.00)	547,121.00	532,558.00	
0	Expenditures Other than Salaries (cont'd) - Admin. and Genera						
Group : [16] Subgroup : [2]	Hollday Parties for Staff						
Marcum 32	Holiday Party	0.00		0.00	0.00	1,091,00	
Subtotal [2] Hollday Parties for	oi staii	0,00		0,00	0,00	1,001,100	
Subgroup : [3]	Gifts to Staff and Residents Resident Gifts	0.00		0.00	0.00	56,00	
Marcum 19 Subtotal [3] Gifts to Staff and		0,00		0,00	0.00	56,00	
	Education Expense						
Subgroup : [5] 9190-04	Other Administrative - Staff Training & Conferences	1,225 00		0.00	1,225.00	0.00	
9190-14	Other Administrative - Meeting & Training Other - Staff Training	157 00 0 00		0.00	157.00 0.00	0.00 5.00	
919008 Subtotal [5] Education Expen		1,382.00		0,00	1,382.00	5.00	
Dubassan (61	Automobile Expense						
Subgroup : [6] 942011	OM&O Materials - Vehicles	0.00		0.00	0.00	2,581.00	
9430-13	Maintenance Services - Vehicle Repairs & Fuel	5,649.00 5,649.00		0.00	5,649.00 5,649.00	2,581.00	
Subtotal [6] Automobile Expe		5,049.00		- 0.00	33010100	Alec Hee	
Subgroup : [M3]	Advertising Other	E60.00		0.00	ECO 00	0.00	
9140-01 914001	Advertising & Markeling Advertising and Markeling	569 00 0.00		0,00	569.00 0.00	156.00	
Subtotal [M3] Advertising Oth		569,00		0.00	569.00	156,00	
Subgroup : [M7]	Postage						
9160-03	Office Expenses - Postage & Mailing	2.00		0.00	2.00	0 00 29 00	
916004 Subtotal [M7] Postage	Office Expenses - Postage	2,00		0.00	2,00	29.00	
	Dura and Mancharable Front - Bodes Co. 1						
Subgroup : [M8] 9190-03	Dues and Membership Fees to Professional Associations Other Administrative - Membership Fees	3,882.00		0.00	3,882.00	0.00	
	·····						

Scofield Manor Medicaid - Scofield Manor 2021 Cost Report 9/30/2021 A.01 - TB-OTHER

Client Engagement: Period Ending: Trial Balance:

Trial Balance:	A.01 - TB-OTHER						
Workpaper:	A_03 - Grouped TB  Description	UNADJ	JE Ref#	RJE	FINAL	1st PP-FINAL	
Account	Description	9/30/2021	3E Rei #	NOE	9/30/2021	9/30/2020	
919006	Other - Membership Dues & Fees	0 00		(2,392,00)	(2,392.00)	0 00	
			RJE - 4	(2,392.00)			
Subtotal [M8] Dues and Mer	mbership Fees to Professional Associations	3,882.00		(2,392.00)	1,490,00	0.00	
Subgroup : [M9]	Subscriptions						
452937	Subscriptions	0.00	5.15	2,392,00	2,392.00	964_00	
Subtotal [M9] Subscriptions	,	0.00	RJE - 4	2,392,00	2,392.00	964.00	
Subtotal [Ma] Subscriptions	,	0,00					
Subgroup : [M11]	Services Provided by Contract				0.00	4,458.00	
913201 9190-01	Front Line Service Fee Other Administrative - Consulting	0 00 15,495 00		0.00	0.00 15,495.00	0.00	
9190-02	Other Administrative - Data Processing	23,132.00		0.00	23,132.00	0.00	
9190-05	Other Administrative - Temporary Labor	14,505.00		0.00	14,505.00 0.00	0.00 28,120.00	
919002 919004	Other - Consulting Fees Other - Data Processing	0.00		0.00	0.00	18,609.00	
919009	Other - Temporary Labor	0 00		0.00	0.00	17,698 00	
9520-01	Protective Services - Contract	1,412.00		0.00	1,412.00	0.00	
Subtotal [M11] Services Pro	ovided by Contract	54,544.00		0,00	54,544.00	68,885,00	
Subgroup : [M12]	Administrative Management Services						
9130-01	Management Fee	132,715,00		0.00	132,715.00	0.00 129,859.00	
913001 Subtotal [M12] Administrati	Management Fee	132,715.00		0.00	132,715.00	129,859.00	
Subtotal [M12] Administration	ve management dervices	1040,1000					
Subgroup : [M13]	Other	044 505 00		1244 500 000	0.00	0.00	
7031-01	Vacancy Loss - Tenant Rent	341,586 00	RJE - 13	(341,586,00)	0.00	0.00	
9132-01	Front Line Fee for Service	2,133,00		0.00	2,133,00	0.00	
9160-02	Office Expenses - Equipment & Furniture Purchases	217.00		(8.221.00)	217 00 1,785 00	0.00	
9160-08	Office Expenses - Internet	10,006 00	RJE - 3	(8,221.00)	1,765.00	0.00	
9190-11	Other Administrative - Hiring Costs	(54,00)		110.00	56.00	0.00	
		04.00	RJE - 9	110.00	21.00	0.00	
9190-12 919010	Other Administrative - Tenant Leasing Other - Bank Fees	21 00 0 00		0.00	0.00	7.00	
9240-04	Tenant Services - Other	39,097,00		(5,939.00)	33,158,00	0.00	
	_	450 470 00	RJE - 12	(5,939.00)	0.00	0.00	
9620-01	Olher General Expenses	153,173 00	RJE - 8	(153,173.00) (153,173.00)	0,00	0.00	
9712-01	Extraordinary Operating Expense - COVID	341,977,00	NOL 0	(141,882.00)	200,095,00	0.00	
		2.22	RJE - 5	(141,882.00)	0.00	144 348 00	
971201	Extraordinary Operating Expense - COVID	0,00	RJE - 3	0.00 (0.00)	0,00	144,348.00	
Marcum 16	Background Screening - Admissions	0,00		0.00	0,00	76.00	
Marcum 24	Background Checks	0.00		0.00	237,465.00	157,00 144,588,00	
Subtotal [M13] Other Total (16) Expenditures Oth	er than Salaries (cont'd) - Admin, and General	888,156,00 1,086,899.00		(650,691.00)	436,208.00	348,214.00	
		- INVESTIGATION OF THE PARTY OF		- Andrews - Andr			
Group : [18]	Dielary Basis for Allocation of Costs						
Subgroup : [2A2] 525131	Non-Food Supplies DIETARY SUPPLIES	0.00		0.00	0.00	14,191.00	
Subtotal [2A2] Non-Food Su		0.00		0.00	0,00	14,191.00	
Subgroup : [2B] 9240-02	Purchased Services Tenant Services - Food Service	536,569.00		0.00	536,569.00	0.00	
924002	Tenant services - other (Food Services)	0.00		0.00	0.00	471,290.00	
Subtotal [2B] Purchased Se	rvices	536,569.00		0.00	536,569.00 536,569.00	471,290,00 485,481.00	
Total [18] Dietary Basis for	Allocation of Costs	536,569.00		0.00	230,069.00	405,401,00	
Group : [19]	Laundry-Basis for Allocation of Costs						
Subgroup : [3B]	Purchased Services	THE PARTY.		0.00	0.00	655.00	
545501 Subtotal [3B] Purchased Se	LAUNDRY RENTALS	0.00		0.00	0.00	655.00	
Subtotal [SB] Furchaseu Se	IVILLES	4,00		-			
Subgroup : [3C]	Other					0.054.00	
Marcum 13 Marcum 45	Linen Rental	0 00		0.00 6.780.00	0,00 6,780,00	6,951.00 0.00	
Walcum 45	Laundry Supplies	0.00	RJE - 12	6,780.00			
Subtotal [3C] Other		0.00		6,780.00	6,780.00	6,951.00	
Total [19] Laundry-Basis for	r Allocation of Costs	0,00		5,780.00	6,780.00	7,606.00	
Group : [20]	Housekeeping and Resident Care Basis for Allocation of Co.	sts					
Subgroup : [4C]	Other					45.070.00	
543631	HOUSEKEEPING SUPPLIES	0.00	RJE - 12	22,358.00 22,358.00	22,358.00	15,072.00	
Subtotal [4C] Other		0.00	RJE - 12	22,358.00	22,358.00	15,072.00	
odbiolai [40] otilei							
Subgroup : [5B]	Medicine Cabinet Drugs	0.00		0.00	0.00	2,411.00	
Marcum 12 Subtotal [5B] Medicine Cabi	Over the Counter Drugs inet Drugs	0.00		0.00	0,00	2,411.00	
Subgroup : [5l]	Recreation	60 775 00		0.00	69,775.00	0.00	
9240-01 9240-03	Tenant Services - Supportive Services Tenant Services - Events & Activities	69,775.00 287.00		0.00	287 00	0.00	
Marcum 10	Resident Transportation	0.00		0.00	0.00	390 00	
Marcum 11	Cablevision (Residents)	0.00	D 15 0	8,221.00	8,221,00	7,103.00	
Marcum 34	Recreation Services	0.00	RJE - 3	8,221.00 0.00	0.00	38,604.00	
Subtotal [5l] Recreation	110010011011000	70,062.00		8,221.00	78,283.00	46,097.00	
	Other						
Subgroup : [5L] Marcum 8	Other Medical Supplies	0.00		0.00	0.00	635.00	
Subtotal [5L] Other		0.00		0.00	0,00	635,00	
Total [20] Housekeeping an	d Resident Care Basis for Allocation of Costs	70,062.00		30,579.00	100,541.00	64,215.00	
Group : [22]	Maintenance and Property						
Group : [22] Subgroup : [6A]	Repairs and MaIntenance						
9160-01	Office Expenses - Equipment Maintenance & Repair	1,755.00	D 15 -	(826 00)	929.00	0.00	
916001	Office Expenses - Equipment Maintenance & Repair	0.00	RJE - 2	(826 00) 0 00	0.00	(1,661.00)	
916002	Office Expenses - Equipment Purchases <5,000	0 00		0 00	0.00	3,202 00	
9420-05	Maintenance Materials - Grounds	411.00		0.00	411,00	0.00	
943110	OM&O Contracts - Routine Maintenance	0 00		0.00	0,00	15,194.00	

Scotield Manor Medicaid - Scotield Manor 2021 Cost Report 9/30/2021 A,01 - TB-OTHER A,03 - Grouped TB Client: Engagement: Period Ending Trial Balance:

Trial Balance: Workpaper	A 03 - Grouped TB						
Account	Description	UNADJ	JE Ref #	RJE	FINAL	1st PP-FINAL	
		9/30/2021		Sept. Sept.	9/30/2021	9/30/2020	
Subtotal [6A] Repairs and	Maintenance	2,166.00		(826.00)	1,340.00	16,735.00	
Subgroup : [68]	Heat						
9330-01	Gas	5,235 00		0.00	5,235 00	0.00	
933001	Gas	0,00 27,834,00		0.00	0 00 27,834 00	9,054 00 0 00	
9340-01 934001	Fuel Fuel	0 00		0.00	0.00	27,897.00	
Subtotal [6B] Heat	+ B01	33,069.00		0,00	33,069,00	36,951.00	
0.1	Li-ban D						
Subgroup : [6C] 9320-01	Light & Power Electricity	38,897.00		0.00	38,897.00	0.00	
932001	Electricity	0.00		0.00	0.00	44,350,00	
Subtotal [6C] Light & Power	er	38,897.00		0.00	38,897.00	44,350.00	
Subgroup : [6D]	Water						
9310-01	Water	9,228 00		0.00	9,228,00	0 00	
931001	Water	0.00		0.00	0.00 181.00	8,500,00	
9360-01 Subtotal [6D] Water	Sewer	9,409.00		0.00	9,409.00	8,500,00	
Subtom [ob] water						- Automotorom	
Subgroup : [6E]	Equipment Lease	0.00		2,937.00	2,937_00	2,862.00	
522614	Equipment Lease Expense	0 00	RJE - 2	2,937.00	2,001,00	2,002.00	
Subtotal [6E] Equipment L	.ease	0.00		2,937.00	2,937.00	2,862.00	
Subgroup : [6F] 9420-01	Other Maintenance Materials - Appliances & Parts	1,223.00		0.00	1,223.00	0.00	
9420-02	Maintenance Materials - Carpentry	1,498 00		0.00	1,498,00	0.00	
9420-03	Maintenance Materials - Electrical	1,131,00		0,00	1,131,00	0 00	
9420-04	Maintenance Materials - Keys & Locks	41,00 23,199,00		0,00 (23,199,00)	41,00 0,00	0 00	
9420-06	Maintenance Materials - Janitorial	23,199.00	RJE - 12	(22,358.00)	0,00	0.00	
			RJE - 12	(841,00)			
9420-07	Maintenance Materials - HVAC	3,917 00		0,00	3,917.00	0.00	
9420-09	Maintenance Materials - Plumbing Maintenance Materials - Equipment & Tools	1,020 00 3,197 00		0,00	1,020,00 3,197,00	0 00	
9420-11 942007	OM&O Materials - Other Materials	0.00		0.00	0.00	8,338 00	
942009	OM&O Materials - Plumbing	0,00		0,00	0,00	192 00	
9430-01	Maintenance Services - Garbage & Trash Removal	10,198 00		0,00	10,198,00 5,856,00	0 00	
9430-02 9430-03	Maintenance Services - HVAC Maintenance Services - Snow Removal	5,856 00 11,713 00		0.00	11,713.00	0 00	
9430-04	Maintenance Services - Elevator Repairs	10,910 00		0,00	10,910,00	0 00	
9430-05	Maintenance Services - Landscaping & Grounds	9,730.00		0,00	9,730,00	0 00 0 00	
9430-08 9430-09	Maintenance Services - Plumbing Maintenance Services - Exterminating	2,224,00 2,100,00		0,00	2,224,00 2,100,00	0 00	
9430-10	Maintenance Services - Lantonal	25,760 00		0.00	25,760,00	0 00	
9430-12	Maintenance Services - Routine Repairs	7,727 00		0,00	7,727,00	0 00	
9430-14	Maintenance Services - Contract Labor	436,00 0.00		0.00	436,00 0,00	0 00 14,652 00	
943010 943020	OM&O Contracts - Garbage/Trash Removal OM&O Contracts - Heating/Cooling	0.00		0,00	0,00	38,410 00	
943030	OM&O Contracts - Snow Removal	0.00		0,00	0.00	2,475 00	
943040	OM&O Contracts - Elevator	0.00		0.00	0,00	7,424 00 10,440 00	
943050 943070	OM&O Contracts - Landscape/Grounds OM&O Contracts - Electrical	0.00		0,00	0,00	1,779.00	
943080	OM&O Contracts - Plumbing	0 00		0,00	0,00	2,889.00	
943090	OM&O Contracts - Extermination	0.00		0,00	0,00	2,575.00	
943100	OM&O Contracts - Janitorial	0.00		0.00	0.00	168 00 1,585 00	
943120 Subtotal [6F] Other	OM&O Contracts - Miscellaneous	121,880.00		(23,199.00)	98,681.00	90,927.00	
oubtotal for Journel						100000000000000000000000000000000000000	
Subgroup : [7B]	Building & Building Improvements	44,401.00		0.00	44,401.00	0.00	
9740-01 974001	Depreciation Expense Depreciation expense	0 00		0.00	0.00	31,781.00	
Subtotal [78] Building & B		44,401.00		0.00	44,401.00	31,781.00	
Total [22] Maintenance and	d Property	249,822.00		(21,088.00)	228,734.00	232,106,00	
Group : [27]	Interest and Insurance						
Subgroup : [14A]	Insurance on Property						
9611-01	Property Insurance	3,879.00		0 00	3,879 00	0.00 2,564.00	
961101 Subtotal [14A] Insurance of	Property Insurance	3,879.00		0.00	3,879.00	2,564.00	
Subtotal [14A] Ilibulation o	on roperty						
Subgroup : [14B]	Insurance of Automobiles	0.00		0.00	0.00	1,438.00	
961401 Subtotal [14B] Insurance of	All other Insurance	0,00		0.00	0,00	1,438.00	
Coptoist [140] modification	5) / 12 (5) (10 2) (40						
Subgroup : [14C1]	Umbrella	0.00		0.00	0.00	19,534.00	
961201 Subtotal [14C1] Umbrella	Liability Insurance	0.00		0.00	0,00	19,534.00	
Subtotal [1401] Silibicila							
Subgroup : [14C3]	Other	# 1 TF0 00		0.00	04.750.00	0.00	
9612-01 9614-01	Liability Insurance All Other Insurance	24,756.00 1,305.00		0 00	24,756.00 1,305.00	0.00	
Subtotal [14C3] Other	VII Office managine	26,061.00		0,00	26,061.00	0.00	
Total [27] Interest and Insu	urance	29,940,00		0,00	29,940,00	23,536.00	
	Design of the Assert Control Control						
Group : [30] Subgroup : [1A]	Statement of Revenue Medicald Residents (CT only)						
7030-01	Tenant Rental Revenue	(2,233,357.00)		341,586.00	(1,891,771,00)	0.00	
	T	0.00	RJE - 13	341,586,00	0.00	(2,186,687.00)	
703002 703100	Tenant rental revenue - DSS Rental Rev Vacancies	0.00		0.00	0.00	233,159.00	
Subtotal [1A] Medicaid Res		(2,233,357.00)		341,588.00	(1,891,771.00)	(1,953,528.00)	
Subgroup : [4A] 7030-02	Private-pay residents and other Tenant Rental Revenue	(83,490.00)		0,00	(83,490,00)	0.00	
703001	Tenant rental revenue	0.00		0.00	0.00	(74,547.00)	
Subtotal [4A] Private-pay r		(83,490.00)		0,00	(83,490.00)	(74,547.00)	
Subgroup ( [45]	Interest Income						
Subgroup : [15] 303610	Interest Income Interest Income	0.00		0,00	0,00	(303.00)	
7110-01	Investment Income - Unrestricted	(39 00)		0.00	(39.00)	0.00	
711001 Subtotal [15] Interest Incor	Investment income - unrestricted	(39,00)		0.00	(39.00)	(87.00)	
Captoral [10] interest incol		100,007			100000	- Americani	

Scoffeld Manor Medicaid - Scoffeld Manor 2021 Cost Report 9/30/2021 A/01 - TB-OTHER A/03 - Grouped TB

Client: Engagement: Period Ending: Trial Balance: Workpaper

Supply	Account	Description	UNADJ	JE Ref#	RJE	FINAL	1st PP-FINAL	
Section   1   2   2   2   2   2   2   2   2   2	Account		9/30/2021			9/30/2021	9/30/2020	
1980   1980								
180.00   1	bgroup : [18]				0.00	(220,000,00)	0.00	
1997   1997								
1002	80-05	Other Government Grants	[103,173.00]	R.IF - B		0.00	0.00	
1903   Other government grants   O.D.   O.	8002	Other government grants	0.00	1102 - 0		0.00	(110,000 00)	
Second   Other Revenue   (200,3814.00)						0.00	(25,557.00)	
South   Other Revenue					0.00		0.00	
1907   1907			(362,142.00)				0.00	
1965   1966   1967   1966   1967   1966   1967   1967   1968   1967   1967   1968   1968   1967   1968								
Capter   C								
				1		12 771 356 001	(2 379 201 00)	
Degroup   13/A   Assets	tai [30] Statement of Reve	nue	(3,200,110,00)		434,733,00	12,777,000.007	(Apprinted 1760)	
Deprote   191A   Assets	oup : [31]	Balance Sheet						
1001   Cash-unrestricted								
1902   Cash-unrestricted								
Cash-uncestricted								
100   Cash-unrestricted							7 956 00	
1301   Cashther restricted   0.00   0.00   5,058,00   0.00   5,058,00   0.00   3,000   3,000   0.00   5,078,00   0.00   3,000   0.00   3,000   0.00   3,000   0.00   3,000   0.00								
23-01   Cash - Restricted - Replacement Reserve   4,074 00								
23-02							0.00	
Cash - Restricted - Other Reserve							0.00	
25.09   Cash - Restricted - Other Reserve							0.00	
10-13							0.00	
Accounts Receivable - Other Government						15,412 00	0,00	
Account receivable - other government   0.00   0.00   199,746,00   50.00   3.576 00   0.00   3.576 00   0.00   50.04   Accounts Receivable - Miscellaneous   3.576 00   0.00   3.576 00   0.00   50.04   Accounts Receivable - Miscellaneous   3.576 00   0.00   0.00   0.00   0.00   50.00					0.00	113,702,00	0.00	
					0 00	0.00	109,746,00	
					0.00	3,576,00	0.00	
			362,142.00				0.00	
Sept								
Second   Accounts Receivable - Tenants   12,065,00   0.00   12,065,00   0.00	5051	Account receivable - Other - Private	0.00					
SEO1   Accounts Receivable - Tenants   0.00   0.00   0.00   0.00   0.868.01	5052							
15-91   Allowance for doubthal accounts - Ternants   (2,658.00)   0.00   (12,658.00)   0.00   (10,000)								
1970   Allowance for doubtful accounts - tenants								
Prepaid Experiess							0.00	
Prepaid insurance   Commission   Commissio							0.00	
Map-1  Interfund - Due toffrom - Revolving Fund							21,246.00	
Inler program - due from   0.00   0							0.00	
Building   Sorter							(165,854.00)	
Buildings   0.00   0.00   0.00   252,342.01			507,852.00		0.00	507,852.00	0.00	
Signory   Furniture, equipment and machinery - dwellings   0 00   0 00   0 00   0 00   0 00   0 00   0 00   0 00   0 00   0 00   0 00   0 00   0 00   0 0 0   0			0 00				252,342,00	
40-01   Furniture, Fixtures & Equipment - Administrative   478,962,00   0.00   478,962,00   0.00   478,962,00   0.00   478,962,00   0.00   478,962,00   0.00   478,962,00   0.00   478,962,00   0.00   478,962,00   0.00   478,962,00   0.00   478,962,00   0.00   478,962,00   0.00   478,962,00   0.00   478,962,00   0.00   478,962,00   0.00   478,962,00   0.00   478,962,00   0.00   0.00   478,962,00   0.00							0.00	
Month   Furniture, equipment and machinery - administration   0.00   0	3001							
Accumulated Depreciation - Buildings   (978.887.00)   0.00   (978.887.00)   0.00   (934.885.00)   0.00   (93	40-01							
Account   Accounts	4001							
Liabilities   Liabilities	60-01							
		Accumulated depreciation						é.
Operating Transfer   Operati	btotal [31A] Assets		446,062.00		0.00	440,002.00	407,404.00	<u>E</u>
Operating Transfer	bgroup : [31L]	Liabilities						
Accounts payable < 90 days								
Accrued Current Liabilities - Operating Expenses   (57,458.00)   0.00   (57,458.00)   0.00   (57,458.00)   0.00   (19,491.00)   0.00   (19,491.00)   0.00   (19,491.00)   0.00   (19,491.00)   0.00   (19,491.00)   0.00   (19,491.00)   0.00   (19,491.00)   0.00   (19,491.00)   0.00   (19,491.00)   0.00   (19,491.00)   0.00   (19,491.00)   0.00   (19,491.00)   0.00   (19,491.00)   0.00   (19,491.00)   0.00   (19,491.00)   0.00   0.00   (19,491.00)	20-01					(37,767,00)		
10-01								
1001   Accrued Vagge payroll taxes payable   0.00	30-01							
20-01   Accrued Compensated Absences   (33,684,00)   0.00   (33,684,00)   0.00   (52,344,00)   0.00   (52,344,00)   0.00   0.00   (52,344,00)   0.00   0.00   (52,344,00)   0.00   0.0								
2001   Accrued compensated absences - current portion   0.00   0.00   0.00   0.00   (52,344,0   30-02   Accounts Payable - Other Government - Other   (21,173.00)   0.00   (21,173.00)   0.00   3002   Accounts payable - other government   0.00   0.00   0.00   0.00   3002   Accounts payable - other government   0.00   0.00   0.00   0.00   2004   Unearred Revenue - Tenant   (79,845.00)   0.00   0.00   (79,845.00)   0.00   2001   Deferred revenue - Other   0.00   0.00   0.00   0.00   0.00   2001   Deferred revenue - Other   0.00   0.00   0.00   0.00   0.00   2001   Other Current Liabilities   Patient Funds   (15,622.00)   0.00   (82,226.0   200-10   Other Current Liabilities   0.00   0.00   0.00   (25,510.00)   200-10   Operating Transfer   (255,910.00)   0.00   (255,910.00)   0.00   200-10   Operating Transfer   (255,910.00)   0.00   (510,550.00)   (454,443.00   200-10   Unrestricted Net Position   (25,157.00)   0.00   0.00   (25,157.00)   0.00   200-11   Unrestricted Net Position   (25,157.00)   0.00   0.00   (25,157.00)   0.00   200-12   Unrestricted Net Assets   0.00   0.00   0.00   (25,157.00)   0.00   200-12   Unrestricted Net Assets   0.00   0.00   (25,157.00)   0.00   2005   0.00   0.00   (25,157.00)   0.00   2006   0.00   0.00   (25,157.00)   0.00   2007   0.00   0.00   (25,157.00)   0.00   2008   0.00   0.00   (25,157.00)   0.00   2009   0.00   0.00   (25,157.00)   0.00   2009   0.00   0.00   (25,157.00)   0.00   2009   0.00   0.00   (25,157.00)   0.00   2009   0.00   0.00   (25,157.00)   0.00   2009   0.00   0.00   (25,157.00)   0.00   2009   0.00   0.00   (25,157.00)   0.00   2009   0.00   0.00   0.00   2009   0.00   0.00   0.00   2009   0.00   0.00   0.00   2009   0.00   0.00   0.00   2009   0.00   0.00   0.00   2009   0.00   0.00   0.00   2009   0.00   0.00   0.00   2009   0.00   0.00   0.00   2009   0.00   0.00   0.00   2009   0.00   0.00   0.00   2009   0.00   0.00   0.00   2009   0.00   0.00   0.00   2009   0.00   0.00   0.00   2009   0.00   0.00   0.00   2009   0.00   0.00   2009   0.00   0.00								
Accounts Payable - Other Government - Other   (21,173.00)   0.00   (21,173.00)   0.00   0.0		Accrued Compensated Absences						
33001   Accounts ayable - other government   0.00   0.00   0.00   0.00   0.4810.0							02,344,00)	
20-01   Unearined Revenue - Tenant   (79,845.00)   0.00   (79,845.00)   0.00   (82,286.00)   0.00   (82,286.00)   0.00   0.00   0.00   (82,286.00)   0.00						0.00	(573.00)	
2001   Delerred revenue - Other   0 00   0 00   0 00   0 00   0 00   0 00   0 00   0 00   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0 0   0 0 0 0 0   0 0 0 0 0   0 0 0 0 0   0 0 0 0 0   0 0 0 0 0   0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0 0   0 0 0 0 0   0 0 0 0 0   0 0 0 0 0   0 0 0 0 0   0 0 0 0 0   0 0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0 0 0   0 0   0   0 0   0   0 0   0							0.00	
Solution   Solution						0.00	(82,226.00)	
Stool   Other current liabilities   0 00   0.00   0.00   0.00   (18,233.0   0.00-100-10   0.00   (255,510.00)   0.00   (255,510.00)   0.00   (255,510.00)   0.00   (255,510.00)   (18,233.0   0.00   0.00   (255,510.00)   (18,233.0   0.00   0.00   (255,510.00)   (18,233.0   0.00   0.00   (255,510.00)   (25					0.00	(15,622.00)	0.00	
00-10   Operating Transfer   (255,910.00)   0.00   (255,510.00)   0.00   0.00   (255,510.00)   0.00   0.00   (255,510.00)   0.00   0.00   (255,510.00)   0.00   (255,510.00)   0.00   (255,050.00)   (454,443.00   0.00   0.00   0.00   0.00   0.00   (255,050.00)   0.00					0.00	0.00	(18,233.00)	
ubstotal [31L] Linbilities         (510,550,00)         0.00         (510,550,00)         (454,443,00)           ubgroup: [31E]         Equity         (25,157,00)         0.00         (25,157,00)         0.00           (20-01)         Unrestricted Net Position         (25,157,00)         0.00         0.00         0.00         (28,108,00)           (20-01)         Unrestricted Net Assets         (25,157,00)         0.00         (25,157,00)         (281,008,00)           (20-01)         Unrestricted Net Assets         (25,157,00)         0.00         (25,157,00)         (281,008,00)							0.00	ē.
120-01		•	(510,550.00)		0.00	(510,550.00)	(454,443.00)	à
20-01	haroup ( [31E)	Faulty						
2101 Unrestricted Net Assets 0.00 0.00 (281,008.0 blotal [31E] Equity (25,157.00) 0.00 (281,008.0			(25,157.00)		0.00	(25, 157.00)	0.00	
blotal [315] Equity (25,157.00) 0.00 (25,157.00) (281,006.0						0,00	(281,008.00)	A
		VERNING STRANGE OF THE STREET			0.00	(25,157.00)	(281,008.00)	
otal [31] Balance Sheet (89,645,00) (89,645,00) (333,967,0	tal [31] Balance Sheet		(89,645.00)		0.00	(89,645.00)	(333,967.00)	<u> </u>
						An an an an an an an an an an an an an an		

Scofield Manor Medicaid - Scofield Manor 2021 Cost Report 9/30/2021 A.01 - TB-OTHER H.01 - Reclassifying Journal Entries Report

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Assount	Description	W/P Ref	Debit	Credit	
Account	unt Description W/P Ref				
Reclassifying Jou	rnal Entries JE # 1	D.01 - Tab Employee Benefits			
	sion, Dental, Disability & Uniforms Expense recorded as				
Health Insurance					
513352	EMPLOYEE BENEFITS-MERF		108,380.00		
513355	Dental		21,014.00		
513356	LTD		13,441.00		
564541	FEDERAL SOCIAL SECURITY		72,257,00		
Marcum 30	Health Insurance		228,480,00		
9150-01	Administrative Employee Benefits - Medical			31,413.00	
9150-02	Administrative Employee Benefits - Dental & Vision			3,161.00	
9150-03	Administrative Employee Benefits - STD, LTD, Life			2,946.00	
9150-04	Administrative Employee Benefits - Payroll Taxes			13,423.00	
9150-05	Administrative Employee Benefits - Pension			22,585.00	
9230-01	Tenant Services Employee Benefits - Medical			179,238.00 16,386.00	
9230-02	Tenant Services Employee Benefits - Dental & Vision			9,507.00	
9230-03	Tenant Services Employee Benefits - STD, LTD, Life			54,674.00	
9230-04	Tenant Services Employee Benefits - Payroll Taxes			79,033.00	
9230-05	Tenant Services Employee Benefits - Pension			17,829.00	
9450-01	Maintenance Employee Benefits - Medical			1,467.00	
9450-02	Maintenance Employee Benefits - Dental & Vision			988.00	
9450-03	Maintenance Employee Benefits - STD, LTD, Life			4,160.00	
9450-04	Maintenance Employee Benefits - Payroll Taxes			6,762.00	
9450-05 Total	Maintenance Employee Benefits - Pension		443,572.00	443,572.00	
Reclassifvlng Jou	ırnal Entries JE # 2	D.01 - Tab Leased Equipment			
	uipment to the appropriate line of the cost report				
522614	Equipment Lease Expense		2,937.00	000.00	
9160-01	Office Expenses - Equipment Maintenance & Repair			826.00	
9160-05	Office Expenses - Telephone		2,937.00	2,111.00 2,937.00	
Total			2,937.00	2,937.00	
	irnal Entries JE # 3 one Expense and Cable/Internet from the Telephone Line	N.01a			
TO Teclass Cell File	one expense and Cable/Internet from the Felephone Line				
512742	TELEPHONE - CELLULAR		1,354.00		
Marcum 11	Cablevision (Residents)		8,221.00		
9160-05	Office Expenses - Telephone			1,354.00	
9160-08	Office Expenses - Internet			8,221.00	
971201	Extraordinary Operating Expense - COVID		1		
Total			9,575.00	9,575.00	
	irnal Entrles JE # 4 otions from the Dues account	D.01 - Tab Dues			
			2 202 00		
452937	Subscriptions		2,392.00	2,392.00	
919006 Total	Other - Membership Dues & Fees		2,392.00	2,392.00	
Reclassifying Jou	ırnal Entries JE # 5	D.01 - Tab DirectCareConsultants			
, ,	nd CNA's out of Extraordinary Operating Expense - COVID				
Marcum 42	LPN - Direct Care		67,709.00		
Marcum 43	CNA - Direct Care		74,173.00	444.000	
9712-01	Extraordinary Operating Expense - COVID		444 000 00	141,882.00	
Total			141,882.00	141,882.00	
	irnal Entries JE # 7 /ee benefits MERF Fees to Employee Benefits MERF account	N.01a			
To Reclass emplo\					
	EMPLOYEE DENEFITS MEDE		4 595 00		
513352	EMPLOYEE BENEFITS-MERF		4,595.00	1.576.00	
513352 9150-07	Administrative Employee Benefits - Other		4,595.00	1,576.00 2.652.00	
513352 9150-07 9230-07	Administrative Employee Benefits - Other Tenant Services Employee Benefits - Other		4,595.00	2,652.00	
513352 9150-07	Administrative Employee Benefits - Other		4,595.00		

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Scofield Manor Medicaid - Scofield Manor 2021 Cost Report 9/30/2021 A.01 - TB-OTHER H.01 - Reclassifying Journal Entries Report

Account	Description	W/P Ref	Debit	Credit
	irnal Entries JE # 8 uses not booked or paid with contributed use of facility venue Other Government Grants Other General Expenses	N.01a	153,173.00 153,173.00	153,173,00 153,173.00
, ,	rnal Entries JE # 9 lit for uniform expense out of Other Admin - hiring cost to ccount Other Administrative - Hiring Costs	N.01a	110.00	
9190-15 <b>Total</b>	Other Administrative - Uniforms		110.00	110.00 110.00
	ırnal Entries JE # 10 ıt admin salary out of admin salary account	N.01a		
401112 9110-01 Total	SALARIES- ADMINISTRATION STAFF Administrative Wages		65,082.00 65,082.00	65,082.00 65,082.00
, ,	irnal Entries JE # 11 lary out of Aides and Attendants Salary	N.01a		
Marcum 37 9210-01 Total	Salaries - LPNs Tenant Services Wages - Attendant		63,256.00 63,256.00	63,256.00 63,256.00
	rnal Entries JE # 12 and Housekeeping supplies	N.01b		
543631 Marcum 45 9240-04 9420-06 9420-06 Total	HOUSEKEEPING SUPPLIES Laundry Supplies Tenant Services - Other Maintenance Materials - Janitorial Maintenance Materials - Janitorial		22,358.00 6,780.00	5,939.00 841.00 22,358.00 29,138.00
To reclass Vacancy if they were at 100	rrnal Entries JE # 13 y Loss to Medicaid Tenant Revenue as reporting was done as % capacity and this was to offset that.	N.01b	244 500 00	
7030-01 7031-01 Total	Tenant Rental Revenue Vacancy Loss - Tenant Rent		341,586.00 341,586.00	341,586.00 341,586.00