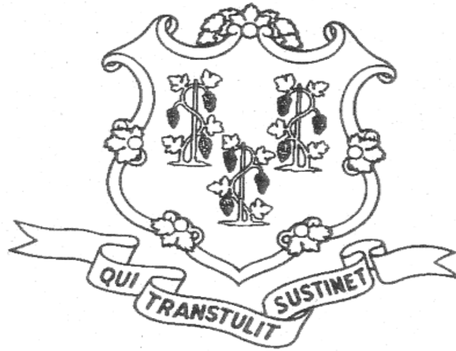
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2019

Name of Facility (as licensed)
Advanced Center for Nursing & Rehabilitation, LLC
Address (No. & Street, City, State, Zip Code)
169 Davenport Ave, New Haven, CT 06519
Type of Facility
☐ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Report for Year Beginning	Report for Year Ending
10/1/2018	9/30/2019

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2434			07-5348

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	000000323		

For Department Use Only

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

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CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	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 Advanced Center for Nursing & Rehabilitation, LLC [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Dan Brencher			Printed Name (Owner) Mordejai Salamon	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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State of Connecticut

Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment				Page 1A	of 37
Name of Facility Advanced Center for Nursing & Rehabilitation, LLC		Period Covered:		From 10/1/2018	To 9/30/2019
Address of Facility 169 Davenport Ave, New Haven, CT 06519					
Report Prepared By Marcum LLP		Phone Number 203-781-9600		Date	
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	$				
2. Laundry wages paid	$				
3. Housekeeping wages paid	$				
4. Nursing wages paid	$				
5. All other wages paid	$				
6. ***Total Wages Paid***	$				
7. Total salaries paid	$				
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report)	$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-789-1650	9/30/2019	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Advanced Center for Nursing & Rehabilitation, LLC	169 Davenport Ave, New Haven, CT 06519

	CCNH	RHNS	(Specify)	Medicare Provider No.
License Numbers:	2434			07-5348

Type of Facility (Check appropriate box(es))

☐ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

⦿ Proprietorship ○ LLC ○ Partnership ○ Profit Corp. ○ Non-Profit Corp. ○ Government ○ Trust

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year? ○ Yes ⦿ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Dan Brencher	1913

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

Name	License No.:
N/A	

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
Advanced Center for Nursing & Rehabilitation, LLC	169 Davenport Ave, New Haven, CT 06519	CT

Name of Partners/Members	Business Address	Title	% Owned
Menajem Salamon	169 Davenport Ave, New Haven, CT 06519	Owner	0.025
Yojevedt Salamon Recovable I	169 Davenport Ave, New Haven, CT 06519	Owner	0.375
Mordejai Salamon	169 Davenport Ave, New Haven, CT 06519	Owner	0.1
Sari Landa	169 Davenport Ave, New Haven, CT 06519	Owner	0.1
Esther Gewirtz	169 Davenport Ave, New Haven, CT 06519	Owner	0.08
Joseph Landa	169 Davenport Ave, New Haven, CT 06519	Owner	0.08
Joshua Landa	169 Davenport Ave, New Haven, CT 06519	Owner	0.08
Alan Landa & Steven Landa (8	169 Davenport Ave, New Haven, CT 06519	Owner	0.16

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General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitatio	2434	9/30/2019	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
N/A		

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
N/A			
Names of Stockholders Owning at Least 10% of Shares			
N/A			

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General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, LL	2434	9/30/2019	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility
N/A

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	4	37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ○ Yes ⊙ No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? ⊙ Yes ○ No

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
169 Davenport Ave Realty, LLC	169 Davenport Ave, New Haven, CT 06519	○	⊙		Rent	Pg. 22 / Line 9	3,178,421	545,007
169 Davenport Ave Realty, LLC	169 Davenport Ave, New Haven, CT 06519	○	⊙		Real Estate Taxes	Pg. 22 / Line 10b	123,012	123,012
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					

* Use additional sheets if necessary.
** Provide the percentage amount of revenue received from non-related parties.

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, I	2434	9/30/2019	5	37

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

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General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
American Eagle	○	⦿	Mercedes Vehicle Lease (Owner's)	N/A	N/A	5,463	5,463
Chrysler Capital	○	⦿	Chrysler	10/01/16	72 Months	558	558
Pitney Bowes, P.O Box 371887, Pittsburg, PA 15250	○	⦿	Postage Meter	01/01/16	24 Months	267	267
Great American Financial	○	⦿	Copier	01/01/16	Monthly	13,270	13,270
Great American Financial	○	⦿	Copier	01/01/16	Monthly	5,320	5,320
	○	⦿					
	○	⦿					
	○	⦿					
	○	⦿					
	○	⦿					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ⦿ No

Total *** 24,878

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
** Attach copies of newly acquired leases.
*** Amount should agree to Page 22, Line 6e.

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General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Re	2434	9/30/2019	7	37

The records of this facility for the period covered by this report were maintained on the following basis:

⦿ Accrual ○ Cash ○ Modified Cash

Is the accounting basis for this period the same as for the previous period? ⦿ Yes ○ No If "No," explain.

Independent Accounting Firm

	Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1	Marcum LLP	555 Longwharf Dr., New Haven, CT 06511
2	Stephen O'Neill, CPA	30 Newbridge Rd., Suite 104 East Meadow, NY 11554
3		
4		

Services Provided by This Firm (*describe fully*)

1	Accounting Services	$ 50,754
2	Accounting Services	$ 33,000
3		$
4		$
	Charge for Services Provided	$ 83,754

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

⦿ Yes ○ No

Legal Services Information

	Name of Legal Firm or Independent Attorney	Telephone Number
1	See Attached 7a	
2		
3		
4		
5		

Address (*No. & Street, City, State, Zip Code*)
1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1		$ See Attached 7a
2		$
3		$
4		$
5		$
	Charge for Services Provided	$

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

⦿ Yes ○ No

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Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	8	37

	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	226	226			226	226			226	226		
B. On last day of THIS report period	226	226			226	226			226	226		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	213	213			213	213			223	223		
B. As of midnight of THIS report period	207	207			223	223			207	207		
3. Total Number of Days Care Provided During Period												
A. Medicare	9,721	9,721			7,102	7,102			2,619	2,619		
B. Medicaid (Conn.)	66,136	66,136			49,764	49,764			16,372	16,372		
C. Medicaid (other states)												
D. Private Pay	1,527	1,527			1,067	1,067			460	460		
E. State SSI for RCH												
F. Other (Specify)	447	447			447	447						
G. Total Care Days During Period (3A thru F)	77,831	77,831			58,380	58,380			19,451	19,451		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	1,037	1,037			792	792			245	245		
B. Other Bed Reserve Days	48	48			48	48						
5. ***Total Resident Days* (3G + 4A + 4B)**	78,916	78,916			59,220	59,220			19,696	19,696		

Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitatioı	2434	9/30/2019	9	37

4. Were there any changes in the certified bed capacity during the report year? ⊙ Yes ○ No
   If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	27	176		4				
Per Diem Rate								
a. One bed rm.	Various	275.21		355.00				
b. Two bed rms.	Various	275.21		355.00				
c. Three or more bed rms.								

Item	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	6,593	6,593		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	6,113	6,113		
C. Other	28,599	28,599		
D. ***Total Physical Therapy Treatments***	41,305	41,305		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	342	342		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	464	464		
C. Other	1,823	1,823		
D. ***Total Speech Therapy Treatments***	2,629	2,629		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	6,427	6,427		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	6,132	6,132		
C. Other	31,090	31,090		
D. ***Total Occupational Therapy Treatments***	43,649	43,649		

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	10	37

Are time records maintained by all individuals receiving compensation? ⦿ Yes ○ No

Item	Total Cost and Hours					
	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	25,220	1,640				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	185,352	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	416,937	12,762				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	9,692	336				
c. Dietary Workers	689,645	36,767				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	618,992	35,581				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	135,184	8,175				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	228,450	13,576				
9. Barber and Beautician Services						
10. Protective Services	185,849	12,026				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	194,411	2,080				
b. RN						
1. Direct Care	1,380,641	21,960				
2. Administrative**		8,619				
c. LPN						
1. Direct Care	2,570,420	73,580				
2. Administrative**						
d. Aides and Attendants	3,888,698	205,604				
e. Physical Therapists	444,896	11,535				
f. Speech Therapists	53,867	1,043				
g. Occupational Therapists	492,276	12,274				
h. Recreation Workers	115,311	6,134				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	374,352	5,179				
n. Marketing						
o. Other (Specify) See Attached Schedule						
A-13. Total Salary Expenditures	12,010,193	470,951				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

	CCNH		RHNS		(Specify)	
Position	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
	0					
Total	$ -	-	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

	CCNH		RHNS		(Specify)	
Service	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
	0					
Nursing Consultant	$ 58,752	856				
Total	$ 58,752	856	$ -	-	$ -	-

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

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	11	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Mordeja Salmon	25,220			Non Discrim	Oversees Facility	1,640	A1			
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	12	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators* **										
Dan Brencher	185,352			Non Discrim	Administrator	2,080				
Section IV - Assistant Administrators										

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

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

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

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Year Ended		Page	of
Advanced Center for Nursing & Rehabilitation, LL(	2434		9/30/2019		13	37

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. **Direct care consultants paid on a fee for service basis in lieu of salary** (For all such services complete Schedule B1)						
1. Dietitian	161,559	2,926				
2. Dentist	17,054	96				
3. Pharmacist	48,608	441				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	192,846	3,504				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	75,000	264				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	61,746	2,998				
2. Administrative***	22,944	502				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	58,752	856				
B-13 Total Fees Paid in Lieu of Salaries	638,509	11,587				

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

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

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

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Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Golden Managing Service	Dietary Service Contract	○	⊙	N/A
Ton Ramjit, 10110 220th Street, Queens Village, NY 11429	Golden Managing Services	○	⊙	N/A
NutraSource	Dietician	⊙	○	N/A
Healthdrive Dental, 888 Worcester St, Wellesley, MA 02482	Dentist	○	⊙	N/A
Guardian Consultant Services, 3333 New Hyde Park Rd, St 202, New Hyde Park, NY 11042	Pharmacist	○	⊙	N/A
RN Staff-Rehabilitation, PO Box 823461, Philadelphia, PA	Therapy Services	○	⊙	N/A
Infinite Services, Inc., 49 Montrose Ave Brooklyn NY 11206	Therapy Services	○	⊙	N/A
Dr. Lazaros Lazarides, 1453 Whalley Ave, New Haven, CT 06515	Medical Director / Physician	○	⊙	N/A
Dr. Adedayo O. Adetola, 1453 Whalley Ave, New Haven, CT 06515	Medical Director / Physician	○	⊙	N/A
Medfirst Staffing Services, Inc.	Nursing Agency	○	⊙	N/A
Bonnie Blake	RN Nurse Consultant	○	⊙	N/A
Linda Paolillo D'onofrio	Infection Control	○	⊙	N/A
Maureen Canil, 506 Huntington Ridge Place, Stamford, CT 06903	Independent Nurse Consultant	○	⊙	N/A
QRM, 4949 Westgrov Dr, Suite 200, Dallas TX, 75248	Management Services	○	⊙	N/A
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	

* Use additional sheets if necessary.
** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, I	2434	9/30/2019	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	853,900	853,900		
2. Disability Insurance	$				
3. Unemployment Insurance	$	289,576	289,576		
4. Social Security (F.I.C.A.)	$	890,435	890,435		
5. Health Insurance	$	2,051,044	2,051,044		
6. Life Insurance (employees only) (not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	$	681,822	681,822		
8. Uniform Allowance	$				
9. Other (*Specify*) See Attached Schedule	$	79,398	79,398		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	665,561	665,561		
d. Accounting and Auditing	$	83,754	83,754		
e. Legal (*Services should be fully described on Page 7)*	$	86,198	86,198		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	60,029	60,029		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	12,729	12,729		
2. Cellular Phones	$	5,217	5,217		
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$	1,398	1,398		
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$	16,855	16,855		
2. Other (*Specify*) See Attached Schedule	$	105,518	105,518		
3. Resident Day User Fee	$	1,459,313	1,459,313		
Subtotal	$	7,342,747	7,342,747		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	0		
Union Trainning Fund	$ 79,398		
Total	$ 79,398	$ -	$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
Sales Tax	$ 105,518		
Total	$ 105,518	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		7,342,747	7,342,747		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$				
3. Gifts to Staff and Residents	$				
4. Employee Travel	$	9,843	9,843		
5. Education Expenses Related to Seminars and Conventions	$	1,475	1,475		
6. Automobile Expense (*not purchase or depreciation*)	$	1	1		
7. Other (*Specify*)	$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$	10,971	10,971		
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)***	$	43,924	43,924		
See Attached Schedule					
4. Fund-Raising***	$				
5. Medical Records	$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$	10,800	10,800		
* 8. Dues and Membership Fees to Professional Associations (*Specify*)	$	15,813	15,813		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions	$	20	20		
10. Contributions***	$				
See Attached Schedule					
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	133,336	133,336		
12. Administrative Management Services**	$				
13. Other (*Specify*)	$	78,154	78,154		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	$	7,647,084	7,647,084		

* Do not include Subscriptions, which should go in item 9.
** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Advertising	$ 43,924		
Total Other Advertising	$ 43,924	$ -	$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CT Association of Health Care Facilities	$ 15,813		
Total Dues	$ 15,813	$ -	$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
LICENSE RENEWALS	$ 600		
Other Direct	$ 69		
BANK CHARGES	$ 15,231		
LICENSES & PERMITS	$ 878		
CRIMINAL BACKGROUND	$ 3,603		
OTHER DIRECT	$ 10,095		
CMS Fines & Penalties	$ 12,810		
Penalties (Disallow)	$ 725		
OTHER BENEFITS	$ 16,547		
Employee Meals	$ 469		
Lobbying	$ 17,127		
Total Other Administrative and General	$ 78,154	$ -	$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Advanced Center for Nursing & Rehabilit	2434	9/30/2019	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 #

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

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

Name of Facility	License No.	Report for Year Ended	Page of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	488,846	488,846		
2. Non-Food Supplies	$	29,575	29,575		
3. Other (*Specify*)_____________________	$				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	3,264	3,264		
c. Other (*Specify*)_________________________ Other Dietary Supplies	$				
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	521,685	521,685		

2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				

	Question	Yes	No	
G.	Is cost of employee meals included in 2D?	○ Yes	⦿ No	
H.	Did you receive revenue from employees?	○ Yes	⦿ No	If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	○ Yes	⦿ No	If yes, specify cost.
K.	Is any revenue collected from these people?	○ Yes	⦿ No	If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	○ Yes	⦿ No	If yes, specify cost.
N.	Is any revenue collected from employees?	○ Yes	⦿ No	If yes, specify amt.
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			

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

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

Name of Facility	License No.	Report for Year Ended	Page of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	19 | 37

Item		Total	CCNH	RHNS	(Specify)
3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.				
	Amt. $	1,220	1,220		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. $				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. $				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. $				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Other (*Specify*) Laundry Supplies	$	24,024	24,024		
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	25,244	25,244		

3E. Laundry Questionnaire

	Question			
F.	Is cost of employee laundry included in 3D?	○ 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 Item)	
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	○ 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 Item)	

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
All allocations should add to total recorded in 3D.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation,	2434	9/30/2019	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping a. In-House Care	Sq. Ft. Serviced by Personnel					
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	58,331	58,331		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$	116,835	116,835		
C. Other (*Specify*)		$				
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	175,166	175,166		
5. Resident Care (Supplies)** a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$	447,474	447,474		
b. Medicine Cabinet Drugs		$				
c. Medical and Therapeutic Supplies		$	256,039	256,039		
d. Ambulance/Limousine***		$	7,443	7,443		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	40,928	40,928		
f. X-rays and Related Radiological Procedures***		$	22,588	22,588		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	44,196	44,196		
i. Recreation		$	26,284	26,284		
j. Direct Management Services*		$				
k. Indirect Management Services*		$				
l. Other (Specify)**** See Attached Schedule		$	60,159	60,159		
5M. ***Total Resident Care Expenditures*** (5a - 5j)		$	905,111	905,111		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.
*** Facility should self-disallow the expense on Page 29 of the Cost Report.
**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
	0		
PURCHASED SERVICES	$ 3,350		
Resident Medical Bills	$ 10,727		
NON MEDICAL SUPPLIES	$ 14,587		
EQUIPMENT RENTAL	$ 31,495		
Total Other Resident Care	$ 60,159	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	21	37

Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Saucier Mechanical		○	◉	N/A	Repairs	34,421			22	6a
Extreme Paving & Sealing	747 Forest Road, Northford, CT 06472	○	◉	N/A	snow plowing	10,625			22	6f
Facility Compliance	221 West Main Street, Plantsville, CT 06479	○	◉	N/A	maintenance	117,524			22	6f
Hartford Elevator LLC		○	◉	N/A	elevator repairs	17,230			22	6f
Robear MP Inc		○	◉	N/A	telephone repairs	11,901			22	6f
S & R landscaping	327 Pepper Street, Monroe, CT 06468	○	◉	N/A	landscaping services	13,300			22	6f
Saucier Mechanical		○	◉	N/A	Repairs	22,717			22	6f
Waltham Services	Suite A, Milford, CT 06460	○	◉	N/A	pest control	12,332			22	6f
Hartford Elevator LLC		◉	○	N/A	elevator service	31,592			22	6f
All American Waste	19 Wheeler Street, New Haven, CT 06512	○	◉	N/A	waste removal	48,746			22	6f
MatrixCare	Floor, New York, NY 10018	○	◉	N/A	Computer Software	74,202			16	m11
Facility Compliance		○	◉	N/A	housekeeping	20,400			16	m11
Gateway Property		○	◉	N/A	building cleaning	69,750			16	m11
Mohenie Deonandan		○	◉	N/A	Housekeeping	21,663			16	m11

* List all contracted services over $10,000. Use additional sheets if necessary.
** Refer to Page 4 for definition of related.
*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended	Page of
Advanced Center for Nursing & Rehabilitatio	2434	9/30/2019	22 | 37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	74,450	74,450		
b. Heat	$	86,256	86,256		
c. Light & Power	$	333,232	333,232		
d. Water	$	78,431	78,431		
e. Equipment Lease (*Provide detail on page 6*)	$	24,878	24,878		
f. Other (*itemize*)	$	361,442	361,442		
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	958,689	958,689		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$				
b. Building & Building Improvements	$				
c. Non-Movable Equipment	$				
d. Movable Equipment	$	222,770	222,770		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	222,770	222,770		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$				
c. Leasehold Improvements	$	411,823	411,823		
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	411,823	411,823		
9. Rental payments on leased real property less real estate taxes included in item 10b	$	3,178,421	3,178,421		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	123,012	123,012		
c. Personal property taxes	$	31,808	31,808		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	3,967,834	3,967,834		

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	0		
SUPPLIES & MATERIALS	$ 48,750		
CONTRACTED SERVICES	$ 227,680		
ELEVATOR MAINTENANCE	$ 31,592		
Equipment Rental	$ 4,674		
REFUSE REMOVAL	$ 48,746		
Total Other Repairs and Maintenance	$ 361,442	$ -	$ -

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	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**								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
B. **Building and Building Improvements**								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								
C. **Non-Movable Equipment**								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			Var	Var	1,166,950		1,166,950	628,765	S/L	Var	183,133	
b. Disposals (attach schedule)			Var	Var								
c. Acquired during this report period (attach schedule)			Var	Var	198,183		198,183		S/L	Var	39,637	
D-3. Subtotal												222,770
E. ***Total Depreciation***												222,770

Schedule of Land Improvements Acquired during this report peri

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

***Ties to Page 23, Line A3**
****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report peri

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

***Ties to Page 23, Line B3**
****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Total additions for Non-Movable Equipmen		$ -		$ -	*
Deletions:					
Total deletions for Non-Movable Equipmen		$ -		$ -	**

***Ties to Page 23, Line C3**
****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	Computers	$ 1,073	5	$ 215
	Computers	$ 2,495	5	$ 499
	FFE	$ 34,593	5	$ 6,919
	FFE	$ 133,644	5	$ 26,729
	Movable Equipment	$ 4,889	5	$ 978
	Movable Equipment	$ 21,489	5	$ 4,298
Total additions for Movable Equipmen		$ 198,183		$ 39,637 *
Deletions:				
Total deletions for Movable Equipmen		$ -		$ - **

***Ties to Page 23, Line D2c**
****Ties to Page 23, Line D2b**

Schedule of Leasehold Improvements Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	ACCRUAL	$ (3,150)	20	$ (158)
	DEMO BRICK WALLS	$ 7,500	20	$ 375
	REPLACE NON COMPLIANT CABLES	$ 21,000	20	$ 1,050
	CEILING GRID	$ 18,200	20	$ 910
	OUTLETS FOR KIOSKS	$ 3,150	20	$ 158
	INSTALL SUMP PUMP	$ 851	20	$ 43
	DEMO LAUNDRY WALL	$ 1,000	20	$ 50
	FENCE	$ 3,600	15	$ 240
	REMOUNT SMOKE DETECTORS TO NEW CEILING	$ 444	20	$ 22
	AIR HANDLER	$ 11,000	15	$ 733
	CREDIT FOR SAUCIER	$ (968)	20	$ (48)
	DIFFUSERS & RETURN GRILLS	$ 2,030	20	$ 102
	CREDIT FOR SAUCIER	$ (770)	20	$ (38)
	COVE BASE, DOOR LEVERS	$ 1,470	20	$ 74
	STAINLESS STEEL KICKPLATES	$ 1,560	20	$ 78
	ROOM SIGNS	$ 2,107	20	$ 105
	COVE BASE, DOOR LEVERS	$ 1,530	20	$ 77
	HEAT PUMPS	$ 4,900	15	$ 327
	RELOCATE FRONT DESK TO TEMPORARY LOCATION	$ 750	20	$ 38
	RELOCATE SECURITY PANELS	$ 742	20	$ 37
	BACKFLOW PREVENTER	$ 4,944	20	$ 247
	COOL STUFF	$ 968	20	$ 48
	STEAM BOILER BLOW DOWN VALVES	$ 2,495	20	$ 125
	NEW OUTLETS	$ 2,156	15	$ 144
	NEW OUTLETS	$ 1,270	15	$ 85
	SKYLIGHT FLASHING	$ 7,000	20	$ 350
	SKYLIGHT FLASHING	$ (667)	20	$ (33)
	SKYLIGHT GLASS	$ 980	20	$ 49
	DEPOSIT ON ELEVATOR DOOR	$ 3,056	20	$ 153
	FLOORING & COVE BASE	$ 5,481	20	$ 274
	WALL IN PARKING LOT	$ 6,000	20	$ 300
	REWIRE ELEVATOR, DETECTOR, SMOKE DETECTORS	$ 9,321	20	$ 466
	DUCT DETECTOR & LINES	$ 3,222	20	$ 161
	TEST FIRE ALARM DEVICES	$ 5,911	20	$ 296
	REMOUNT SMOKES AFTER RENOVATION	$ 1,607	20	$ 80

	FROM ASCENTIUM CAPITAL - BSD	$	(21,571)	20	$	(1,079)	ttachment Pages 23 24
	FROM ASCENTIUM CAPITAL - GATEWAY	$	(80,457)	20	$	(4,023)	
	FROM ASCENTIUM CAPITAL - GATEWAY	$	(160,914)	20	$	(8,046)	
	REIMBURSED FROM ASCENTIUM	$	(65,000)	20	$	(3,250)	
	REIMBURSED FROM ASCENTIUM	$	(80,000)	20	$	(4,000)	
	EXIT DEVICES	$	2,850	20	$	143	
	ROOF DRAINS	$	2,250	20	$	113	
	ROOF (DEPOSIT??)	$	64,773	20	$	3,239	
	HEAT PUMPS DEPOSIT	$	21,144	15	$	1,410	
	GFCI OUTLETS, OC SENSORS	$	2,800	20	$	140	
	REIMBURSED FROM ASCENTIUM	$	80,457	20	$	4,023	
	QUAD OUTLETS, DEDICATED LINE	$	1,900	20	$	95	
	EMERGENCY LIGHTING BACKUP	$	10,104	20	$	505	
	BASEBOARD HEATER COVERS	$	1,400	20	$	70	
	RENOVATION COMPLETION	$	80,000	20	$	4,000	
	RENOVATION 90%	$	65,000	20	$	3,250	
	TILES FOR SHOWER ROOM	$	1,100	20	$	55	
	TILES FOR SHOWER ROOM	$	290	20	$	14	
	ELEVATOR MODERNIZATION	$	18,806	20	$	940	
	ELEVATOR MODERNIZATION	$	18,806	20	$	940	
	ELEVATOR MODERNIZATION	$	18,806	20	$	940	
	ELEVATOR MODERNIZATION	$	4,703	20	$	235	
	KEY DOOR LEVERS	$	450	20	$	23	
	NEW KEYPAD	$	815	20	$	41	
	EGRESS LOCK SYSTEM	$	3,658	20	$	183	
	NEW KEYPAD	$	815	20	$	41	
	REPLACE CONDENSOR FAN MOTOR	$	879	20	$	44	
	BOILER OVERHAUL	$	9,500	20	$	475	
	DEPOSIT ON MINI SPLIT ELEVATOR ROOM	$	2,565	20	$	128	
	DEPOSIT INSULATE GENERATOR EXHAUST	$	2,825	20	$	141	
	DEPOSIT MAIN DUCT TO GENERTOR	$	6,800	20	$	340	
	CONDUIT & WIRE FOR ELEVATOR ROOM	$	9,018	20	$	451	
	REPLACE BROKEN GLASS	$	890	20	$	45	
	FINAL PAYMENT ON GLASS	$	5,849	20	$	292	
	WINDOW HARDWARE	$	7,264	20	$	363	
	THERAPY ENTRANCE DOOR	$	6,562	20	$	328	
	DESIGN WORK	$	2,065	20	$	103	
	NEW SPRINKLER HEADS	$	1,669	20	$	83	
	Cool Stuff Inc	$	21,144	20	$	1,057	
	BALANCE OF HEAT PUMPS	$	(380)	20	$	(19)	
	REIMBURSED FROM ASCENTIUM	$	160,914	20	$	8,046	
	PTRAP COVERS	$	569	20	$	28	
	FAUCETS, SINKS	$	890	15	$	59	
	FLOORING	$	235	10	$	23	
	PHOTO EYES	$	5,840	20	$	292	
	ELEVATOR MODERNIZATION	$	23,507	20	$	1,175	
	DOOR EQUIPMENT	$	2,500	20	$	125	
	CIRCULATOR PUMP	$	2,257	20	$	113	
	FLUE PIPING	$	745	20	$	37	
	DISH MACHINE EXHAUST	$	3,400	10	$	340	
	REPIPE KITCHEN SINK	$	645	10	$	64	
	RADIATOR VALVE	$	703	10	$	70	
	NEW WIRING	$	959	15	$	64	
	NEW WIRING	$	1,454	15	$	97	
	CONDENSATE TRAP	$	770	20	$	38	
	HOT WATER TANK	$	5,813	20	$	291	
	EXHAUST FANS	$	6,000	20	$	300	
	BURNER FOR BOILER	$	3,365	20	$	168	
	NEW POWER FEED	$	888	20	$	44	
	NEW BEARING & PRESSURE REDUCING VALVE	$	2,905	20	$	145	
	BLOWER MOTOR	$	760	20	$	38	
	AUTO FEEDER	$	498	20	$	25	
	MOTOR FOR PUMP	$	4,939	10	$	494	
	EXHAUST FANS	$	7,685	20	$	384	
	MIXING VALVES	$	1,573	20	$	79	
	REPLACE ELEVATOR TRANSFORMERS	$	4,800	20	$	240	
	NEW FAX LINE, VOICE LINE	$	557	20	$	28	
	FROMCIP	$	741,187	20	$	37,059	
	LOAD BANK	$	2,499	20	$	125	

	NEW CABLE RUNS	$	851	15	$	57	ttachment Pages 23 24
	SHORTENED DUCTS	$	680	20	$	34	
	REPLACE DRAIN PANS	$	765	20	$	38	
	MINI SPLIT FOR MACHINE ROOM	$	3,140	20	$	157	
	WIRE MINI SPLIT	$	3,188	20	$	159	
	REPLACE DRAIN PANS	$	765	10	$	77	
	RESELECTIONS	$	706	20	$	35	
	RESELECTIONS	$	578	20	$	29	
	SIGHT GUARDS	$	1,200	20	$	60	
	BALANCE OF GATEWAY PREPAID	$	84,555	20	$	4,228	
	ACCRUAL ACCURATE COMMERCIAL DOOR	$	3,250	20	$	163	
	ACCRUAL SAUCIER MECHANICAL	$	2,825	20	$	141	
	ACCRUAL SAUCIER MECHANICAL	$	13,200	20	$	660	
Total additions for Leasehold Improvemer		$	1,304,881		$	66,582	*
Deletions:							
Total deletions for Leasehold Improvemer		$	-		$	-	**

***Ties to Page 24, Line C3**
****Ties to Page 24, Line C2**

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	24	37

Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1.									
2.									
3.									
B-4. Subtotal									
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period	Var	Var	Various	4,144,619	1,232,227	S/L	Var	345,241	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	Various	1,304,881		S/L	Var	66,582	
C-4. Subtotal									411,823
D. ***Total Amortization***									411,823

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility	License No.	Report for Year Ended	Page of
Advanced Center for Nursing & Rehal	2434	9/30/2019	25 | 37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* ○ Yes ⦿ No — If "Yes," complete Part B. If "No," complete Part C.

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

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	
3. If **NOT** Original Owner, Date of Purchase	
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	226
6. Square Footage	
7. Acquisition Cost	
a. Land	
b. Building	

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	01/14/16			
c. Interest Rate for the Cost Year	4.63%			
d. Term of Mortgage (number of years)	20 Years			
e. Amount of Principal Borrowed	4,500,000			
f. Principal balance outstanding as of 9/30/19	4,069,951			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page of
Advanced Center for Nursing & Reha	2434	9/30/2019	26 | 37

Item		Total	CCNH	RHNS	(Specify)
12. Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage	$				
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. ***Total Building Interest Expense*** (A1 - A4 + B5)	$				

(*Carry Subtotals forward to next page*)

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

Name of Facility	License No.	Report for Year Ended	Page of
Advanced Center for Nursing & R	2434	9/30/2019	27 | 37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:					
12. C. Movable Equipment 1. Automotive Equipment	$				
A. Item | Rate | Amount					
Lender					
Address of Lender					
2. Other (*Specify*)	$				
A. Item | Rate | Amount					
Lender					
Address of Lender					
B. Item | Rate | Amount					
Lender					
Address of Lender					
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	$				
12. D. Other Interest Expense (*Specify*) Loan Interest	$	137,067	137,067		
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D)	$	137,067	137,067		
14. Insurance a. Insurance on Property (buildings only)	$	43,046	43,046		
b. Insurance on Automobiles	$				
c. Insurance other than Property (as specified above) 1. Umbrella (*Blanket Coverage*)	$				
2. Fire and Extended Coverage	$				
3. Other (*Specify*) General Insurance	$	241,975	241,975		
14d. ***Total Insurance Expenditures (14a + b + c)***	$	285,021	285,021		
15. ***Total All Expenditures (A-13 thru C-14)***	$	27,271,603	27,271,603		

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D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	28 | 37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages								
1.			Outpatient Service Costs	$				
2.			Salaries not related to Resident Care	$				
3.			Occupational Therapy	$				
4.			Other - See attached Schedule	$				
Page 13 - Professional Fees								
5.			Resident Care Physicians **	$				
6.	10	A12g	Occupational Therapy	$	492,276	492,276		
7.			Other - See attached Schedule	$	58,752	58,752		
Pages 15 & 16 - Administrative and General								
8.			Discriminatory Benefits	$				
9.	15	1c	Bad Debts	$	665,561	665,561		
10.			Accounting	$				
10a.			Legal	$	7,206	7,206		
11.			Telephone	$				
12.	15	1h2	Cellular Telephone	$	3,417	3,417		
13.			Life insurance premiums on the life of Owners, Partners, Operators	$				
14.			Gifts, flowers and coffee shops	$				
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	$				
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	$				
17.			Automobile Expense (e.g. personal use)	$				
18.	16	m2/3	Unallowable Advertising *	$	43,924	43,924		
19.	15	1j/1k	Income Tax / Corporate Business Tax	$	18,003	18,003		
20.	16	m10	Fund Raising / Contributions	$				
21.			Unallowable Management Fees	$				
22.			Barber and Beauty	$				
23.			Other - See attached Schedule	$	44,312	44,312		
Page 18 - Dietary Expenditures								
24.			Meals to employees, guests and others who are not residents	$				
Page 19 - Laundry Expenditures								
25.			Laundry services to employees, guests and others who are not residents	$				
Page 20 - Housekeeping Expenditures								
26.			Housekeeping services to employees, guests and others who are not residents	$				
			Subtotal (Items 1 - 26)	$	1,333,451	1,333,451		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustmen

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			$ -	$ -	$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	Nursing Consultant	$ 58,752		
Total Other Fees Adjustments			$ 58,752	$ -	$ -

Schedule of Other A&G Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	CMS Fines & Penalties	$ 12,810		
16	m13	Penalties	$ 725		
16	m13	Lobbying	$ 17,127		
16	m13	Loan Closing Bank Fees	$ 13,650		
Total Other A&G Adjustments			$ 44,312	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Advanced Center for Nursing & Rehabilitation, LLC	2434	9/30/2019	29 | 37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	$	1,333,451	1,333,451		
Page 20 - Resident Care Supplies*								
27.	20	5a2	Prescription Drugs	$	447,474	447,474		
28.	20	5d	Ambulance/Limousine	$	7,443	7,443		
29.	20	5f	X-rays, etc	$	22,588	22,588		
30.	20	5h	Laboratory	$	44,196	44,196		
31.			Medical Supplies	$				
32.	20	5e2	Oxygen (non emergency)	$	40,928	40,928		
33.			Occupational Therapy	$				
34.			Other - See Attached Schedule	$	12,728	12,728		
Page 22 - Maintenance and Property								
35.			Excess Movable Equipment Depreciation See Attached Schedule	$				
36.			Depreciation on Unallowable Motor Vehicles	$				
37.			Unallowable Property and Real Estate Taxes	$				
38.			Rental of Building Space or Rooms	$				
39.			Other - See Attached Schedule	$				
Page 27 - Insurance								
40.			Mortgage Insurance	$				
41.			Property Insurance	$				
Other - Miscellaneous								
42.			Other - Indirect	$				
43.			Interest Income on Account Rec.	$				
44.			Other - Miscellaneous Administrative	$				
45.			Management Fees Direct	$				
46.			Management Fees Indirect	$				
47.			Other - Direct	$	39,692	39,692		
Not For Profit Providers Only								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	$				
49.	***Total Amount of Decrease (Items 1 - 48)***			$	1,948,500	1,948,500		

*** 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.

 Attachment Page 29

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV Disallowance (See Attached)	$ 12,728		
Total Other Ancillary Costs			$ 12,728	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			$ -	$ -	$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)

Total Other Adjustments			$ -	$ -	$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Misc. Income	$ 18,939		
30	IV 8	Antenna Income	$ 20,449		
30	IV 8	Medical Records Income	$ 304		
Total Other Adjustments			$ 39,692	$ -	$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			$ -	$ -	$ -

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
Advanced Center for Nursing & Rehabilita	2434	9/30/2019	30 | 37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	18,214,218	18,214,218		
b. Medicaid Room and Board Contractual Allowance **	$	(730,646)	(730,646)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	8,680,500	8,680,500		
b. Medicare Room and Board Contractual Allowance **	$	(5,056,109)	(5,056,109)		
4. a. Private-Pay Residents and Other	$	1,004,657	1,004,657		
b. Private-Pay Room and Board Contractual Allowance **	$	(167,380)	(167,380)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	100,480	100,480		
b. Prescription Drugs - Medicare Contractual Allowance **	$				
c. Prescription Drugs - Non-Medicare	$	3,413	3,413		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$				
2. a. Medical Supplies - Medicare	$				
b. Medical Supplies - Medicare Contractual Allowance **	$				
c. Medical Supplies - Non-Medicare	$	1,070	1,070		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$				
3. a. Physical Therapy - Medicare	$	1,322,242	1,322,242		
b. Physical Therapy - Medicare Contractual Allowance **	$				
c. Physical Therapy - Non-Medicare	$	247,190	247,190		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$				
4. a. Speech Therapy - Medicare	$	154,619	154,619		
b. Speech Therapy - Medicare Contractual Allowance **	$				
c. Speech Therapy - Non-Medicare	$	37,078	37,078		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$				
5. a. Occupational Therapy - Medicare	$	1,488,951	1,488,951		
b. Occupational Therapy - Medicare Contractual Allowance **	$				
c. Occupational Therapy - Non-Medicare	$	272,353	272,353		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$				
6. a. Other *(Specify)* - Medicare	$	(33,118)	(33,118)		
b. Other *(Specify)* - Non-Medicare	$	2,476	2,476		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	25,541,994	25,541,994		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$				
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	101,962	101,962		
V. Total Other Revenue (1 thru 8)	$	101,962	101,962		
VI. Total All Revenue (III +V)	$	25,643,956	25,643,956		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 II 6a	Medicare A - X-Ray	21,193		
30 II 6a	Medicare A - Lab	33,757		
30 II 6a	Medicare B - Vaccines	12,852		
30 II 6a	Medicare B - Contractual Adjustment	(100,920)		
Total Other Resident Revenue - Medicare		$ (33,118)	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 II 6b	Private Cert - Lab	$ 1,945		
30 II 6b	Insurance Cert - X-Ray	$ 248		
30 II 6b	Insurance Cert - Lab	$ 283		
Total Other Resident Revenue		$ 2,476	$ -	$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
			0		
Total Interest Income			$ -	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 IV 8	Antenna Income	20,449		
30 IV 8	Misc. Income	18,939		
30 IV 8	Strike Income	62,030		
30 IV 8	Medical Records Income	304		
30 IV 8	Dietary Credit	239		
30 IV 8	Small Balance Adjustments	1		
Total Other Revenue		$ 101,962	$ -	$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabil	2434	9/30/2019	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 230,318
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 2,970,008
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$
4 Inventories				$ 36,386
5. Prepaid Expenses				$ 64,774
a.				
b.				
c.				
d. See Schedule		64,774		
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$
See Schedule				
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 3,301,486
B. Fixed Assets				
1. Land				$
2. Land Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
3. Buildings	*Historical Cost			$
	Accum. Depreciation		Net	
4. Leasehold Improvements	*Historical Cost	5,449,500		$ 3,805,450
	Accum. Depreciation	1,644,050	Net	
5. Non-Movable Equipment	*Historical Cost			$
	Accum. Depreciation		Net	
6. Movable Equipment	*Historical Cost	1,365,133		$ 513,598
	Accum. Depreciation	851,535	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$ 57,736
F/S vs. C/R		57,734		
See Schedule		2		
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 4,376,784

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

(*Carry Total forward to next page*)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	PREPAID - INSURANCE	$ 48,065
31	A5	PREPAID - SERVICE CONTRACTS	$ 16,709
Total Prepaid Expenses			$ 64,774

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

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

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

Page Ref	Line Ref	Description	
		Rounding	$ 2
Total Other Other Fixed Assets (Itemize)			$ 2

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			$ -

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

Page Ref	Line Ref	Description	
33	A12	GARNISHMENTS	$ 556,456
33	A12	UNION DUES PAYABLE	$ 300,000
Total Other Current Liabilities (Itemize)			$ 856,456

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Advanced Center for Nursing & Rehabil	2434	9/30/2019	32 | 37

Account				Amount
			Total Brought Forward:	$ 7,678,270
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				$
2. Land Improvements	*Historical Cost Accum. Depreciation		Net	$
3. Buildings	*Historical Cost Accum. Depreciation		Net	$
4. Non-Movable Equipment	*Historical Cost Accum. Depreciation		Net	$
5. Movable Equipment	*Historical Cost Accum. Depreciation		Net	$
6. Motor Vehicles	*Historical Cost Accum. Depreciation		Net	$
7. Minor Equipment-Not Depreciable				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$
D. Investment and Other Assets				
1. Deferred Deposits				$
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$ 61,182
Name and Address	Amount	Loan Date		
Due from 169 Daveport Realty	61,182			
7. Other Assets (*itemize*)				$
See Schedule				
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ 61,182
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 7,739,452

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation	2434	9/30/2019	33	37

Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				$ 2,528,940
2. Notes Payable (*itemize*)				$ 832,139
Note Payable		832,139		
See Schedule				
3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 1,419,801
5. Accrued Payroll (*Owners and/or Stockholders only*)				$
6. Accrued Payroll Taxes Payable				$ 159,378
7. Medicare Final Settlement Payable				$
8. Medicare Current Financing Payable				$
9. Mortgage Payable (*Current Portion*)				$
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)				$
11. Accrued Income Taxes*				$
12. Other Current Liabilities (*itemize*)				$ 1,226,894
GARNISHMENTS	2,057	Ascentium Loan	269,249	
UNION DUES PAYABLE	8,274	Resident Refunds	(1,015)	
POLITICAL ACTION PAYABLE	666	Resident Trust	81,784	
Aflac	9,423	See Schedule	856,456	
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)				$ 6,167,152

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Advanced Center for Nursing & Rehabilitati	2434	9/30/2019	34 | 37

Account	Amount
Total Brought Forward:	6,167,152
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

Account	Amount
2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$

Name and Address of Lender	Amount	Loan Date

Account	Amount
4. Other Long-Term Liabilities (*itemize*) See Schedule	$
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)	$
C. ***Total All Liabilities*** (Lines A-13 + B-5)	$ 6,167,152

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

Name of Facility	License No.	Report for Year Ended	Page of
Advanced Center for Nursing & Rehab	2434	9/30/2019	35 | 37

		Account			Amount
A.	**Reserves**				
	1. Reserve for value of leased land				$
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				$
	3. Reserve for depreciation value of leased personal property (*Equity)*				$
	4. Reserve for leasehold real properties on which fair rental value is based				$
	5. Reserve for funds set aside as donor restricted				$
	6. Total Reserves				$
B.	**Net Worth**				
	1. Owner's Capital				$
	2. Capital Stock				$
	3. Paid-in Surplus				$
	4. Treasury Stock				$
	5. Cumulated Earnings				$ 2,777,269
	6. Gain or Loss for Period	10/1/2018	thru	9/30/2019	$ (1,204,969)
	7. Total Net Worth				$ 1,572,300
C.	***Total Reserves and Net Worth***				$ 1,572,300
D.	***Total Liabilities, Reserves, and Net Worth***				$ 7,739,452

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page of
Advanced Center for Nursing & Rehabil	2434	9/30/2019	36 | 37

	Account			Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2018		$	1,340,114
B.	Total Revenue (*From Statement of Revenue Page 30*)		$	25,643,956
C.	Total Expenditures (*From Statement of Expenditures Page 27*)		$	26,848,925
D.	Net Income or Deficit		$	(1,204,969)
E.	Balance		$	135,145
F.	Additions			
	1. Additional Capital Contributed (*itemize*)			
	Expense Per Pg. 27	$27,271,603		
	Dep Adjustment	$(422,681)		
	Rounding	$3		
	Total Expenditures	$26,848,925		
	2. Other (*itemize*)			
	Prior Period Adjustment	1,443,155		
F-3.	Total Additions		$	1,443,155
G.	Deductions			
	1. Drawings of Owners/Operators/Partners (*Specify*)		$	

Name and Address (*No., City, State, Zip*)	Title	Amount

			Amount
2. Other Withdrawings (*Specify*)		$	6,000
Purpose	**Amount**		
Distributions	6,000		
3. Total Deductions		$	6,000
H. ***Balance at End of Period***	09/30/19	$	1,572,300

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing &	2434	9/30/2019	37	37

Check appropriate category

☐ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed

Printed Name of Preparer

Matthew S. Bavolack

Addres Address	Phone Number
555 Long Wharf Drive, New Haven, CT 06511	203-781-9600

Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number
Mark Salamon	718-882-6400;217

Contact Email Address

Msalamon@goldcrestcc.com